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4 990-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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 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	calend	dar year 2014 or tax year beginning , a	and ending				
Na	me of fol	undation			A Empl	oyer identification number	
<u>F</u>	iuma	nitarian Relief Foundation, I	inc	. <u>.</u>		-4252033	
		d street (or P O box number if mail is not delivered to street address)	Ro	oom/suite		hone number (see instructions)	
		Forest Drive , state or province, country, and ZIP or foreign postal code			91	8-245-0848	
	-	Springs OK 74063			C If exe	mption application is pending, c	heck here
			n of a former public ch	arity	D 1. F	oreign organizations, check here	• <b>▶</b> □
		Final return Amended			) , F	oreign organizations meeting the	 9
		X Address change Name cha			1	5% test, check here and attach	
H	heck t	type of organization: X Section 501(c)(3) exempt private	<del></del>		E If pnv	ate foundation status was termi	noted under
			e private foundation			on 507(b)(1)(A), check here	>
		ket value of all assets at J Accounting method:	X Cash Acc	mıal	F If the	foundation is in a 60-month terr	nination
		ear (from Part II, col (c), Other (specify)	00011			section 507(b)(1)(B), check he	- I
	ne 16) l		ne on cash basis )		)		
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	451 11-4		(2) Ad (2)	(d) Disbursements for chantable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	(b) Net inv		(c) Adjusted net income	purposes
	T 4						(cash basis only)
	1 2	Contributions, gifts, grants, etc., received (attach schedule)  Check if the foundation is <b>not</b> required to attach Sch. B	31,251	<u> </u>			<del></del>
	3	Interest on savings and temporary cash investments	12		12	12	
	4	Dividends and interest from securities					
	5a	Gross rents		-			
-	Ь	Net rental income or (loss)		<u> </u>			
ž	6a	Net gain or (loss) from sale of assets not on line 10			_		· · · · · · · · · · · · · · · · · · ·
Revenue	b	Gross sales price for all assets on line 6a			<del></del>		
Re	7	Capital gain net income (from Part IV, line 2)			0		
_	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
f7	, b	Less: Cost of goods sold			REC		
2	‡ c	Gross profit or (loss) (attach schedule)			, T	- 23	
	11	Other income (attach schedule) Stmt 1	98,157			2 N XUID8,157	
_ <u>&lt;</u>	12_	Total. Add lines 1 through 11	129,420	- la	12	98 -169	
	13	Compensation of officers, directors, trustees, etc	0		QG	DEN, UT	
berises	14	Other employee salaries and wages		L_			
) Oct	15	Pension plans, employee benefits	300			200	
~	16a	Legal fees (attach schedule) See Stmt 2	300 750			300 750	0
9	b	Accounting fees (attach schedule) Stmt 3 Other professional fees (attach schedule)	750			750	
atil	17	Interest	1,047			1,047	0
St	18	Taxes (attach schedule) (see instructions) Stmt 4	2,500			2,500	
Ē	19	Depreciation (attach schedule) and depletion Stmt 5	25,464	·		25,464	
퉏	20	Occupancy	35,821	-		35,821	0
Operating and Administrative E	21	Travel, conferences, and meetings	3,402			3,402	3,402
<u>n</u>	22	Printing and publications					
ğ	23	Other expenses (att sch) Stmt 6	13,265			13,265	11,026
Ë	24	Total operating and administrative expenses.					<del></del>
era		Add lines 13 through 23	82,549		0	82,549	14,428
ğ	25	Contributions, gifts, grants paid See Statement 7	17,900				17,900
	26	Total expenses and disbursements. Add lines 24 and 25	100,449		0	82,549	32,328
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	28,971				
	b	Net investment income (if negative, enter -0-)			12	45.600	
_	С	Adjusted net income (if negative, enter -0-)				15,620	

