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Form 990-PF

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

2013

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

			3, and ending						
	Name of		uon AMILY FOUNI	DA TT ONI			A	Employer Identification nu 73-6316133	mber
				if mail is not delivered to street a	address)	Room/suite	В	Telephone number (see the	Instructions)
			LANTATION V	VAY and ZIP or foreign postal code		<u> </u>	<u>Ļ</u>	(405) 478-89	50
	EDMO		te or province, country,	and ZIP or foreign postal code	OK	73013	С	If exemption application is	pending, check here.
			Il that apply:	Initial return	Initial Return of a form		۱,	1 Foreign organizations, che	ock here
				Final return	Amended return	•			<u> </u>
•				Address change	Name change			2 Foreign organizations med here and attach computati	
	H C		type of organizati	ion: X Section 501 ionexempt charitable trus	(c)(3) exempt private for	indation rivate foundation	E	If private foundation status	<u> </u>
			rket value of all assets		counting method: XC		1 ⁻	under section 507(b)(1)(A)	
			art II, column (c), line	16)	ا السائد الله السائد		F	If the foundation is in a 60	-month termination
	P ¢ Portester) 					under section 507(b)(1)(, check here
	िक्		nalysis of Re xpenses (The	total of amounts in	(a) Revenue and expenses per books	(b) Net investmen	t	(c) Adjusted net	(d) Disbursements for charitable
		CC	olumns (b), (c), an	d (d) may not neces-	expenses per books	income		income	purposes
			anıy equai tne amı eee instructions).)	ounts in column (a)					(cash basis only)
,		1	. —	rants, etc, received (att sch)	77,250.		±.±	dazi sa sausta sa sa s	e en
		2	I I	undn is not req to att Sch B			: 2	<u> </u>)
			cash investment	tš	6.		6.		; i
	REVENUE	4	Dividends and interests a Gross rents	est from securities		-			
		1 -	Net rental income			7 - 4 - 5	-,		to the contract of the contrac
2 1 20K		6 8	or (loss) · · · · _ 2 Net gain/(loss) from s	ale of assets not on line 10	330.	i-6a Stmr	<u></u>		
		'	Gross sales price for assets on line 6a · ·						
		7 8		ne (from Part IV, line 2)	<u> </u>	33	0.		
		9	Income modifica			and the state of the state of			
		10 a	a Gross sales less returns and						;
			allowances b Less Cost of		Lauren 1 212 - 121 2 - 1217 - 21 - 1212 - 1		<i>-</i>	 	
SCANNED MAY			goods sold · · · · · · · · · · · · · · · · · · ·	l att sch)	<u></u>			 	
				ttach schedule)		<u>عن بست بيده شد مند ود ر منبر ثم الد</u>		<u> </u>	perio rum un un un sucresion ad Ser us massentes antimento no rud
		40	Y-A-1 A-1-1	4.46	77.506				
爱.		13		1 through 11	77,586.	33	6.		
63		14	Other employee sala	aries and wages					
8		15	•	employee benefits					
	A D			chedule)	2 100	1 05		_	1 050
	M I N			ach sch)	2,500.	1,25	0.		1,250.
	0 I	17	Interest			RI	- (FIVED	
	OPERAT	18	Taxes (attach schedule)(se	ee instrs) EXCISE TAXES	95.				
	R R A A T T	19	Depreciation (att	tach on		MA 95	V	3 2014	
	Ϋ́	20	•				ч—	(2)	
	_	21		ces, and meetings lications			<u> </u>		
	A E X D	23		(attach schedule)			<u> </u>		
	Ë			· · · · · · · · · · · · · · · · · · ·					
	S E S	24	Total operating	and administrative lines 13 through 23	2,595.	1,25	Λ		1 250
	8	25	Contributions, gifts,		57,200.	1,23	<u>.</u>		1,250. 57,200.
		26	Total expenses	and disbursements.	50 705	4 05	_		
-		27	Subtract line 26	1 25	59,795.	1,25	U.		58,450.
			Excess of rever	nue over expenses				1	
		,		ents	17,791.	المراجع المستعدد المتاجع المستعبد المستعبد	0.	,	
			Adjusted net Income	,		2 10 12 10 10 10		الروايات في 10 هند 10 هند المستخدمة المستخدم المستخدمة المستخدمة المستخدمة المستخدمة المستخدمة المستخدم المستخدمة المستخدمة المستخدمة المستخدمة المستخدمة المستخدمة المستخدم المست	
ī	BAA F			ion Act Notice, see inst				A0301 10/18/13	Form 990-PF (2013)

