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Form **990-PF**

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

OMB No 1545-0052

2011

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

			x year beginning	, 201	i, and ending	T.A.			
Name of MOOR		AMILY FOUNI	DATION			A	Employer identification number 73 - 6316133	mber 	
		et (or PO box number LANTATION	er if mail is not delivered to	street address)	Room/suite	В	Telephone number (see the (405) 478-89		
City or to					ZIP code 73013	c	If exemption application is	nending check her	• - -
		I that apply:	Initial return	Initial Return of a for		1	,		, _
u 0	JUN 41	. and apply.	Final return	Amended return	mer pasite enamy	P	1 Foreign organizations, che	ck here	-
			Address change	Name change	to an allow a	4	2 Foreign organizations mee here and attach computation		heck
H (type of organizat	tion: X Section 5	01(c)(3) exempt private to trust Other taxable	roundation private foundation	E	If private foundation status	was terminated	
	air mar	ket value of all assets	s at end of year J A	ccounting method:		1	under section 507(b)(1)(A)		▶ 📗
() ► ¢	rrom Pa	rt II, column (c), line	· I I	Other (specify) t I, column (d) must be oi	a cash hasis	F	If the foundation is in a 60 under section 507(b)(1)(B)		▶ □
े ते हा है। संस्था	A	nalysis of Re		(a) Revenue and	(b) Net investme	nt	(c) Adjusted net	(d) Disburse	ments
	E:	xpenses (The	total of amounts in nd (d) may not neces	avnances ner hooks	income) I I C	income	for charita	able
	sa		nounts in column (a)					purpose (cash basis	
	1		grants, etc, received (att sch	52,850.			,		
	2		undn is not req to att Sch B					er Protesta in the second	
	3	cash investmen		2.		2.		- - _	
7107	4 5a	Dividends and intere Gross rents	est from securities .		 				e . s
?		Net rental income or (loss)			<u> Lingsign</u> Bung			e e e e e e e e e e e e e e e e e e e	
∌ R _{SV} E		Gross sales price for	sale of assets not on line 10						1
°' v	7	assets on line 6a	ome (from Part IV, line 2)	- artist on the communication		0.		de la estación de la compansión de la comp La compansión de la compa	
AON E N U	8 9	Net short-term of	. •		en er en			· 	. 5 12
<u> </u>		Income modifica Gross sales less returns and	ations	ta mario madra di arrono di arr	Tuana and and the second			:	_ = . :
		allowances Less Cost of					n. With the service search		
Ž		' goods sold : Gross profit/(loss) ((att sch)		a control of			÷1 1 2+	
		Other income (a			-				ا ده د نما د د
00	12	Total. Add lines	1 through 11	45,719.		2.	<u> </u>		, ,
	13		cers, directors, trustees, etc						
	14	Other employee sala	aries and wages				<u> </u>		
А	1	Legal fees (attach s							
A D M	1	Accounting fees (att	•			- f			
o i	17	: Other prof fees (atta Interest	ach sch)			+	RECEIVE	} 	
O I S E R	18	Taxes (attach schedule)(se				士。		သို့	
ÂÂ	19	Depreciation (at sch) and deplet	ttach ion			5	NOV 2 1 201		
N V G E	20	Occupancy				Ţ			
A E	21 22	Printing and pul	nces, and meetings blications			士	LOGUEN, U		
N X D P	23	Other expenses	(attach schedule)						
N S	24	Total operating	and administrative		 			 	
Š	25	expenses. Add Contributions, gifts,	and administrative lines 13 through 23	45,580.				45	,580.
	1	Total expenses	and disbursements.				·		
	27	Add lines 24 and Subtract line 26	d 25 .	45,580.		-		4.5	,580.
		Excess of rever	nue over expenses	120					
	b	and disburseme Net investment inco	ents . me (if negative, enter -0-)	139.		2.			ಳಿತ್ರದ ಇನ
	1		(if negative, enter -0-)					<u>, m. m. m. 1</u> 51 51 51 51	