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with 765,929 2 28,971 2 Enter amount from Part I, line 27a 3 3 Other increases not included in line 2 (itemize) ▶ 4 794,900 4 Add lines 1, 2, and 3 4,474 See Statement 10 5 5 Decreases not included in line 2 (itemize) 790,426 6 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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Part IV Capital Gains	s and Losses for Tax on Investme	ent Income	20 4232033	<u>,</u>	rage_
(a) List and	describe the kind(s) of property sold (e.g., real estate, ck warehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquimo , day, ;	
1a N'/A					
b					
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		(h) Gain or (loss) (e) plus (f) minus (g)
a					
b					
С					
_d					
_e					
Complete only for assets show	ving gain in column (h) and owned by the fou	indation on 12/31/69		(I) G	ains (Col. (h) gain minus
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	1 '''	ss of col (i) i (j), if any		), but not less than -0-) or .osses (from col (h))
а					
b					
С					
d					
е	<u> </u>	<u>                                     </u>			
2 Capital gain net income or (net	t capital loss) If gain, also enter in If (loss), enter -0- in			2	
· · · · · · · · · · · · · · · · · · ·	loss) as defined in sections 1222(5) and (6) 8, column (c) (see instructions). If (loss), en	ter -0- ın			
Part I, line 8				3	
	Under Section 4940(e) for Reductive foundations subject to the section 4940(a			ne	
	this part blank. ection 4942 tax on the distributable amount of a lalify under section 4940(e). Do not complete		e period?		Yes X No
1 Enter the appropriate amount in	n each column for each year, see the instruc	tions before making	any entries.		
(a)  Base penod years  Calendar year (or tax year beginning	(b)		(c) e of nonchantable-use assets	s	(d) Distribution ratio (col (b) divided by col (c))
2013	9 "1/	,141	419,		0.076601
2012		,053	1,026,		0.059449
2011		,948	968,		0.091852
2010		,801	982,		0.239935
2009		,150	768,		0.126486
2 Total of line 1, column (d)		7-001	.007	2	0.594323
3 Average distribution ratio for the	e 5-year base period – divide the total on line	e 2 by 5, or by the			
	has been in existence if less than 5 years			3	0.118865
4 Enter the net value of nonchard	table-use assets for 2014 from Part X, line 5			4	892,076
5 Multiply line 4 by line 3				5	106,037
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	106,037
8 Enter qualifying distributions fro If line 8 is equal to or greater th	om Part XII, line 4 an line 7, check the box in Part VI, line 1b, a	and complete that par	t using a 1% tax rate	8 See the	32,328
Part VI instructions		•			-

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_ <u>P</u>	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 ☐					
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)	1 1				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				
	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, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u> </u>
3	Add lines 1 and 2	3				
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	i				
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a					
þ	Exempt foreign organizations – tax withheld at source	. ]				
C	Tax paid with application for extension of time to file (Form 8868)				والمناس	
d	Backup withholding erroneously withheld 6d 6d		, late.g.	2		
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				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	_10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶	11				
Pa	rt VII-A Statements Regarding Activities					
1a	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?		l	_1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		j			
	Instructions for the definition)?		· · · · · · · · · · · · · · · · · · ·	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					ŀ
	published or distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?		l	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(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. > \$		j		Jeda	- 1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		Į	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		- 1			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		<u>į</u>	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		- l	4a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?			4b	X_	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		[	5		X
	If "Yes," attach the statement required by General Instruction T		ĺ			
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?		L	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		Ļ	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶  LA, OK					
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  See Stmt 1	1		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		Ī		Tables Service	
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (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		ſ			
	names and addresses	_		10_		X
			F,	.m 99	0-PF	(2014)

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Pa	art VII-A 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 ► N/A					
14	The books are in care of ▶ Sandra L. Meyer Teleph	none no 🕨	918-2	48-	084	8
	1214 Forest Drive					
	Located at ▶ Sand Springs OK	ZIP+4 ▶	74063	3		_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here		i			▶ _
	and enter the amount of tax-exempt interest received or accrued during the year	▶ _	15			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority				Yes	No
	over a bank, securities, or other financial account in a foreign country?			16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If					
	"Yes," enter the name of the foreign country ▶			<u> </u>		<u> </u>
<u> Pa</u>	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year did the foundation (either directly or indirectly)	<del>_</del>				}
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			l
	(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?	Yes	X No	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	ŀ		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for				ا ي	
	the benefit or use of a disqualified person)?	Yes	X No	, ,	٠,~	Ì
	(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	¬	32			
	termination of government service, if terminating within 90 days )	Yes	X No			
þ	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations		NT / N		~	-
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here					
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		37 / 3			
_	were not corrected before the first day of the tax year beginning in 2014?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and		X No			
	6e, Part XIII) for tax year(s) beginning before 2014?	Yes	X No			
L	If "Yes," list the years ▶ 20 , 20 , 20 , 20				l i	
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		N/A	26		
_	all years listed, answer "No" and attach statement – see instructions )		N/A	2b_		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.				2.5	, 1
3a	▶ 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					'
Ja		X Yes	No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or	103				
_	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.)			3b		X
4a	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 leopardy before the first day of the tax year beginning in 2014?			4b		x