Dãi	45 X	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
27.31	עייים	Dalatice Sticets	(See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	<u> </u>	Cash - non-interest-	bearing			
	2	Savings and tempora	ry cash investments	56,651.	74,442.	74,442.
	3	Accounts receivable		The state of the s		
		Less: allowance for d	loubtful accounts			
	4	Pledges receivable.		the same of the first of the same of the s	Variation to the second second	The second secon
		Less: allowance for d				
A	5					
	6	Receivables due from office	cers, directors, trustees, and other			
	7	Other notes and loans rec	ch schedule) (see instructions)		and the second s	
		Less allowance for d				***
A S E T	8		ruse			
Ĕ	9		d deferred charges			
S	108	Investments – U.S. a obligations (attach sc	ind state government hedule)			
	į k	Investments - corporate	stock (attach schedule)			
	(Investments - corporate	bonds (attach schedule)			
	11	Investments - land, t		2		
		Less accumulated deprec (attach schedule)	ciation — — — — — — — — — — — — — — — — — — —			
	42	•	age loans			···-
	12	_	_		· · ·	
	13		(attach schedule)	nen må elikeringen erdaftlikktingen farme år syn erretal		
	14	Land, buildings, and				
		Less. accumulated depred (attach schedule)	ciation			
	15 16	Other assets (describ Total assets (to be co	ompleted by all filers -			
			Also, see page 1, item I)	56,651.	74,442.	74,442.
Ļ	17		d accrued expenses			
Ä	18	Grants payable				
B	19	Deferred revenue .				L
Ĺ	20	Loans from officers, direct	ors, trustees, & other disqualified persons		•	
<u>ī</u>	21	Mortgages and other note:	s payable (attach schedule)			
<u>T</u>	22	Other liabilities (descr	ribe •)			
E S	23	Total liabilities (add	lines 17 through 22)			
		Foundations that fol	llow SFAS 117, check here > 24 through 26 and lines 30 and 31.		<u> </u>	
N F	24	-				
N F E U T N			1			
ΤŇ	25	•				
A D	26		d			-
A B S A E L		and complete lines 2	not follow SFAS 117, check here · F X 27 through 31.			• · · · · · · · · · · · · · · · · · · ·
E L	27	Capital stock, trust pri	incipal, or current funds			
SN	28	•	or land, building, and equipment fund			
O E	29	Retained earnings, accum-	ulated income, endowment, or other funds	56,651.	74,442.	1
RS	30	Total net assets or fe	und balances (see instructions)	56,651.	74,442.	•
	31	Total liabilities and r	net assets/fund balances	56,651.	74,442.	
Par	(2)		ges in Net Assets or Fund Balanc		73/332.	
	Total	net assets or fund bala	ances at beginning of year - Part II, column (a) line 30 (must agree w	ıth	
	end-d	of-year figure reported of	on prior year's return)		· · · · · · · · · <u>1</u>	56,651.
2			ne 27a			17,791.
3		increases not included in lin			3	
4					4	74,442.
5	Decrea	ases not included in line 2 (f	temize) •	. 	5	
6	Total	net assets or fund bala	ances at end of year (line 4 minus line 5) – Pa	art II, column (b), line 30	6	74,442.

