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## Form **990-PF**

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

OMB No 1545 0052

2014

Department of the Treasury Internal Revenue Service

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Open to Public Inspection

For cal	endar year 2014, or tax year beginning	, 2014,	, and ending		,	
	L. WARD FAMILY FOUNDATION			A	Employer identification num 20-3160317	
	BOX 54525 HOMA CITY, OK 73154-1525			В	Telephone number (see inst	
				С	If exemption application is	pending, check here
<b>G</b> Che	ck all that apply Initial return	Initial return of a form Amended return	ner public charity	D	1 Foreign organizations, chec	ck here
U Che	Address change Ck type of organization X Section 501	Name change I(c)(3) exempt private f	oundation		2 Foreign organizations meet here and attach computation	
	Section 4947(a)(1) nonexempt charitable t	rust Other taxable p	orivate foundation	E	If private foundation status under section 507(b)(1)(A)	
(fron	n Part II, column (c), line 16)	ounting method XC Other (specify)		F	If the foundation is in a 60	·month termination
<b>▶</b> \$		column (d) must be or	cash basis )		under section 507(b)(1)(B)	, check here
Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b) Net investment income	nt	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc. received (attach schedule)	1,300,000.				
	2 Ck ► if the foundn is not required to attach Sch B					
	3 Interest on savings and temporary cash investments					
	4 Dwidends and interest from securities	2.		2.		
	5 a Gross rents b Net rental income					
В	or (loss)					
R E	6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all				1	
V E	assets on line 6a 7 Capital gain net income (from Part IV, line 2)					
N	8 Net short term capital gain					
U E	9 Income modifications.					
_	10 a Gross sales less returns and allowances					
1	<b>b</b> Less Cost of					
	goods sold  C Gross profit or (loss) (attach schedule)					
	11 Other income (attach schedule)		· ·			
>	12 Total. Add lines 1 through 11	1,300,002.		2.	0.	
1 5	13 Compensation of officers, directors, trustees, etc	0.				
., ව	14 Other employee salaries and wages 15 Pension plans, employee benefits					
20	16a Legal fees (attach schedule)					
م ک		70.				70.
	b Accounting lees (attach sch) SBE ST 1 c Other prof fees (attach sch)					
اً وَ رَ	17 Interest					
P S E T R R	18 Tutes attach Specific) (see restis) 2015					
ÄÄ	19 Depregation (attach sch) and depletion					
i i	20 Octupancy OCIDEN U			-		1
ĞĚ	Z1 Indicate Complete Cos, and meetings					
A E N X D P	22 Printing and publications .					
D P E	23 Other expenses (attach schedule) SEE STATEMENT 2	155.		2.		152
N S	24 Total operating and administrative		<del></del>	<u>۔ ۔ </u>		153.
E S	expenses. Add tines 13 through 23	225.		2.		223.
	25 Contributions, gifts, grants paid PART XV	1,416,500.				1,416,500.
	26 Total expenses and disbursements. Add lines 24 and 25	1,416,725.		2.	0.	1,416,723.
	27 Subtract line 26 from line 12:	2,210,723.		<u></u>	<u> </u>	1,410,723.
	a Excess of revenue over expenses and disbursements	_116 700				
	b Net Investment income (if negative, enter -0 )	-116,723.		0.		
	C Adjusted net income (if negative, enter -0-)	<del> </del>		<u>U.</u>	0.	-
		l			1 0.	<u> </u>