		Relief Foundation		252033	<del></del>		P	age <b>b</b>
Pa		ng Activities for Which Fo	orm 4720 May Be Re	equired (continu	ued)			
5a	During the year did the foundation pay or it	ncur any amount to			5-53			
	(1) Carry on propaganda, or otherwise atte	empt to influence legislation (section	ion 4945(e))?	Ye	es 🗓 No			
	(2) Influence the outcome of any specific p	oublic election (see section 4955),	, or to carry on,		5			
	directly or indirectly, any voter registrate	ion drive?		Ŭ Y€				
	(3) Provide a grant to an individual for trav	el, study, or other similar purpose	es?	Ye	s X No			
	(4) Provide a grant to an organization other	er than a charitable, etc , organiza	tion described in					
	section 4945(d)(4)(A)? (see instruction	ıs)		Ye	s X No			
	(5) Provide for any purpose other than reli	gious, charitable, scientific, literar	y, or educational		F==			
	purposes, or for the prevention of crue	Ity to children or animals?		Ye	s X No			
b	If any answer is "Yes" to 5a(1)–(5), did any	of the transactions fail to qualify	under the exceptions desc	cribed in	(-			
	Regulations section 53 4945 or in a current	t notice regarding disaster assista	ince (see instructions)?		N/A	_5b_		
	Organizations relying on a current notice re	garding disaster assistance chec	k here					
С	If the answer is "Yes" to question 5a(4), do	es the foundation claim exemption	n from the tax		<u>—</u>			
	because it maintained expenditure respons	sibility for the grant?		N/A Ye	es 🗌 No			
	If "Yes," attach the statement required by F	Regulations section 53 4945-5(d)						
6a	Did the foundation, during the year, receive	any funds, directly or indirectly, to	o pay premiums		<u></u> 1			-4
	on a personal benefit contract?			Ye	s X No	-	1,44 kg	
b	Did the foundation, during the year, pay pre	emiums, directly or indirectly, on a	personal benefit contract	?		_6b		X
	If "Yes" to 6b, file Form 8870			F	<b>□</b>			
	At any time during the tax year, was the for			Ye				
	If "Yes," did the foundation receive any pro-				N/A	7b		
Pa		cers, Directors, Trustees	s, Foundation Mana	gers, Hignly Pa	iia Empioyee	25,		
4 1	and Contractors		tion /aca instruction					
	ist all officers, directors, trustees, found	ation managers and their com	pensation (see instruction	ons).	44) Contributions to	Ι		
	61 Nove 1 - 1	•	(b) Title, and average hours per week	(c) Compensation (If not paid,	<ul><li>(d) Contributions to employee benefit</li></ul>	(e) Ex	pense ac	count,
	(a) Name and ad	aress	devoted to position	enter -0-)	plans and deferred compensation	othe	er allowar	nces
7-	mag D. Marray		President			$\vdash$		
	mes D. Meyer 14 Forest Drive	Sand Springs	15.00		o			0
	aron Burns	OK 74063 Alexandria	Secretary		<u> </u>	_		
	01 Wakefield	LA 71303	0.00		0			0
	aine Rose	Alexandria	Vice Pres.			_		
	08 Tenneyson Oaks Drive	LA 71301	0.00	اه	0	ļ		0
	oo lemeyson oaks bilve		0.00		<u> </u>			
2	Compensation of five highest-paid emp	lovees (other than those include	led on line 1 – see instru	uctions). If none, e	nter			
	"NONE."	•		•				
			(b) Title, and average		(d) Contributions to			
	(a) Name and address of each employee page	d more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		pense ac er allowar	
			devoted to position		compensation		,, 4,,0,,,4	
NO	NE					1		
						L_		
					_	]		
						<u> </u>		
		<u>.                                    </u>				<u> </u>		
						1		
					<del></del>	ــِـــ	<del></del>	
otai	number of other employees hald over \$50 (	າດດ					,	0

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Form 990-PF (2014) Humanitarian Relief Foundation, Inc 20-42	<u> </u>	Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Manage	ers, Highly Paid Employee	es,
and Contractors (continued)		<del></del> _
Five highest-paid independent contractors for professional services (see instructions). If none,	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		<del></del>
	1	
		<del></del>
Total number of others receiving over \$50,000 for professional services	<b>_</b>	_ <del></del> _
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.		Expenses
1 Direct conduct and delivery of humanitarian relief	to	
communities.		
		15,475
2 Contributions to other 501(c)(3) organizations to		
Humanitarian Relief Foundation, Inc. direct conduc		
_delivery of humanitarian relief and aid to communi	ties.	17,900
3	ł	
A		
•		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
<del>-</del>		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	<u> </u>	

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32,328

3b

4

5

b

Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Enter 1% of Part I, line 27b (see instructions)