1 a 5000 SH SONIC CORP STOCK b c d e (e) Gross sales pnce (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) gross sales pnce (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) plus (f) minus (g) 77, 250. 3 b C d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (g) Fair Market Value as of 12/31/69 (g) Gains (Column (h) gain minus column (k), but not less over column (j), if any 3 b C d e 2 Capital gain net income or (net capital lose). If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 8 2 Capital gain net income or (net capital lose). If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 7 If gain also enter in Part I, line 8 If gain, also enter in Part I, line 7 If gain also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 7 If gain also enter in Part I, line 7 If gain also enter in Part I, line 7 If gain also enter in Part I, line 7 If gain also enter in Part I, line 7 If gain also enter in Part I, line 7 If gain also enter in Part I, line 8 If gain also enter in Part I, line 7 If gain also enter in Part I, line 7 If gain also enter in Part I, line 8 If gain also enter in Part I, line 8 If gain also enter in Part I, line 8 If gain also e
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If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8
ın Part I, line 8
Rank 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 X No lif '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 the instructions before making any entries.
(a) Base period years Calendar year (or tax year beginning in) (b) Adjusted qualifying distributions (b) Adjusted qualifying distributions Net value of Distribution ratio (column (b) divided by column (column (column (b) divided by column (column (column (b) divided by column (column (
2012 31,225. 42,009. 0.743
2011 45,580. 41,923. 1.087
2010 52,684. 11,803. 4.463
2009 115,175. 26,102. 4.412
2008 28,705. 82,190. 0.349
2 Total of line 1, column (d)
2 Total of line 1, column (d)
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years
Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years
Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years
Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

Ŗā	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instr	uction	s)		-3-
1:	a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1	5		1.50		
	Date of ruling or determination letter (attach copy of letter if necessary — see Instrs)					
1	b Domestic foundations that meet the section 4940(e) requirements in Part V,	1				0.
	check here → and enter 1% of Part I, line 27b					
	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-)	2				0.
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5				0.
6	Credits/Payments:					ت
	a 2013 estimated tax pmts and 2012 overpayment credited to 2013					
ı	Exempt foreign organizations - tax withheld at source		ì			
•	Tax paid with application for extension of time to file (Form 8868) 6 c					
	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				0.
11	Enter the amount of line 10 to be Credited to 2014 estimated tax	11				
Pel	記グルA Statements Regarding Activities					
1:	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?		[1 a		Х
ŀ	Did it spend more than \$100 duning the year (either directly or indirectly) for political purposes (see the instructions for definition)?			1 b		Х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.					
•	Did the foundation file Form 1120-POL for this year?			1 c		X
	foundation managers * \$				-	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		[2		Х
3						Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		-	4 a		X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?			4 b		/
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.		İ			عثر
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or			4		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?			6	Х	
7	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	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	OK - Oklahoma		-	1		
Ь	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		-	1	-	
~	(or designate) of each state as required by General Instruction G ² If 'No,' attach explanation		[8 Ь	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(6) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If 'Yes,' complete Part XIV)?	(5) /V .		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				m 990-l	PF (2	

	NOTIFICAL 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 disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12	x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X
	Website address		
14	The books are in care of MARK A. MOORE Telephone no. (405)	478-	8950
	Website address		
15	Occided 4347 (a)(1) Horiexempt chantable trusts ming 1 offit 330-F1 if fied of Form 1041 — Check fiele	:1: ·	-
	and enter the amount of tax-exempt interest received or accrued during the year	MA	v A1-
16	At any time during calendar year 2013, 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?	16	Yes No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country	;	
Pa	記 VIHB Statements Regarding Activities for Which Form 4720 May Be Required	. seems with	<u></u>
	File Form 4720 if any Item is checked in the 'Yes' column, unless an exception applies.		Yes No
1 a	a During the year did the foundation (either directly or indirectly).		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		
	(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.)		
t	o If any answer is 'Yes' to 1a(1)-(6), did a ny 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)?	1 b	NA
	Organizations relying on a current notice regarding disaster assistance check here		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?	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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?	4	
	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)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions.)	2 b	AL/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
	► 20 , 20 , 20 , 20		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		1
t	olf 'Yes,' did it have excess business holdings in 2013 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 2013.)	3 Ь	LL/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	x
ts 	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 2013?	4 b	X
BAA		m 990-	PF (2013)