iĎa:	111	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
reu		Dalatice Sticets	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	-bearing .			
	2	Savings and tempora	ary cash investments .	31,218.	175.	175.
	3	Accounts receivable				
		Less: allowance for	doubtful accounts			
	4	Pledges receivable	· •	_		
		Less: allowance for	doubtful accounts	ļ <u>.</u>		
	5	Grants receivable				
	6		cers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans rec		_		
ŝ		Less: allowance for o		ļ		
A S S E T	8	Inventories for sale of				
Ţ	9	Prepaid expenses ar	· ·			
S		obligations (attach s	•			
	ι	•	stock (attach schedule) L-10b Stmt		31,182.	19,854.
	1	: Investments — corporate	,			
	11	Investments – land, equipment: basis	buildings, and			
		Less: accumulated deprec (attach schedule)	iation . •			
	12	Investments - morto	gage loans .			
	13	Investments - other	(attach schedule)			,
	14	Land, buildings, and		_		
		Less: accumulated deprec (attach schedule)				
		Other assets (descri)		
	16	see the instructions.	completed by all filers – Also, see page 1, item l)	31,218.	31,357.	20,029.
L	17		nd accrued expenses			
I A	18	Grants payable				
A B	19	Deferred revenue			-	
Ľ	20	Loans from officers, direc	tors, trustees, & other disqualified persons			
Ī	21	Mortgages and other note:	s payable (attach schedule)			
Ţ	22	Other liabilities (desc	cribe)		
E S	23	Total liabilities (add	lines 17 through 22)			
		Foundations that fol	low SFAS 117, check here	1		
		•	24 through 26 and lines 30 and 31.		i	
N F E U T N	24	Unrestricted .				
T N D	25	Temporarily restricte				
	26	Permanently restricte	enot follow SFAS 117, check here	y		
A B A L A		and complete lines 2	27 through 31.			
EL	27		rincipal, or current funds			
SNC	28		or land, building, and equipment fund	·		
OE	29	= :	ulated income, endowment, or other funds	31,218.	31,357.	
RS	30		und balances (see instructions)	31,218.	31,357.	
	31	(see instructions)	net assets/fund balances	31,218.	31,357.	
Par		Analysis of Chan	ges in Net Assets or Fund Balan			
1	Total	net assets or fund ba	alances at beginning of year – Part II, colu	ımn (a), line 30 (must agree	with	
	end-	of-year figure reported	on prior year's return)		. 1	31,218.
		r amount from Part I,		•	2	139.
		increases not included in hi	ne 2 (Itemize)			
		lines 1, 2, and 3			4	31,357.
		ases not included in line 2 (·		0 6	21 255
_ ט	rotal	net assets of tund ba	lances at end of year (line 4 minus line 5)	<u>, — marcii, column (b), line 3</u>	U 6	31,357.

		the kind(s) of property sold (e.g., re		(b) How acc	nured (c)	Date acquired	(d) Date sold
	2-story brick warehous	se; or common stock, 200 shares MLC	C Company)	P - Purch	nase (mor	nth, day, year)	(month, day, year)
12	1,250 SH SONIC CORP	STOCK		D DOME		/22/04	12/08/11
	500 SH SONIC CORP S			D		22/04	12/09/11
	300 SH SONIC CORP S			<u>D</u>		/22/04	12/20/11
				-	100,		12/20/11
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas			(h) Gain or) plus (f) m	
	8,980.		1:	,213.			-4,233.
t				,285.			-1,719.
				,171.			-1,181.
				, _ , _ ,			
	Complete only for assets shown	ng gain in column (h) and owned by t	he foundation on 12/31/69			(I) Gains (Colu	ımn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if ar	(ı) ıy	gain m	inus column (k	
a	1						-4,233.
t)						-1,719.
							-1,181.
e							
2	Capital gain net income or (net	capital loss). If gain, also if (loss), enter	enter in Part I, line 7 er -0- in Part I, line 7		2		-7,133.
3	Net short-term capital gain or (le	oss) as defined in sections 1222(5) a	nd (6):				
	If gain, also enter in Part I, line	8, column (c) (see instructions). If (le	oss), enter -0-				
	in Part I, line 8	0. 1. 4040(.) (<u> </u>		3		 -
Par		Section 4940(e) for Reduced foundations subject to the section 49			ne		
Was If 'Ye	s,' the foundation does not quali	is part blank. Ion 4942 tax on the distributable amo fy under section 4940(e). Do not com I each column for each year; see the	plete this part	<u> </u>		Yes	X No
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass			(d) Distribution (b) divided	ratio by column (c))
	2010	52,684.	11	,803.			4.463611
	2009	115,175.		,102.			4.412497
	2008	28,705.		,190.			0.349252
	2007	138,871.		,337.			0.996656
	2006	150,286.		,583.			0.607013
		233,2331		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0.00,025
2	Total of line 1, column (d)			. [2		10.829029
3	Average distribution ratio for the number of years the foundation	e 5-year base period — divide the tota has been in existence if less than 5 y	I on line 2 by 5, or by the years	.]	3		2.165806
4	Enter the net value of noncharit	able-use assets for 2011 from Part X	, line 5		4		41,923.
5	Multiply line 4 by line 3				5		90,797.
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b)		.	6		0.
7	Add lines 5 and 6 .			-	7		90,797.
8	Enter qualifying distributions fro	m Part VII. line 4			8		
	M. A	an line 7, check the box in Part VI, lii					45,580.