Dard	11 1	Attached schedules and amounts in the description column should be for end-of year amounts only	Beginning of year	End o	f year
Part	11 1	Salance Sheets column should be for end-of year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	150,414.	33,829.	33,829.
	2٠	Savings and temporary cash investments	15,946.	15,808.	15,808.
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
Ą		Less allowance for doubtful accounts ▶			
ASSETS	8	Inventories for sale or use			
투	9	Prepaid expenses and deferred charges			
Ś	10 a	Investments — U S and state government obligations (attach schedule)			
	b	Investments — corporate stock (attach schedule)			
	С	Investments — corporate bonds (attach schedule).			
	11	Investments — land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule).			
	12	Investments – mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis ►			
		Less accumulated depreciation (attach schedule).			
		Other assets (describe >)			
	16	Total assets (to be completed by all filers – see the instructions Also, see page 1, item I)	166,360.	49,637.	49,637.
Ļ	17	Accounts payable and accrued expenses			
Ā	18	Grants payable			
A B	19	Deferred revenue			
Ľ	20	Loans from officers, directors, trustees, & other disqualified persons.		· · · · · · · · · · · · · · · · · · ·	
	21	Mortgages and other notes payable (attach schedule)			
T	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
<u> </u>		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	,		
NF	24	Unrestricted	166,360.	49,637.	
N F E U T N	25	Temporarily restricted			'
ח	26	Permanently restricted			
A B S A L A N		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
ΕĹ	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
C O E R S	29	Retained earnings, accumulated income, endowment, or other funds			
RS	30	Total net assets or fund balances (see instructions)	166,360.	49,637.	
	31	Total liabilities and net assets/fund balances (see instructions)	166,360.	49,637.	
Par		Analysis of Changes in Net Assets or Fund Balanc	es		
1	Total end-	net assets or fund balances at beginning of year — Part II, colu of-year figure reported on prior year's return)	ımn (a), line 30 (must agr	ee with 1	166,360.
2	Ente	r amount from Part I, line 27a		. 2	-116,723.
3	Other	increases not included in line 2 (itemize)		3	
4	Add	lines 1, 2, and 3	<del>-</del>	. 4	49,637.
5		ases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), lin	e 30 <b>6</b>	49,637.

Par	til Capital Gains and I	Losses for Tax on Investmen	nt Income				
	(a) List and describe 2-story brick warehous	e the kınd(s) of property sold (e g , se, or common stock, 200 shares M	real estate, LC Company)	(b) How acc P — Purch D — Dona	nase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a	N/A						
t	) 						
	<del></del>	-					
	<u> </u>						
e		T-1 - 1				<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa			(h) Gain or (e) plus (f) m	
a							<del> </del>
t	<u> </u>		<del></del>				
е	<del></del>			(50			
	(i) Fair Market Value	ring gain in column (h) and owned	by the foundation on 12/31/ (k) Excess of column		a	(I) Gains (Col ain minus column (I	
	as of 12/31/69	(j) Adjusted basis as of 12/31/69	over column (j), if a	ny		an -0-) or Losses (fi	
			•••	-			
a							
	<del></del>						
e	Capital gain net income or (ne		enter in Part I, line 7 ter -0- in Part I, line 7				
3	Net short-term capital gain or	(loss) as defined in sections 1222(5	_		2		
	If gain, also enter in Part I, lin	e 8, column (c) (see instructions)	_		3		
Par	in Part I, line &	r Section 4940(e) for Reduce	nd Tay on Not Investm	ont Inco	_		
		oundations subject to the section 4940			JIIIC		
(FOI	optional use by domestic private i	odridations subject to the section 4540	n(a) tax on het investment int	one.)			
If se	ction 4940(d)(2) applies, leave	this part blank					
Mos	the foundation liable for the se	ction 4942 tax on the distributable a	amount of any year in the h	aco porio	43	Yes	X No
		alify under section 4940(e) Do not o	, ,	ase perior	u ·	∐ 1es	<u> </u>
1	<u> </u>	each column for each year; see the in	<del> :</del>	entries			
		(b)	(c)	enines		(d)	
	(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use as	sets	(colu	Distribution umn (b) divided	
	2013	200,218.	2	2,399.			8.938703
	2012	575,160.		6,426.			35.015220
	2011	1,253,562.		3,958.			52.323316
	2010	1,769,398.		8,198.			30.403072
	2009	917,275.		0,684.			1.117696
			<del>-</del> -	_,			
2	Total of line 1, column (d)				2		<u>127.798007</u>
3	Average distribution ratio for t number of years the foundation	he 5-year base period – divide the n has been in existence if less thar	total on line 2 by 5, or by to 5 years	he	3		25.559601
4	Enter the net value of noncha	ritable-use assets for 2014 from Pai	rt X line 5		4		496,714.
•			,		_		
5	Multiply line 4 by line 3				5	1;	2 <u>,695,812.</u>
6	Enter 1% of net investment in	come (1% of Part I, line 27b)		:	6		
7	Add lines 5 and 6				7	1:	2,695,812.
8	Enter qualifying distributions f	rom Part XII, line 4			8		1,416,723.
	If line 8 is equal to or greater that Part VI instructions	an line 7, check the box in Part VI, line	e 1b, and complete that part	using a 1%	tax r	<u> </u>	