5				
Form 990-PF (2013) MOORE FAMILY FOUND FAMILY FAMILY FOUND FAMILY FAMILY FOUND FAMILY FAMIL		n 4720 May Pa Pag	73-63	16133 Page
5 a During the year did the foundation pay or incur a		II 4/20 Way be Net	duired (continued)	
(1) Carry on propaganda, or otherwise attempt		ection 4945(e))?	· · · · · · · Yes X	No
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registratio	n drive?			No
(3) Provide a grant to an individual for travel, stu	ıdy, or other sımılar purp	oses?	· · · · · Yes X	No
(4) Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section 49	n a chantable, etc, organ 40(d)(2)? (see instruction	ızatıon described ns)	···· Yes X	No
(5) Provide for any purpose other than religious educational purposes, or for the prevention	, charitable, scientific, lite of cruelty to children or a	erary, or nimals?	Yes X	No
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in a (see instructions)?	current notice regarding	disaster assistance		5b N/A
Organizations relying on a current notice regardi	ng disaster assistance c		<u> </u>	
c If the answer is "Yes" to question 5a(4), does the tax because it maintained expenditure responsib	ility for the grant?		Yes	No
If 'Yes,' attach the statement required by Regula 6 a Did the foundation, during the year, receive any	funds, directly or indirect	ly, to pay premiums		
on a personal benefit contract?				No Ch W
If 'Yes' to 6b, file Form 8870.	is, directly or indirectly, t	on a personal benefit con	ntract?	6b X
7 a At any time during the tax year, was the foundati	on a party to a prohibited	tax shelter transaction?	Yes V	No
b If Yes,' did the foundation receive any proceeds				
Part VIII Information About Officers, D				
and Contractors				,
1 List all officers, directors, trustees, foundation	n managers and their o	ompensation (see inst	ructions).	-
(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
(a) Name and address MARK A. MOORE	hours per week	(If not paid,	`émployee benefit	
	hours per week	(If not paid,	émployee benefit plans and deferred	
MARK A. MOORE 13801 PLANTATION WAY EDMOND OK 73013	hours per week devoted to position	(If not paid,	émployee benefit plans and deferred	
MARK A. MOORE 13801 PLANTATION WAY EDMOND OK 73013 PATTYE L. MOORE	hours per week devoted to position CHAIRMAN 0.50	(If not paid, enter -0-)	émployee benefit plans and deferred compensation	other allowances
MARK A. MOORE 13801 PLANTATION WAY EDMOND OK 73013 PATTYE L. MOORE 13801 PLANTATION WAY	hours per week devoted to position CHAIRMAN 0.50 SECRETARY	(If not paid, enter -0-)	émployee benefit plans and deferred compensation	other allowances
MARK A. MOORE 13801 PLANTATION WAY EDMOND OK 73013 PATTYE L. MOORE	hours per week devoted to position CHAIRMAN 0.50	(If not paid, enter -0-)	émployee benefit plans and deferred compensation	other allowances
MARK A. MOORE 13801 PLANTATION WAY EDMOND OK 73013 PATTYE L. MOORE 13801 PLANTATION WAY	hours per week devoted to position CHAIRMAN 0.50 SECRETARY	(If not paid, enter -0-)	émployee benefit plans and deferred compensation	other allowances
MARK A. MOORE 13801 PLANTATION WAY EDMOND OK 73013 PATTYE L. MOORE 13801 PLANTATION WAY	hours per week devoted to position CHAIRMAN 0.50 SECRETARY	(If not paid, enter -0-)	émployee benefit plans and deferred compensation	other allowances