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here	
	Date of ruling or determination letter: (attach copy of letter if necessary — see instrs)	
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	0.
	check here ▶ and enter 1% of Part I, line 27b	
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	0.
3	Add lines 1 and 2	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	0.
6	Credits/Payments:	
а	2011 estimated tax pmts and 2010 overpayment credited to 2011	
ь	Exempt foreign organizations – tax withheld at source . 6b	
c	Tax paid with application for extension of time to file (Form 8868)	
	Backup withholding erroneously withheld . 6d	
7	Total credits and payments. Add lines 6a through 6d	0.
8	Enter any penalty for underpayment of estimated tax. Check here	
9	Tax due, if the total of lines 5 and 8 is more than line 7, enter amount owed	0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0.
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax	
	Statements Regarding Activities	
		Yes No
1 a	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?	1a X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1b X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published	
_	or distributed by the foundation in connection with the activities.	
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	1c X
	(1) On the foundation \$\\$\$ (2) On foundation managers \$\\$\$\$	
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
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	4b <i>N/A</i>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
	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, column (c), and Part XV	7 X
	Enter the states to which the foundation reports or with which it is registered (see instructions)	
	OK - Oklahoma	
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? If 'No,' attach explanation	8b X
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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9 X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.	10 X
BAA		Form 990-PF (2011)

Forn	1 990-PF (2011) MOORE FAMILY FOUNDATION	73-	631613	3	Page 5
Pa	Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11	x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualifie advisory privileges? If 'Yes,' attach statement (see instructions)	d person	had .	12	x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption a Website address • N/A	application	n? .	13	х
14	The books are in care of MARK A. MOORE Telephone		(405)	478-	8950
15	Located at > 13801 PLANTATION WAY EDMOND OK ZIP + 4 > 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		13 15	/ <u>/</u> A	. F [] -
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other aut bank, securities, or other financial account in a foreign country?	hority ove	ra	16	Yes No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the nan foreign country ►	ne of the			
Pa	Statements Regarding Activities for Which Form 4720 May Be Required				<u>-,</u>
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			•	Yes No
1 a	During the year did the foundation (either directly or indirectly):			2	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No		*
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes Yes	X No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	ш			
	for the benefit or use of a disqualified person)?	Yes	X No	:	
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	Yes	X No		
t	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.	>	пі	1 b	MA
			Ш		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?			1 c	х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?	Yes	X No		
	If 'Yes,' list the years ▶ 20 , 20 , 20				
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a) all years listed, answer 'No' and attach statement — see instructions.)			2b	AV/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he 20, 20, 20	ere.		,	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No		
Ь	If 'Yes,' did it have excess business holdings in 2011 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 2011)			3b	1V/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a	x
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?			4b	х
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•				
Form 990-PF (2011) MOORE FAMILY FOUN		4720 May Da Day	73-63	16133 Page
Statements Regarding Activit		14/20 May Be Req	uirea (continuea)	
(1) Carry on propaganda, or otherwise attempt	• • • • • • • • • • • • • • • • • • • •	(section 4945(e))?	. Yes 🗓	No
(2) Influence the outcome of any specific publi	-			
on, directly or indirectly, any voter registra	ition drive?	•	. Yes 🗓	
(3) Provide a grant to an individual for travel,	study, or other similar p	ourposes?	Yes X	No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, org 4940(d)(2)? (see instru	ganization described ctions)	Yes X	No
(5) Provide for any purpose other than religious educational purposes, or for the prevention			. Yes 🗓	No
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in (see instructions)?	the transactions fail to q a current notice regard	ualify under the exception ing disaster assistance	ons	5b ////
Organizations relying on a current notice regal	rding disaster assistance	e check here	. ▶□	
c If the answer is 'Yes' to question 5a(4), does t tax because it maintained expenditure respons If 'Yes,' attach the statement required by Requ	sibility for the grant?	, , , , , , , , , , , , , , , , , , ,	/AYes	No
6a Did the foundation, during the year, receive an on a personal benefit contract?		• •	∏Yes X	No
b Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870.	ums, directly or indirectly	y, on a personal benefit		6b X
7a At any time during the tax year, was the found	ation a party to a prohib	nted tax shelter transact	ion? . Tyes 🗓	No
b If 'Yes,' did the foundation receive any proceed	ds or have any net incor	ne attributable to the tra	nsaction?	7b N/A
Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	mployees,
1 List all officers, directors, trustees, foundatio	n managers and their co	ompensation (see instru	ıctions).	
(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
MARK A. MOORE			-	
13801 PLANTATION WAY	CHAIRMAN			
EDMOND OK 73013	0.50	0.	0.	0.
PATTYE L. MOORE 13801 PLANTATION WAY	SECRETARY			
EDMOND OK 73013	0.50	0.	0.	٥.
	3,33			
2 Compensation of five highest-paid employee	s (other than those incl	uded on line 1— see ins	tructions), If none, ente	er 'NONE.'
(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				
0				