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

_				
_	00	n-P	_	
Enm	99	I J-P	-	(2014

10

а

Subtract lines 7 and 8 from line 6a

Analysis of line 9

Excess from 2010 b Excess from 2011 Excess from 2012 Excess from 2013 Excess from 2014

	11/15/2015 6 57 PM	- 1:		00 40500		4.0
	990-PF (2014) Humanitarian  art XIV Private Operating Foundation					Page <b>10</b>
ıa	If the foundation has received a ruling or of				n	6/10/05
h	foundation, and the ruling is effective for 2		<del>-</del>	Lun acetton X 40		2(1)(5)
	Check box to indicate whether the founda		toundation described	Prior 3 years	342(J)(3) OF 4942	2( <u>))(</u> 5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year (a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	investment return from Part X for	(a) 2014	(B) 2013	(6) 2012	(0) 2011	<del></del> _
		15,620	1	1	1	15,623
h	each year listed 85% of line 2a	13,020	1		11	13,280
		13,211				13/200
С	Qualifying distributions from Part XII,	32,328	32,141	61,053	88,948	214,470
d	line 4 for each year listed  Amounts included in line 2c not used directly	32,320	32,141			
u	for active conduct of exempt activities	İ	21,000	5,500	27,015	53,515
e	Qualifying distributions made directly		21,000			
٠	for active conduct of exempt activities					
	Subtract line 2d from line 2c	32,328	11,141	55,553	61,933	160,955
2	Complete 3a, b, or c for the	32,320			52,7255	
	alternative test relied upon					
а	"Assets" alternative test – enter					
<u> </u>	(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	29,736	13,986	34,233	32,279	110,234
С	"Support" alternative test – enter		**			
	(1) Total support other than gross		ļ			
	investment income (interest,					
	dividends, rents, payments on					
	secunties loans (section					
	512(a)(5)), or royalties)					<del></del>
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)				ļ	
	(3) Largest amount of support from		· · · · · · · · · · · · · · · · · · ·			
	an exempt organization					
	(4) Gross investment income					
Pa	ort XV Supplementary Inform	nation (Complete t	his part only if th	ne foundation had	d \$5,000 or more	in assets at
	any time during the ye				• •	
	Information Regarding Foundation Mai					
а	List any managers of the foundation who h	-	an 2% of the total con	tributions received by t	he foundation	
	before the close of any tax year (but only it					
	Elaine Rose		<u> </u>			
þ	List any managers of the foundation who o	own 10% or more of the s	stock of a corporation	(or an equally large por	rtion of the	
	ownership of a partnership or other entity)	of which the foundation I	has a 10% or greater	interest.		
	None					
2	Information Regarding Contribution, G	rant, Gift, Loan, Schola	rship, etc., Program	s:		
	Check here ▶ ☐ If the foundation only	makes contributions to p	reselected charitable	organizations and does	s not accept	
	unsolicited requests for funds. If the found	ation makes gifts, grants	, etc (see instructions	) to individuals or orga	nizations under	
	other conditions, complete items 2a, b, c,	and d				
а	The name, address, and telephone number	er or e-mail address of th	e person to whom app	olications should be add	dressed.	
	Sandra L. Meyer					
	1214 Forest Drive Sa	nd Springs C	K 74063			
b	The form in which applications should be s	submitted and information	and materials they s	hould include		
	See Statement 12					
С	Any submission deadlines					
	None	<del></del>				
d	Any restrictions or limitations on awards is	uch as by deographical a	reas charitable fields	kinds of institutions of	r other	

factors None

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or Amount status of any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year First Baptist Church 403 S. Cincinnati Ave Tulsa OK 74103 School Shoes/Senior Meals 17,000 Various Other Grants Local Mission/Medical for Poor 900 Tulsa OK 74147 17,900 ▶ 3a Total Approved for future payment N/A **▶** 3b Total