MARK A. MOORE 13801 PLANTATION WAY EDMOND OK 73013 PATTYE L. MOORE 13801 PLANTATION WAY	hours per week devoted to position CHAIRMAN 0.50 SECRETARY	(If not paid, enter -0-)	émployee benefit plans and deferred compensation	other allowances
MARK A. MOORE 13801 PLANTATION WAY EDMOND OK 73013 PATTYE L. MOORE 13801 PLANTATION WAY	hours per week devoted to position CHAIRMAN 0.50 SECRETARY	(If not paid, enter -0-)	émployee benefit plans and deferred compensation	other allowances
MARK A. MOORE 13801 PLANTATION WAY EDMOND OK 73013 PATTYE L. MOORE 13801 PLANTATION WAY EDMOND OK 73013	hours per week devoted to position CHAIRMAN 0.50 SECRETARY 0.50	(If not paid, enter -0-)	émployee benefit plans and deferred compensation 0.	O.
MARK A. MOORE 13801 PLANTATION WAY EDMOND OK 73013 PATTYE L. MOORE 13801 PLANTATION WAY EDMOND OK 73013	hours per week devoted to position CHAIRMAN 0.50 SECRETARY 0.50	(If not paid, enter -0-)	employee benefit plans and deferred compensation 0. 0. (d)Contributions to employee benefit plans and deferred	O.
MARK A. MOORE 13801 PLANTATION WAY EDMOND OK 73013 PATTYE L. MOORE 13801 PLANTATION WAY EDMOND OK 73013 Compensation of five highest-paid employee (a) Name and address of each employee	hours per week devoted to position CHAIRMAN 0.50 SECRETARY 0.50 s (other than those inc	(If not paid, enter -0-) 0. 0. luded on line 1 — see in	émployee benefit plans and deferred compensation 0. 0. (d)Contributions to employee benefit	0 . O . O . O . O .
MARK A. MOORE 13801 PLANTATION WAY EDMOND OK 73013 PATTYE L. MOORE 13801 PLANTATION WAY EDMOND OK 73013	hours per week devoted to position CHAIRMAN 0.50 SECRETARY 0.50 s (other than those inc	(If not paid, enter -0-) 0. 0. luded on line 1 — see in	employee benefit plans and deferred compensation 0. 0. (d)Contributions to employee benefit plans and deferred	0 . O . O . O . O .
MARK A. MOORE 13801 PLANTATION WAY EDMOND OK 73013 PATTYE L. MOORE 13801 PLANTATION WAY EDMOND OK 73013	hours per week devoted to position CHAIRMAN 0.50 SECRETARY 0.50 s (other than those inc	(If not paid, enter -0-) 0. 0. luded on line 1 — see in	employee benefit plans and deferred compensation 0. 0. (d)Contributions to employee benefit plans and deferred	0 . O . O . O . O .
MARK A. MOORE 13801 PLANTATION WAY EDMOND OK 73013 PATTYE L. MOORE 13801 PLANTATION WAY EDMOND OK 73013	hours per week devoted to position CHAIRMAN 0.50 SECRETARY 0.50 s (other than those inc	(If not paid, enter -0-) 0. 0. luded on line 1 — see in	employee benefit plans and deferred compensation 0. 0. (d)Contributions to employee benefit plans and deferred	0 . O . O . O . O .
MARK A. MOORE 13801 PLANTATION WAY EDMOND OK 73013 PATTYE L. MOORE 13801 PLANTATION WAY EDMOND OK 73013	hours per week devoted to position CHAIRMAN 0.50 SECRETARY 0.50 s (other than those inc	(If not paid, enter -0-) 0. 0. luded on line 1 — see in	employee benefit plans and deferred compensation 0. 0. (d)Contributions to employee benefit plans and deferred	0 . O . O . O . O .
MARK A. MOORE 13801 PLANTATION WAY EDMOND OK 73013 PATTYE L. MOORE 13801 PLANTATION WAY EDMOND OK 73013	hours per week devoted to position CHAIRMAN 0.50 SECRETARY 0.50 s (other than those inc	(If not paid, enter -0-) 0. 0. luded on line 1 — see in	employee benefit plans and deferred compensation 0. 0. (d)Contributions to employee benefit plans and deferred	0 . O . O . O . O .