	3-631613	
Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)	Paid Empl	oyees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NON!	Ξ.'	
(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	. •	None
Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 <u>N/A</u>		
		_
2		0.
²		
3		
		
4		
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
1 N/A		7 4110411
]	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	▶	None
BAA		orm 990-PF (2011)

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Form 990-PF (2011)

Pa	Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	oreign	foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes:		
	Average monthly fair market value of securities	1a	22,527.
١	Average of monthly cash balances	1 b	20,034.
	Fair market value of all other assets (see instructions)	1 c	
(d Total (add lines 1a, b, and c)	1 d	42,561.
(Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation) . 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	42,561.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	638.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	41,923.
6	Minimum investment return. Enter 5% of line 5	6	2,096.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► ☐ and do not complete this part.)	ating f	oundations
1	Minimum investment return from Part X, line 6	1	2,096.
2	Tax on investment income for 2011 from Part VI, line 5		
ı	Income tax for 2011. (This does not include the tax from Part VI.)		
(: Add lines 2a and 2b	2 c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,096.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4 .	5	2,096.
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	2,096.
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	45,580.
	Program-related investments — total from Part IX-B	1b	45,580.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes.	2	<u> </u>
	Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required)		
	Cash distribution test (attach the required schedule)	3a 3b	
۸,			45.500
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	45,580.
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	45,580.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the cutalifies for the section 4940(e) reduction of tax in those years	ne found	ation

Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
Distributable amount for line 7	or 2011 from Part XI,	. <u>-</u>			2,096.
2 Undistributed income, if any,	as of the end of 2011:	mere to the profession			2,030.
a Enter amount for 2010				0.	
b Total for prior years: 20_	•		· · · · · · · · · · · · · · · · · · ·	0.	
3 Excess distributions carryove				1 W	
a From 2006	138,165.				
b From 2007	132,392.				
c From 2008	24,604.				
d From 2009	113,870.				
e From 2010	52,104.				
f Total of lines 3a throug	h e	461,135.			
4 Qualifying distributions	for 2011 from Part				
XII, line 4: 🕨 💲	45,580.				
a Applied to 2010, but no	t more than line 2a				
b Applied to undistributed (Election required - se	d income of prior years e instructions)				
c Treated as distributions (Election required – se					
d Applied to 2011 distribu	utable amount				2,096.
e Remaining amount dist	ributed out of corpus	43,484.			
5 Excess distributions carryover (If an amount appears same amount must be	ın column (d), the			."	
6 Enter the net total of ea indicated below:	ach column as				
a Corpus. Add lines 3f, 4c, and	4e. Subtract line 5	504,619.			
b Prior years' undistribute line 4b from line 2b	ed income. Subtract		0.		
c Enter the amount of pri ed income for which a i has been issued, or on 4942(a) tax has been p	notice of deficiency which the section	E-7 E7-7			
d Subtract line 6c from lii amount see instruction			0.		ener i ner alline
e Undistributed income for 2016 line 2a. Taxable amount — so		a monta monta a como menoro.		0.	
f Undistributed income for 4d and 5 from line 1. The distributed in 2012					0.
7 Amounts treated as dis corpus to satisfy require by section 170(b)(1)(F) (see instructions)	ements imposed			ing state of the s	i zw. i se suman e e
8 Excess distributions car applied on line 5 or line	rryover from 2006 not e 7 (see instructions)	138,165.			n the second of the second
9 Excess distributions can Subtract lines 7 and 8 f	arryover to 2012. from line 6a	366,454.		i . E ii	
10 Analysis of line 9:	ı				
a Excess from 2007	132,392.				
b Excess from 2008	24,604.				
c Excess from 2009	113,870.				
d Excess from 2010	52,104.			·	
e Excess from 2011	43,484.			<u> </u>	Form 990-PF (2011)