Form 990-PF (2014) TOM L. WARD FAMILY FOUNDATION		<u>20-3160317</u>		P	age 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 49		see instruction	ıs)		
	'N/A' on line 1				
Date of ruling or determination letter (attach copy of letter if necessa	rry – see instrs)				
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V,		1 1			<u>0</u> .
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-)		2			0.
3 Add lines 1 and 2		3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation		·			0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, en	iter -0-	5			0.
6 Credits/Payments	1 - 1				
a 2014 estimated tax pmts and 2013 overpayment credited to 2014	6 a				
<b>b</b> Exempt foreign organizations — tax withheld at source	6 b				
c Tax paid with application for extension of time to file (Form 8868)	6 c				
d Backup withholding erroneously withheld	6 d	<u> </u>		· - <del></del>	
7 Total credits and payments Add lines 6a through 6d	2000 11 1	7			0.
	2220 is attached	8			
Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			0.
Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1 54 11	10			
11 Enter the amount of line 10 to be Credited to 2015 estimated tax	Refunded	<b>▶</b> 11			
Part VII-A Statements Regarding Activities		<del></del>			·
1 a During the tax year, did the foundation attempt to influence any national, state, participate or intervene in any political campaign?	or local legislation or did	ıt	1 a	Yes	No X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for poli (see Instructions for the definition)?	itical purposes		1 ь		Х
If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies or distributed by the foundation in connection with the activities	s of any materials published				
c Did the foundation file Form 1120-POL for this year?			1 c		Х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed					
(1) On the foundation \$\ \\$ 0. (2) On foundation mai		0.	.		
e Enter the reimbursement (if any) paid by the foundation during the year for political ex foundation managers ►\$ 0	penditure tax imposed on				
2 Has the foundation engaged in any activities that have not previously been repo	rted to the IRS?		2		Х
If 'Yes,' attach a detailed description of the activities	ried to the mo-				^
3 Has the foundation made any changes, not previously reported to the IRS, in its govern	ning instrument, articles				
of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a confo		S.	3		Х
4 a Did the foundation have unrelated business gross income of \$1,000 or more dur	ing the year?		4 a		Х
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?			4 b	N	/A
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				
<ul> <li>By language in the governing instrument, or</li> </ul>					
<ul> <li>By state legislation that effectively amends the governing instrument so that no man</li> </ul>	datory directions that confli	ct			
with the state law remain in the governing instrument?			6	<u> X</u>	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II,		_	7	<u>X</u>	
8a Enter the states to which the foundation reports or with which it is registered (se OK	ee instructions)				
<b>b</b> If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ger (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i> .	neral		8 b	X	
9 Is the foundation claiming status as a private operating foundation within the meter for calendar year 2014 or the taxable year beginning in 2014 (see instructions for	eaning of section 4942(j)( or Part XIV)? <i>If 'Yes,' con</i>	3) or 4942(j)(5) aplete Part XIV	9	]	Х
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a and addresses	schedule listing their nam SEE STATEM	es ENT. 3	10	Х	
BAA			rm 990		2014)

an years listed, answer the and attach statement — see instructions )	4	D	N/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?  Yes X	No O		
<b>b</b> If 'Yes,' did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to			
determine if the foundation had excess business holdings in 2014.)	3	b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4	a	х
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of			
the tax year beginning in 2014?	4	b	X
BAA	Form 9	90-PF	(2014)