3 Five highest-paid independent contractors for professional services (see instru	uctions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	ı	
		
~		
Total number of others receiving over \$50,000 for professional services		None
Partix A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informorganizations and other beneficiaries served, conferences convened, research papers produced, etc.	nation such as the number of	Expenses
1 N/A		
		0.
2		
3		
4		
Partix B Summary of Program-Related Investments (see instruction	ns)	
Describe the two largest program-related investments made by the foundation during the ta	ax year on lines 1 and 2.	Amount
1 N/A		
		0.
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		None
BAA		Form 990-PF (2013)

Form 990-PF (2013) MOORE FAMILY FOUNDATION 73-6316133

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

$\overline{}$			
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc, purposes A Average monthly fair market value of securities	1 a	0.
	P Average of monthly cash balances	1 b	58,448.
	Fair market value of all other assets (see instructions)	1 c	30,440.
	i Total (add lines 1a, b, and c)	1 d	58,448.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c		30, 440.
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d · · · · · · · · · · · · · · · · · ·	3	58,448.
			30,440.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	877.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	57,571.
6	Minimum Investment return. Enter 5% of line 5		2,879.
Par		founda	tions
<u></u>	and certain foreign organizations check here and do not complete this part.)	iouriaa	CONO
1	Minimum investment return from Part X, line 6	1	2,879.
2 :	Tax on investment income for 2013 from Part VI, line 5		
1	Income tax for 2013. (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	2,879.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,879.
6	Deduction from distributable amount (see instructions)	6	<u> </u>
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,879.
Da	Qualifying Distributions (see instructions)	<u> </u>	
	edamying bisarbations (500 misarbations)	المتالية	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		
	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1 a	58,450.
	Program-related investments — total from Part IX-B	1 b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	 . <u> </u>
3	Amounts set aside for specific charitable projects that satisfy the.		
	Suitability test (prior IRS approval required)	3 a	
	Cash distribution test (attach the required schedule)	3 b	<u> </u>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	58 , 450.
	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	58,450.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for qualifies for the section 4940(e) reduction of tax in those years	undation	·

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Form **990-PF** (2013)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
Distributable amount for 2013 from Part XI, line 7				2 970
2 Undistributed income, if any, as of the end of 2013				2,879.
a Enter amount for 2012 only			0.	
b Total for prior years 20 , 20 , 20			•	
3 Excess distributions carryover, if any, to 2013				
a From 2008 24, 604 .				
b From 2009 113,870 .				
c From 2010				
d From 2011 43, 484.				
e From 2012 29,220 .				
f Total of lines 3a through e	263,282.			
4 Qualifying distributions for 2013 from Part				
XII, line 4: 58,450.				
a Applied to 2012, but not more than line 2a · · ·				
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2013 distributable amount				2 070
e Remaining amount distributed out of corpus	55,571.			2,879.
5 Excess distributions carryover applied to 2013	33,371.			
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as		1		;
indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5	310 053			
· · · · · · · · · · · · · · · · · · ·	318,853.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency				
has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
e Undistributed income for 2012 Subtract line 4a from	····			
line 2a. Taxable amount — see instructions		ŀ	0.1	
*				
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be		j		
distributed in 2014		<u> </u>		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)				
8 Excess distributions carryover from 2008 not		Į		
applied on line 5 or line 7 (see instructions)	24,604.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	294,249.			
10 Analysis of line 9.			1	
a Excess from 2009			ŀ	}
b Excess from 2010		ĺ	i	}
c Excess from 2011				
	ļ			
e Excess from 2013		<u></u>		