orm 990-PF (2011) MOORE FAMILY FOU				73-6316133	
Part XIV Private Operating Founda					N/A
1 a If the foundation has received a ruling or d is effective for 2011, enter the date of the	ruling .	••		` •	
b Check box to indicate whether the foundation		atıng foundatıon de T		4942(j)(3) or	4942(j)(5)
2a 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 (a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
b 85% of line 2a					
 Qualifying distributions from Part XII, line 4 for each year listed 	** **-				
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) b 'Endowment' alternative test — enter 2/3 of					
minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Supplementary Information assets at any time during the	(Complete this	part only if the	organization ha	ad \$5,000 or mor	e in
1 Information Regarding Foundation Manag		30000131)		· · · · · · · · · · · · · · · · · · ·	
a List any managers of the foundation who had close of any tax year (but only if they have	ave contributed moi	re than 2% of the to nan \$5,000). (See s	otal contributions red section 507(d)(2))	eived by the foundati	on before the
MARK MOORE, PATTYE MOORE			,,,,,		
b List any managers of the foundation who of a partnership or other entity) of which the s	wn 10% or more of foundation has a 10	the stock of a corpo % or greater interes	oration (or an equall st.	y large portion of the	ownership of
2 Information Regarding Contribution, Gran					
Check here X if the foundation only n requests for funds if the foundation makes complete items 2a, b, c, and d.	nakes contributions gifts, grants, etc, (to preselected char see instructions) to	itable organizations individuals or organ	and does not accept lizations under other	unsolicited conditions,
a The name, address, and telephone number	r of the person to wi	nom applications sh	nould be addressed:	······································	
N/A					
b The form in which applications should be s	ubmitted and inform	nation and materials	s they should include	9:	
c Any submission deadlines: N/A					
d Any restrictions or limitations on awards, s	uch as by geograph	ical areas, charitab	le fields, kinds of in	stitutions, or other fac	ctors:
 					
BAA	TE	EA0310 07/14/11	•	F	orm 990-PF (2011)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Foundation show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution status of Amount recipient Name and address (home or business) a Paid during the year FIRST PRESBYTERIAN CHURCH 1001 S. RANKIN ST. OK 73034 N/A EDMOND N/A GENERAL DONATION 40,100. CITY CARE WHIZ KIDS 923 N. ROBINSON, SUITE 320 ASSISTANCE TO OKLAHOMA CITY OK 73102 N/A N/A PUBLIC CHARITY 5,480. Total ▶ 3 a 45,580. **b** Approved for future payment NIA Total 3Ь

Part XMI-A Analysis of Income-Producing Activities

1						
Enter gros	ss amounts unless otherwise indicated	Unrelate	d business income	Excluded	by section 512, 513, or 514	(e)
1 D		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions)
	gram service revenue:		 	code	- 	
		 			-	
		1				
		_				
d		 				
e						·
f		<u> </u>		\perp		
g Fees	s and contracts from government agencies					
2 Men	nbership dues and assessments .					
3 Intere	est on savings and temporary cash investments		- <u>-</u> -	14	2.	
4 Divid	dends and interest from securities					
5 Net	rental income or (loss) from real estate:				· ·- ·- ·- ·- ·	· ·-···
	t-financed property					
	debt-financed property			<u> </u>		
	ental income or (loss) from personal property					
	er investment income	1		1		
	or (loss) from sales of assets other than inventory.			18	-7,133.	
	income or (loss) from special events	 		1 10	-7,133.	
	· · · · · · · · · · · · · · · · · · ·	-		+ +		
	ss profit or (loss) from sales of inventory					
	er revenue:					<u></u>
		+		 		
		 		┼		
		1		 		
d		 				
e						
				1		
	total. Add columns (b), (d), and (e)					
13 Tota	II. Add line 12, columns (b), (d), and (e)	<u></u>		,		-7,131.
13 Tota		ns)				-7,131.
13 Tota (See work	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation				. 13	-7,131.
13 Tota (See work	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	Accompli	shment of Exemp	ot Purpo	. 13 _	
13 Tota (See work Part XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	Accompli	shment of Exemp	ot Purpo	. 13 _	
13 Tota (See work	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	Accompli	shment of Exemp	ot Purpo	. 13 _	
13 Tota (See work Part XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	Accompli	shment of Exemp	ot Purpo	. 13 _	
13 Tota (See work Part XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	Accompli	shment of Exemp	ot Purpo	. 13 _	
13 Tota (See work Part XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	Accompli	shment of Exemp	ot Purpo	. 13 _	
13 Tota (See work Part XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	Accompli	shment of Exemp	ot Purpo	. 13 _	
13 Tota (See work Part XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	Accompli	shment of Exemp	ot Purpo	. 13 _	
13 Tota (See work Part XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	Accompli	shment of Exemp	ot Purpo	. 13 _	
13 Tota (See work Part XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	Accompli	shment of Exemp	ot Purpo	. 13 _	
13 Tota (See work Part XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	Accompli	shment of Exemp	ot Purpo	. 13 _	
13 Tota (See work Part XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	Accompli	shment of Exemp	ot Purpo	. 13 _	
13 Tota (See work Part XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	Accompli	shment of Exemp	ot Purpo	. 13 _	
13 Tota (See work Part XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	Accompli	shment of Exemp	ot Purpo	. 13 _	
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13 Tota (See work Part XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	Accompli	shment of Exemp	ot Purpo	. 13 _	
13 Tota (See work Part XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	Accompli	shment of Exemp	ot Purpo	. 13 _	
13 Tota (See work Part XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	Accompli	shment of Exemp	ot Purpo	. 13 _	
13 Tota (See work Part XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	Accompli	shment of Exemp	ot Purpo	. 13 _	
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13 Tota (See work Part XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	Accompli	shment of Exemp	ot Purpo	. 13 _	
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13 Tota (See work Part XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	Accompli	shment of Exemp	ot Purpo	. 13 _	
13 Tota (See work Part XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	Accompli	shment of Exemp	ot Purpo	. 13 _	
13 Tota (See work Park XV) Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	Accompli	shment of Exemp	ot Purpo	. 13 _	