TOTH 390-PF (2014) TOM L. WARD FAMILE			20-31	00317	raye
Part VII-B   Statements Regarding Activit	ies for Which Form	<u> 14720 May Be Req</u>	uired (continued)		
5 a During the year did the foundation pay or incu	ir any amount to				
(1) Carry on propaganda, or otherwise attempt	•	• • • • • • • • • • • • • • • • • • • •	Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	1 4955), or to carry	Yes X	No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	∐ Yes X	No	
(4) Provide a grant to an organization other to in section 4945(d)(4)(A)? (see instructions	nan a charitable, etc, or s)	ganization described	Yes X	No	
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	;, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a a current notice regard	qualify under the excep ding disaster assistance	otions e	5 b	N/A
Organizations relying on a current notice rega	rding disaster assistanc	ce check here	▶ 🗍		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?	•	N/A Yes	No	
If 'Yes,' attach the statement required by Reg		, ,			ŀ
6 a Did the foundation, during the year, receive at on a personal benefit contract?			∐Yes X	No	
<b>b</b> Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?	6 b	X
If 'Yes' to 6b, file Form 8870  7 a At any time during the tax year, was the found	dation a narty to a prob	ibited tax shelter transa	action? Yes X	No	
<b>b</b> If 'Yes,' did the foundation receive any proceed			لسنا لنسا	V/A 7b	
Part VIII Information About Officers, D					,
and Contractors		·			
1 List all officers, directors, trustees, foundation	n managers and their	ompensation (see ins	tructions).	<del>γ····</del>	
(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 other allo	
TOM L WARD	CHAIRMAN	0.	0.		0
PO_BOX_54525	0				
OKLAHOMA CITY, OK 73154					
SCH'REE D WARD	VICE PRESIDE	0.	0.		0
PO BOX 54525	0				
OKLAHOMA CITY, OK 73154					
JOHN D GARRISON	SECRETARY	0.	0.		0
PO BOX 54525	0				
OKLAHOMA CITY, OK 73154					
TRENT L.WARD	PRESIDENT	0.	0.		0
P.O. BOX 54525	0				
OKLAHOMA CITY, OK 73154					
2 Compensation of five highest-paid employees (o			T		
(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 other all	
NONE			· · · · ·		
			1		
Total number of other employees paid over \$50,000		<u> </u>			(
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	see instructions.)		
	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	1 a	··-
	Average of monthly cash balances	1 b	504,278.
	Fair market value of all other assets (see instructions)	1 c	301,270.
	Total (add lines 1a, b, and c)	1 d	504,278.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c		301/2:01
	(attach detailed explanation) 1 e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	504,278.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	7,564.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	496,714.
6	Minimum investment return. Enter 5% of line 5	6	24,836.
Par		ting foi	undations
	and certain foreign organizations check here ▶ □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	24,836.
	Tax on investment income for 2014 from Part VI, line 5	]	
b	Income tax for 2014 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2 c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	24,836.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	24,836.
6	Deduction from distributable amount (see instructions).	6	
	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	24,836.
Par	Qualifying Distributions (see instructions)		
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26.	1 a	1,416,723.
	Program-related investments — total from Part IX-B	1 b	1,110,720.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
2	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3 a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,416,723.
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,416,723.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	ndation	
BAA			Form <b>990-PF</b> (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	<b>(c)</b> 2013	<b>(d)</b> 2014
Distributable amount for 2014 from Part XI, line 7				24,836.
2 Undistributed income, if any, as of the end of 2014:				24,030.
a Enter amount for 2013 only				
<b>b</b> Total for prior years 20 , 20 , 20		0.	· · · · · · · · · · · · · · · · · · ·	
3 Excess distributions carryover, if any, to 2014				
a From 2009 876, 241.				
<b>b</b> From 2010 1,766,488.				
c From 2011 1, 252, 364.				
<b>d</b> From 2012 574, 339.				
<b>e</b> From 2013 199, 098.				
f Total of lines 3a through e	4,668,530.			
4 Qualifying distributions for 2014 from Part				
XII, line 4 <sup>.</sup> ▶ \$ 1,416,723.				
a Applied to 2013, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus				!
(Election required – see instructions)	0.			,
<b>d</b> Applied to 2014 distributable amount				24,836.
e Remaining amount distributed out of corpus	1,391,887.			
5 Excess distributions carryover applied to 2014	0.		····	0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
,,,,				
6 Enter the net total of each column as				
indicated below:			•	
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	6,060,417.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed		0.		
income for which a notice of deficiency has				
been issued, or on which the section 4942(a) tax has been previously assessed		0.		
' ´ ´		0.		
d Subtract line 6c from line 6b Taxable amount – see instructions		0.		
e Undistributed income for 2013 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2014 Subtract lines   4d and 5 from line 1. This amount must be				
distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	<u> </u>			
8 Excess distributions carryover from 2009 not				
applied on line 5 or line 7 (see instructions).	876,241.			
9 Excess distributions carryover to 2015.	5 404 456			
Subtract lines 7 and 8 from line 6a	5,184,176.			
10 Analysis of line 9			-	
a Excess from 2010 1,766,488. b Excess from 2011 1,252,364				
e Excess from 2014. 1,391,887.		<u> </u>		Form 990 PF (2014)