N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV. Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, oundation Recipient show any relationship to any foundation manager or substantial contributor 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. **EDMOND** OK 73034 N/A N/A GENERAL DONATION 52,000. THE UNIVERSITY OF OKLAHOMA FOUNDATION, INC. 100 TIMBERDELL ROAD OK 73019-0685 N/A N/A NORMAN GENERAL DONATION 5,000. SPECIAL OLYMPICS 6835 SOUTH CANTON AVENUE OK 74136 N/A N/A GENERAL DONATION TULSA 200. 57,200. b Approved for future payment

3 b

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Form 990-PF (2013)

Part XVIA Analysis of Income-Producing Activities

Ente	er gross amounts unless otherwise indicated.	Unrolete	d business income	Evaluded	by section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions.)
	Program service revenue:			code		
_					-	
1	b		·	1 1		
	·			- -		
(
•	9			1		
1				<u> </u>		
1	g Fees and contracts from government agencies				<u>-</u>	
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	6.	
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate			<u></u>		
	a Debt-financed property					
ı	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory \dots			18	330.	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue:					
6	l		· ·- ·			
t)				****	
•			·			
(<u> </u>					
•						
12	Subtotal. Add columns (b), (d), and (e)	AND SEC		36.5	336.	
	Total. Add line 12, columns (b), (d), and (e)				13 _	336.
See	worksheet in line 13 instructions to verify calculations.	.)			 	
Pa	Relationship of Activities to the	Accompl	ishment of Exem	pt Purpo	ses	
	e No. Explain below how each activity for which inco	me is reporte	ed in column (e) of Part	XVI-A con	tributed importantly to tl	
	▼ accomplishment of the foundation's exempt pu	rposes (othe	r than by providing fun	ds for such	purposes). (See instruc	ctions.)
	N/A					
						`
			 			
						
						
						
			_			
			- .			

TEEA0502 07/11/13

Form 990-PF (2013) MOORE FAMILY FOUNDATION 73-6316133 Pan XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

						•	Yes No
descr	ibed in section 501(c) of	or indirectly engage in any of the Code (other than section					
	ng to political organization	foundation to a noncharitable	evemnt organization	of:			
						1 a (1)	Х
						1 a (2)	X
• • •	transactions:					14 (2)	Ŷ
		charitable exempt organization	٦			1 b (1)	Х
		a noncharitable exempt orga				<u> </u>	X
		ment, or other assets				1 b (3)	X
		ments				1 b (4)	X
	· ·	S			-	1 b (5)	X
	*	or membership or fundraising				1 b (6)	X
	,	nt, mailing lists, other assets,			<u> </u>	1c	X
• • • • • • • • • • • • • • • • • • • •	g cacc., cqa.pc.	n, maining note, earler abboto,	or para ompreyees			· <u>·</u> ·	
the go	oods, other assets, or se	ove is 'Yes,' complete the follo ervices given by the reporting rangement, show in column (d	foundation. If the four	ndation received less th	nan fair market value in	ue of	
(a) Line no	(b) Amount involved	(c) Name of noncharitable e	exempt organization	(d) Description of tran	nsfers, transactions, and shar	ring arrange	ements
		N/A					
							-
			_				
				- · · · - · · · · · · · · · · · · · · ·			
				•			-
descr	foundation directly or in- ibed in section 501(c) of s,' complete the following	directly affiliated with, or relatified the Code (other than section grachedule.	ed to, one or more ta: 501(c)(3)) or in section	x-exempt organizations on 527?		Yes	ΧNο
	(a) Name of organizatio		ype of organization	(0) Description of relation	ship	
		N/A		·		·	
							