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

1 D	old the d	organization direct	ly or indirectly e	engage in any of	f the following wi	th any of	ner organization	า	•	Yes	No
d	escribe	d in section 501(c) of the Code (o	ther than section	n 501(c)(3) orga	nizations	or in section 5	527,			
	_	to political organiz s from the reportir		a noncharitable	evernt organiz	ation of:					4
	tarisiei 1) Casi	•	ig louridation to	a nonchantable	exempt organiz	auon or.				1a (1)	х
		er assets		••		•	•		<u></u> ⊢	1a (2)	$\frac{1}{x}$
	•	ansactions.		•			•	•	-	10 (2)	Â
		s of assets to a n	oncharitable eve	mnt organizatio	nn.				F	1 b (1)	х
•	•	chases of assets fr							-	1b (2)	$\frac{\mathbf{x}}{\mathbf{x}}$
•	•	tal of facilities, eq			ariization		•		-	1b (3)	X X
•	•	nbursement arran	•	assets .			•		-	1b (4)	X
•	-	ns or loan quarant			••	•			<u> </u>	1b (5)	X
•	•	ormance of service		nip or fundraisin	o solicitations		•		-	1b (6)	X
•	•	of facilities, equip		•	-	1885	•		<u> </u>	1c	x
•	, na mg	or racingles, equip	ment, maining in	sis, other asset	s, or paid cripio	ccs .			L_	10	122
tì	ne aooc	swer to any of the ls, other assets, o saction or sharing	r services given	by the reporting	g foundation. If th	ne founda	ition received le	ess than fair r	market valı	et value of ue in	
(a) Line		(b) Amount involved		of noncharitable ex			Description of tr			ring arrangeme	nts
<u> </u>			N/A			 ``	- , 				
									· · · · · · ·		
				-							
										,	
								_			
d	escribe	undation directly of in section 501(complete the follow) of the Code (o	ated with, or rel ther than sectio	ated to, one or r n 501(c)(3)) or ii	nore tax- n section	exempt organız 527?	ations		Yes x]No
	(a	Name of organiz	ation	(b) Ty	pe of organization	nn		(c) Descriptio	n of relation	onship	
				N/A			<u> </u>				
							ļ				
									_		
Sign Here	Under p correct,	enalties of berjury, I de and complete. Declarat	clare that I have exar ion of preparer (othe	nined this return, inc r than taxpayer) is be	cluding accompanying ased on all informatio	schedules an of which p	and statements, and reparer has any kno	to the best of my wledge	knowledge a	May the IRS dis this return with preparer shown	scuss the below
	Signa	ture of officer or trustee			Date		Title	-		(see instruction	S)7 No
	//	Print/Type preparer's	name	Prepare	synature	$\overline{}$	Date	Check	If P	TIN	
Paid	/	MARK A. SH	BETS	//	lan A. d	سند	11-12-1		ш"	0029563	7
Prepa	ror	Firm's name		ASSOCIATE	1			Firm's EIN ►			
Use C		Firm's address			LVD STE 33	0					
U36 C	· i ii y		OKLAHOMA				3112	Phone no	(405)	844-999	5
BAA										orm 990-PF	