Form 990-PF (2014) TOM L. WARD FAMI				20-316031	
Part XIV Private Operating Foundar					N/A
1 a If the foundation has received a ruling or determined is effective for 2014, enter the date of the	ruling			· · ·	-
<b>b</b> Check box to indicate whether the founda		erating foundation		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) 2014	<b>(b)</b> 2013	Prior 3 years (c) 2012	<b>(d)</b> 2011	(e) Total
<b>b</b> 85% of line 2a		<del>                                     </del>			
c 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					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under section 4942(j)(3)(B)(i).</li></ul>					
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					
Part XV Supplementary Information assets at any time during the	(Complete this le year – see in	s part only if the istructions.)	e toundation had	\$5,000 or more	in
1 Information Regarding Foundation Mana- a List any managers of the foundation who hav close of any tax year (but only if they hav SEE STATEMENT 4	e contributed more the	han 2% of the total o than \$5,000) (See	contributions received les section 507(d)(2))	by the foundation bef	ore the
b List any managers of the foundation who owr a partnership or other entity) of which the NONE	n 10% or more of the foundation has a 1	stock of a corporation of a corporation of greater interest.	on (or an equally large rest	portion of the owner	ship of
2 Information Regarding Contribution, Gra Check here ► X if the foundation only ma requests for funds If the foundation make complete items 2a, b, c, and d	akes contributions to	preselected charitat	ole organizations and o		
a The name, address, and telephone number o	r e-mail address of t	he person to whom a	applications should be	addressed	
<b>b</b> The form in which applications should be	submitted and info	rmation and materi	als they should inclu	de	
c Any submission deadlines			-	·	
d Any restrictions or limitations on awards,	such as by geograp	phical areas, charita	able fields, kinds of i	nstitutions, or other	factors
BAA					orm <b>990-PF</b> (2014)
DAA	16	EA0310L 06/17/14		r	UIII 220°FF (2014)

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	it	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
Name and address (home or business)  a Paid during the year  SEE STATEMENT 5	substantial contributor	recipient	CONTINUENT	
Total	·		► 3a	1,416,500.
b Approved for future payment				
Total			► 3b	