	1						
Und	er penalties of perjury, I declare	that I have examined this return, includ if preparer (other than taxpayer) is base	ling accompanying schedule	s and statements, and to the be	est of my knowledge and belief,	it is true,	
Sign Here	() () () () () () () () () ()	A. // Ou	ad on all information of which	5- 8//	, [May the IRS this return w preparer sho	vith the own below
Sı	gnature of officer or trustee		Date	Title	'	(see instruct	
	Print/Type preparer's nam	e Prepare	r's signature	Date	Check If PT		
Paid	MARK A. SHEE	ets/	1 lack- J	5-6-14	, LI	002956	37
Preparer		ISPG AND ASSOCIATE	S. PC		Firm's EIN 20-586		
Use Only	_	400 NORTH GRAND B					
Jac Only	· —	KLAHOMA CITY	OF	K 73112	Phone no (405)	844-99	995
BAA		- · · · - · · · · · · · · · · · · · · ·	<u></u>	 			PF (2013)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

warne or 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 4947(a)(1) nonexempt charitable trust not treat 527 political organization	ted as a private foundation
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated a 501(c)(3) taxable private foundation	as a private foundation
Check if your organization is covered by the	General Rule or a Special Rule .	
Note. Only a section 501(c)(7), (8), or (10) or	rganization can check boxes for both the General Rule an	id a Special Rule See instructions
General Rule X For an organization filing Form 990, 990-contributor. (Complete Parts I and II.)	EZ, or 990-PF that received, during the year, \$5,000 or m	nore (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi) and receiv	Form 990 or 990-EZ that met the 33-1/3% support test or ed from any one contributor, during the year, a contribution art VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts	on of the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) organ total contributions of more than \$1,000 for the prevention of cruelty to children or an	nization filing Form 990 or 990-EZ that received from any our use <i>exclusively</i> for religious, charitable, scientific, literactimals. Complete Parts I, II, and III.	one contributor, during the year, y, or educational purposes, or
contributions for use exclusively for religious if this box is checked, enter here the total purpose. Do not complete any of the part	aization filing Form 990 or 990-EZ that received from any cous, charitable, etc. purposes, but these contributions did contributions that were received during the year for an exist unless the General Rule applies to this organization be \$5,000 or more during the year	not total to more than \$1,000. xclusively religious, chantable, etc, ecause it received nonexclusively
990-PF) but it must answer 'No' on Part IV, II	by the General Rule and/or the Special Rules does not fil ne 2, of its Form 990, or check the box on line H of its For ne filing requirements of Schedule B (Form 990, 990-EZ, or	rm 990-EZ or on its Form 990-PF.

O to do la D	/F 000	000 57	000 DEV	(0040)
Schedule B	(Fpm 990	, 990-ヒム.	or 990-PF)	(2013)

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1 of

1 of Part 1

Name of organization

MOORE FAMILY FOUNDATION

Employer identification number 73-6316133

Paril	Contributors (see instructions). Use duplicate copies of Part I if additional space	e 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	\$77,250.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page

L to

of Part II

tanie or organization

Employer identification number

MOORE FAMILY FOUNDATION 73-6316133 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. from Part I (c) FMV (or estimate) (see instructions) (b) (d) Date received Description of noncash property given 5,000 SHARES SONIC CORP STOCK 77,250. 07/12/13 (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. from (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Part I (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Form 990-PF Part I, Line 6a

Net Gain or Loss From Sale of Assets

2013

Name		Employer Identification Number
MOORE FAMILY FOUNDATION		73-6316133
Asset Information:		-
Description of Property 5,00	0 SH SONIC CORP STOCK	
Date Acquired: . 09/22/04	How Acquired Donated	
Date Sold: 07/15/13	Name of Buyer:	
Sales Price:	Cost or other basis (do not reduce by depreciation)	250.
Sales Expense: .		
	30 . Accumulation Depreciation:	
Description of Property:	<u> </u>	
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 Property		
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 Property:		
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 Property:		
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 Property:	·	
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 Property:	·	
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 Property:		
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 1, Part I Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
HSPG & ASSOCIATES, PC	TAX PREPARATION	2,500.	1,250.		1,250.
Total		2.500.	1.250.		1.250

Supporting Statement of:

Form 990-PF, p1/Line 1(a)

Description	Amount	
5,000 SHARES SONIC CORP STOCK	77,250.	
Total	77.250	