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No 1545-0047

2011

Name of the organization		Employer identification number			
MOORE FAMILY FOUNDATION	73-6316133				
Organization type (check one).	-				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization	on			
	4947(a)(1) nonexempt charitable trust not	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization				
Form 990-PF	x 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust trea	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation	501(c)(3) taxable private foundation			
Check if your organization is covered by the Note. Only a section 501(c)(7), (8), or (10)	ne General Rule or a Special Rule . organization can check boxes for both the General l	Rule and a Special Rule. See instructions.			
General Rule					
For an organization filing Form 990, 99 contributor. (Complete Parts I and II.)	00-EZ, or 990-PF that received, during the year, \$5,0	00 or more (in money or property) from any one			
Special Rules					
509(a)(1) and 170(b)(1)(A)(vi), and red	ing Form 990 or 990-EZ that met the 33-1/3% suppo ceived from any one contributor, during the year, a co Part VIII, line 1h or (ii) Form 990-EZ, line 1. Comple	ontribution of the greater of (1) \$5,000 or			
For a section 501(c)(7), (8), or (10) ore total contributions of more than \$1,000 the prevention of cruelty to children or	ganization filing Form 990 or 990-EZ that received fro for use exclusively for religious, charitable, scientific animals. Complete Parts I, II, and III.	om any one contributor, during the year, c, literary, or educational purposes, or			
contributions for use exclusively for rel	ganization filing Form 990 or 990-EZ that received fro igious, charitable, etc, purposes, but these contributi otal contributions that were received during the year f arts unless the General Rule applies to this organiza	ons did not total to more than \$1,000. for an <i>exclusively</i> religious, charitable, etc.			
religious, charitable, etc, contributions	of \$5,000 or more during the year	► \$			
990-PF) but it must answer 'No' on Part IV	ed by the General Rule and/or the Special Rules does 7, line 2, of its Form 990, or check the box on line Ho tet the filing requirements of Schedule B (Form 990,	of its Form 990-EZ or on Part I, line 2, of its			
BAA For Paperwork Reduction Act Notice 990EZ, or 990-PF.	e, see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2011			

Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2011)	Page Employe	1 of 1 of Part 1 ridentification number
MOORE	FAMILY FOUNDATION		316133
Park	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MARK & PATTYE MOORE 13801 PLANTATION WAY EDMOND OK 73013	\$52,850.	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

Person Payroll Noncash

(Complete Part II if there is a noncash contribution.)

Page

1 to

of Part II

1

Employer identification number

Name of organization

MOORE FAMILY FOUNDATION

73-6316133

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	5,000 SHARES SONIC STOCK		
		\$ 52,850.	06/28/11
(a) lo. 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) lo. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			·
		\$\$	
(a) lo. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	

Form 990-PF Part I, Line 6a

Net Gain or Loss From Sale of Assets

2011

Name					Employer Identification Number
MOORE FAMILY	FOUNDATION	<u> </u>			73-6316133
Asset Inform	ation:				
Description of Pr	roperty:	1250	SHARES SONIC STOCK		
Date Acquired	09/22/04		How Acquired:		
Date Sold:	12/08/11	_	Name of Buyer:		
Sales Price:	8,	980.	Cost or other basis (do not reduce by depreciation)	13,	213.
Sales Expense:			Valuation Method:		
Total Gain (Loss): .	-4,2	33. Accumulation Depreciation:		
Description of Pi	roperty:		SHARES SONIC STOCK		
Date Acquired.	09/22/04	_	How Acquired:		
Date Sold:	12/09/11	_	Name of Buyer:		
Sales Price:	3,		Cost or other basis (do not reduce by depreciation)	5,2	85.
Sales Expense:			Valuation Method:		
Total Gain (Loss):		19. Accumulation Depreciation:		
Description of Pi		300	SHARES SONIC STOCK		
Date Acquired:	09/22/04	_	How Acquired:		
Date Sold:	12/20/11	_	Name of Buyer:		
Sales Price:	1,	<u>990.</u>	Cost or other basis (do not reduce by depreciation)	3,1	71
Sales Expense:			Valuation Method:		
Total Gain (Loss		-1,1	81. Accumulation Depreciation:		
Description of Pi	roperty:				
Date Acquired:		_	How Acquired:		
Date Sold:		-	Name of Buyer: .		
Sales Price:			Cost or other basis (do not reduce by depreciation)		
Sales Expense:					
Total Gain (Loss			Accumulation Depreciation:		
Description of Pi	roperty				
Date Acquired:		_	How Acquired:		
Date Sold:			Name of Buyer:		
Sales Price:	•		Cost or other basis (do not reduce by depreciation)		
Sales Expense:	<u> </u>		Valuation Method:		
Total Gain (Loss			Accumulation Depreciation:		
Description of Pi	roperty:		How Acquired:		
Date Acquired:		-	Name of Buver:		
Date Sold: Sales Price:		-	Cost or other basis (do not reduce by depreciation)		
			Valuation Method:		
Sales Expense: Total Gain (Loss	·	_	Accumulation Depreciation:		
Description of Pi			Accumulation Depreciation.		
Date Acquired:			How Acquired:		
Date Sold:	•	-	Name of Buyer:		
Sales Price		-	Cost or other basis (do not reduce by depreciation)		
Sales Expense:			Valuation Method:		
Total Gain (Loss): .		Accumulation Depreciation:		
Description of Pi					
Date Acquired:			How Acquired:		
Date Sold:		-	Name of Buyer:		
Sales Price:		-	Cost or other basis (do not reduce by depreciation)		
Sales Expense:			Valuation Method:		
Total Gain (Loss):		Accumulation Depreciation: .		
	·				