#### Part XVI-A | Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	<del></del>	d business income	+	by section 512, 513, or 514	(e)
	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	Related or exempt function income (See instructions)
1 Program service revenue			code		
a b					
ь с	<del>                                     </del>				
d					
е					
f					
<b>g</b> Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments	-				
4 Dividends and interest from securities		2.	14		
5 Net rental income or (loss) from real estate a Debt-financed property					
<b>b</b> Not debt-financed property		<del></del> -			
6 Net rental income or (loss) from personal property			<del> </del>		· · · · <u>· · · · · · · · · · · · · · · </u>
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a				-	
b		···			
cd					
е		<del></del>	<del> </del>		<del></del>
12 Subtotal Add columns (b), (d), and (e)		2.			
			<del>1</del>	13	2.
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculat	ions )			· · ·	2.
		shment of Exempt	Purpo	<u>-</u>	2.
See worksheet in line 13 instructions to verify calculat	Accompli	· · · · · · · · · · · · · · · · · · ·		ses	
See worksheet in line 13 instructions to verify calculated Part XVI-B Relationship of Activities to the	Accomplis	orted in column (e) of other than by providing	Part XV funds f	ses /I-A contributed importa or such purposes) (See	ntly to the enstructions )
Part XVI-B Relationship of Activities to the  Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	Accomplising ncome is rept purposes (continued to the purpose of t	orted in column (e) of other than by providing	Part XV funds f	ses /I-A contributed importa or such purposes) (See	ntly to the enstructions )
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Part XVI-B Relationship of Activities to the  Line No. Explain below how each activity for which accomplishment of the foundation's exemp  4 INVESTMENT INCOME EARNED ON	Accomplising ncome is rept purposes (continued to the purpose of t	orted in column (e) of other than by providing	Part XV funds f	ses /I-A contributed importa or such purposes) (See	ntly to the enstructions )

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

										<del></del>	Yes	No
de	escribe	organization dire d in section 501: to political organ	(c) of the Cod	tly engage of the contract of	in any of t an section	he following 501(c)(3) org	with any janizatio	other organizations) or in section	on 527,		162	NO
a Tr	ansfer	s from the repor	tıng foundatıo	n to a nonc	haritable e	exempt organ	ization d	of <sup>.</sup>				
(1	) Cast	1								1 a (1)		X
(2	) Othe	r assets								1 a (2)		X
<b>b</b> O	ther tra	nsactions										
(1	<b>)</b> Sale	s of assets to a	noncharitable	exempt or	ganızatıon					1 b (1)		Х
(2	) Purc	hases of assets	from a nonch	arıtable exe	empt organ	nization				1 b (2)		X
(3	) Rent	al of facilities, e	quipment, or	other assets	5					1 b (3)		X
(4	) Rein	nbursement arra	ngements							1 b (4)		X
•	•	s or Ioan guarar								1 b (5)		X
		ormance of serv			_					1 b (6)		X
<b>c</b> SI	haring	of facilities, equi	ıpment, maılır	ig lists, othe	er assets,	or paid empl	oyees			1 c		X
<b>d</b> If th	the an	swer to any of the ls, other assets, saction or sharin	ne above is 'Y or services gi	es,' comple ven by the	te the follo	owing schedu foundation. If	the Columbia	mr <b>(b)</b> should alw ndation received ds, other assets,	ays show the less than fair	fair market valu market value in	e of	
(a) Line		(b) Amount involve	<del></del>	ame of noncha				d) Description of trai			ngement	S
N/A		<u> </u>	(-)				<del>                                     </del>	<u>,</u>		,		<u> </u>
-11, 22		<del></del>					1					
				-								
	_											
		<del> </del>					ļ					
de	escribe	d in section 501	(c) of the Cod	e (other tha	th, or relat an section	ted to, one or 501(c)(3)) or	more ta	ax-exempt organi on 527?	zations	Ye	s X	No
		complete the fol Name of organi			(h) Type	of organizati		1 7	-> Docariotion	of relationship		<del></del>
NI / N	(a)	Name of organi	2011011	<del>-  </del>	(b) Type	or organizati	JI1		) Description	i oi relationship		
N/A												
		<del></del>								<del>-</del>		
-								<del></del>	<del></del>	<del></del>		
	Under pe	enalties of perjury, I dec	lare that I have exa	mined this returi	n, including ac	companying sched	ules and sta	tements, and to the bes preparer has any knov	t of my knowledge	and belief, it is true.		
Sign	correct,	and complete Declar	ation of preparer (	other than taxp	ayer) is based	d on all information	n of which	preparer has any knov	vledge			
Here										this retu	IRS disc rn with th	ne [
Here		X/				9-11-12		PRESIDENT		(see ı <u>ps</u>	shown b (ructions)	elow
	Signa	ture of officer or truste		<del></del>		Date		Title			Yes	No
		Print/Type preparer	s name		Preparer's si			Date	Check	If PTIN		
Paid		FRANK É J			man	( )EUD		9-11-15	self-emplo	yed P0009	<u>7387</u>	
Prepa	rer	Firm's name	FRANK E			<u> </u>			Firm's EIN			
Use O	nly	Firm's address		ALKER S								
		<u> </u>	<u>OK</u> LAHOM	A CITY,	OK 731	102			Phone no	(405) 896-	4046	
BAA										Form 9	90-PF	(2014)

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

Department of the Treasury Internal Revenue Service Name of the organization

#### **Schedule of Contributors**

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

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

OMB No 1545-0047

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

Name of the organization		Employer identification number
TOM L. WARD FAMILY FOUNDATION		20-3160317
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	private foundation
	527 political organization	•
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a privi	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ge	neral Rule or a Special Rule	
Note. Only a section 501(c)(7), (8), or (10) orga	nization can check boxes for both the General Rule and a S	pecial Rule See instructions
General Rule		
X For an organization filing Form 990, 990-EZ	, or 990-PF that received, during the year, contributions total	ling \$5,000 or more (in money or
property) from any one contributor. Complet	te Parts I and II. See instructions for determining a contribu	tor's total contributions
Special Rules		
For an organization described in section 501 under sections 509(a)(1) and 170(b)(1)(A)(vi)	I (c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13,	ort test of the regulations 16a or 16b and that
received from any one contributor, during the	ne year, total contributions of the greater of (1) \$5,000 or (2) D-EZ, line 1 Complete Parts I and II	2% of the amount on (i)
Form 990, Part VIII, line In, or (II) Form 990	9-EZ, line 1. Complete Parts I and II	
For an organization described in section 501	l(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 exclusively for religious, charitable, scientific, li	from any one contributor,
during the year, total contributions of more to	than \$1,000 exclusively for religious, charitable, scientific, li children or animals. Complete Parts I, II, and III	terary, or educational
purposes, or for the prevention of cruerty to	children of animals complete raits i, ii, and iii	
For an organization described in section 501	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received t	from any one contributor
	r religious, charitable, etc., purposes, but no such contributi	
\$1,000 If this box is checked, enter here the	e total contributions that were received during the year for a	an <i>exclusively</i> religious,
	my of the parts unless the <b>General Rule</b> applies to this orgate, etc., contributions totaling \$5,000 or more during the year	
it received <i>rionexclusively</i> religious, charitab	ie, etc., contributions totaling \$5,000 or more during the year	
Caution: An organization that is not covered by	the General Rule and/or the Special Rules does not file Sci	nedule B (Form 990, 990-EZ, or
990-PF), but it <b>must</b> answer 'No' on Part IV, line	e 2, of its Form 990, or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 9	990-EZ or on its Form 990-PF,