Form 990-PF, Page 2, Part II, Line 10b L-10b Stmt

	End of Year			
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value		
SONIC CORP STOCK - 2,950 SHARES	31,182.	19,854.		
Total	31,182.	19,854.		

Form 8868	Rev 1-2012) MOORE FAMILY FOUNDA	TION		73-6316133	Page 2
• If-you	are filing for an Additional (Not Automatic) 3-Month	Extension	, complete only Part II and check this	box	. • x
Note. Only	y complete Part II if you have already been granted	an automati	c 3-month extension on a previously	filed Form 8868.	
	are filing for an Automatic 3-Month Extension, com				
Partill	Additional (Not Automatic) 3-Month Exte	nsion of	Time. Only file the original (n	o copies needed).	
			Enter filer's i	dentifying number, see	instructions
	Name of exempt organization or other filer, see instructions		-	Employer identification numbe	r (EIN) or
Type or	Type or				
print	MOORE FAMILY FOUNDATION				
File by the	Number, street, and room or suite number. If a P O box, see inst	ructions	<u> </u>	Social security number (SSN)	
extended due date for		,			
filing the 13801 PLANTATION WAY					
instructions	City, town or post office, state, and ZIP code For a foreign address				
	EDMOND	OK 73	0013		
Enter the	Return code for the return that this application is for	(file a sepa	rate application for each return)	••••	. 04
		T	T		
Application Is For	on .	Return Code	Application Is For		Return Code
			1370	and the second s	Code
Form 990		01	5. 1041.4		
Form 990-		02	Form 1041-A		08
Form 990-		01	Form 4720		09
Form 990-	T (section 401(a) or 408(a) trust)	04	Form 5227 Form 6069		10
	T (trust other than above)	06	Form 8870 INTERNAL	REVENUE SERVIC	11 12
FORITI 990-	(ilust other triair above)	1 00	IN R E	IELD ASSISTANCE	- 14
If the cIf thiswhole grown	organization does not have an office or place of busins for a Group Return, enter the organization's four cup, check this box Archive the organization of the cut	ligit Group B	United States, check this box .		. ► ☐ s is for the of all
4 I req	uest an additional 3-month extension of time until		: 		
6 If the(calendar year <u>2011</u> , or other tax year beginning tax year entered in line 5 is for less than 12 month Change in accounting period a in detail why you need the extension ADDIT	s, check rea	IME IS REQUIRED TO	, 20 Final return	·
COL	CUMULATE ALL OF THE INFORMATION MPLETE AND ACCURATE TAX RETURN.				
nonr	s application is for Form 990-BL, 990-PF, 990-T, 47: efundable credits. See instructions	<u> </u>	· · · · · · · · · · · · · · · · · · ·	. 8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868				0.	
c Bala EFTI	nce due. Subtract line 8b from line 8a. Include your S (Electronic Federal Tax Payment System). See in	payment w nstructions	ith this form, if required, by using	. 8c\$	0.
	Signature and Verific	ation mu	st be completed for Part II on	ly.	
Under penaltic correct, and c	es of perjury, declare that I have examined this form, including accomplete, and that I am authorized to prepare this form	ompanying sch	edules and statements, and to the best of my kno	_	
Signature >	-/ flue / - Title >	<i>VH</i>		Date ► &-	13-12
BAA		FIFZ0502	07/29/11	Form 8868	(Rev 1-2012)

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