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

of

of Part 1

Name of organization

TOM L. WARD FAMILY FOUNDATION

Employer identification number

_	_	_	_	_	_	_	_	_
7	n	_ 2	7	_	m	-2	7	-7
Z.	u	-3	ъ.	U	u	J	_	- 1

PartI	Contributors (see instructions) Use duplicate copies of Part I if additional space	ıs needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOM L AND SCH'REE D WARD PO BOX 54525 OKLAHOMA CITY, OK 73154	\$1,300,000.	Person X 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 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

1 to

1 of Part li

Name of organization

TOM L. WARD FAMILY FOUNDATION

Employer identification number 20-3160317

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		] ]s	

(b) Purpose of gift

of Part III

Name of organization Employer identification number TOM L. WARD FAMILY FOUNDATION 20-3160317 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8) or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Use of gift (d)
Description of how gift is held (a) No. from Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (a) No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

> (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(c) Use of gift

(d) Description of how gift is held

(a) No. from Part I

$\sim$	^	-	4
- 7	11		
	u		-

### **FEDERAL STATEMENTS**

PAGE 1

TOM L. WARD FAMILY FOUNDATION

20-3160317

**STATEMENT 1** FORM 990-PF, PART I, LINE 16B **ACCOUNTING FEES** 

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	TOTAL	\$ 70. \$ 70.	\$ 0.	\$ 0.	\$ 70. \$ 70.

**STATEMENT 2** FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

		 (A) INSES BOOKS	IN	(B) NET VESTMENT INCOME	(C ADJUS: NET INC		 (D) IARITABLE PURPOSES
BANK FEES POSTAGE	TOTAL	\$ 140. 15. 155.	\$	2.	\$	0.	\$ 138. 15. 153.

**STATEMENT 3** FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR ADDRESS OF SUBSTANTIAL CONTRIBUTOR

TOM L AND SCH'REE D WARD

PO BOX 54525 OKLAHOMA CITY, OK 73154

**STATEMENT 4** FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

TOM L WARD SCH'REE D WARD

20	4	А
ZU		4

## **FEDERAL STATEMENTS**

PAGE 2

TOM L. WARD FAMILY FOUNDATION

20-3160317

#### STATEMENT 5 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
WHITE FIELDS, INC. 7127 COUNTY LINE RD PIEDMONT, OK 73078	N/A	501 (C) (3)	PROVIDE HOUSING FOR ADOLESCENT BOYS	\$ 150,000.
FOUR WINDS RANCH FOUNDATION 1630 WEST BRITTON ROAD OKLAHOMA CITY, OK 73120	N/A	501 (C) (3)	ADDICTION SUPPORT OF ADOLESCENT GIRLS	300,000.
SKYLINE CHURCH, INC. 123 ROBERT S. KERR AVENUE OKLAHOMA CITY, OK 73102	N/A	501 (C) (3)	SUPPORT OF CHURCH OPERATIONS	500,000.
HOPE HOUSE OKC 6608 N WESTERN OKLAHOMA CITY, OK 73154	N/A	501 (C) (3)	PROVIDE PERMENANT HOUSING FOR HOMELESS FAMILIES	300,000.
HOUGH EAR INSTITUTE 3400 NW 56TH OKLAHOMA CITY, OK 73112	N/A	501 (C) (3	HEARING LOSS RESEARCH	100,000.
NEIGHBORHOOD HOPE MINISTRIES PO BOX 620637 LITTLETON, CO 80162	N/A	501 (C) (3)	PROJECT ABRAHAM (INDIA)	12,000.
CITY RESCUE MISSION 800 W CALIFORNIA OKLAHOMA CITY, OK 73106	N/A	501 (C) (3)	OKC HOMELESS SHELTER	4,500.
TEEM 14 NE 13TH OKLAHOMA CITY, OK 73102	N/A	501 (C) (3)	END POVERTY BY EDUCATION & EMPLOYMENT	25,000.
RE MERGE 1444 NW 28TH OKLAHOMA CITY, OK 73106	N/A	501(C)(3)	FAMILY SUPPORT & RECOVERY	25,000.
			TOTAL	\$ 1,416,500.