Part XVI-A Analysis of Income-Producing Acti	vitice				
Enter gross amounts unless otherwise indicated		ed business income	Evoludor	by section 512, 513, or 514	
	(a)	(b)	(c)	(d)	(e) Related or exempt
4 December 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Business code	Amount	Exclusion code	Amount	function income (See instructions)
1 Program service revenue a Direct Operations	-		-		<u> </u>
b Canyon Crossing					44,35
	l	<del></del>			44,55
c					<u> </u>
de			-		<del></del>
f	-				
g Fees and contracts from government agencies		<u></u>			· <u>-</u>
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					12
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate.				_	
a Debt-financed property					
b 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					
9 Net income or (loss) from special events					<u> </u>
O Gross profit or (loss) from sales of inventory					<del></del>
1 Other revenue: a					
b TUL ALF, LLC (Mingo)	623000	48,075			·
c TUL ALF 2, LLC (Tulsa Hills)	623000	5,726			
d	<u> </u>				
9 Substated Add calcurate (b) (d) and (c)		53,801	-	0	44,368
2 Subtotal Add columns (b), (d), and (e) 3 Total Add Inc 12 columns (b) (d) and (c)		53,801			98,169
3 Total. Add line 12, columns (b), (d), and (e)				13	90,103
See workshoot in line 12 instructions to verify coloulations \					
See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Ac-	complishme	ent of Exempt Pu	rnoses	<u></u>	<u></u>
Part XVI-B Relationship of Activities to the Ac					
	reported in colu	ımn (e) of Part XVI-A c	ontribute	d importantly to the	)
Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is	reported in colu	ımn (e) of Part XVI-A c	ontribute	d importantly to the	)
Part XVI-B Relationship of Activities to the Ac	reported in colu	ımn (e) of Part XVI-A c	ontribute	d importantly to the	)
Part XVI-B Relationship of Activities to the Ac	reported in colu	ımn (e) of Part XVI-A c	ontribute	d importantly to the	)
Part XVI-B Relationship of Activities to the Ac	reported in colu	ımn (e) of Part XVI-A c	ontribute	d importantly to the	)
Part XVI-B Relationship of Activities to the Ac	reported in colu	ımn (e) of Part XVI-A c	ontribute	d importantly to the	)
Part XVI-B Relationship of Activities to the Ac	reported in colu	ımn (e) of Part XVI-A c	ontribute	d importantly to the	)
Part XVI-B Relationship of Activities to the Ac	reported in colu	ımn (e) of Part XVI-A c	ontribute	d importantly to the	)
Part XVI-B Relationship of Activities to the Ac	reported in colu	ımn (e) of Part XVI-A c	ontribute	d importantly to the	)
Part XVI-B Relationship of Activities to the Ac	reported in colu	ımn (e) of Part XVI-A c	ontribute	d importantly to the	)
Part XVI-B Relationship of Activities to the Ac	reported in colu	ımn (e) of Part XVI-A c	ontribute	d importantly to the	
Part XVI-B Relationship of Activities to the Ac	reported in colu	ımn (e) of Part XVI-A c	ontribute	d importantly to the	
Part XVI-B Relationship of Activities to the Ac	reported in colu	ımn (e) of Part XVI-A c	ontribute	d importantly to the	
Part XVI-B Relationship of Activities to the Ac	reported in colu	ımn (e) of Part XVI-A c	ontribute	d importantly to the	
Part XVI-B Relationship of Activities to the Ac	reported in colu	ımn (e) of Part XVI-A c	ontribute	d importantly to the	
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Part XVI-B Relationship of Activities to the Ac	reported in colu	ımn (e) of Part XVI-A c	ontribute	d importantly to the	
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Part XVI-B Relationship of Activities to the Ac	reported in colu	ımn (e) of Part XVI-A c	ontribute	d importantly to the	
Part XVI-B Relationship of Activities to the Ac	reported in colu	ımn (e) of Part XVI-A c	ontribute	d importantly to the	
Part XVI-B Relationship of Activities to the Ac	reported in colu	ımn (e) of Part XVI-A c	ontribute	d importantly to the	

918-712-9055

P01062899

Firm's EIN ▶

Phone no

**Use Only** 

Firm's name

Firm's address

Justin Meyers,

OK

Jenks,

11005 S. Hamilton Ct.

74037

CPA

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\_

Employer identification number

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

2014

Humanitarian	Relief Foundation, Inc	20-4252033
Organization type (check	<del> </del>	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	e foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private fou	undation
	501(c)(3) taxable private foundation	
Note. Only a section 501(c instructions	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule See
General Rule		
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributor Complete Parts I and II See instructions	
Special Rules		
regulations under s	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form and that received from any one contributor, during the year, total contributor of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	990 or 990-EZ), Part II, line ons of the greater of <b>(1)</b>
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, total contributions of more than \$1,000 exclusively for religious, anal purposes, or for the prevention of cruelty to children or animals. Com	, chantable, scientific,
contributor, during contributions totale during the year for General Rule app	the year, contributions exclusively for religious, charitable, etc., purposes at more than \$1,000. If this box is checked, enter here the total contribution an exclusively religious, charitable, etc., purpose. Do not complete any of lies to this organization because it received nonexclusively religious, charitable, etc., purpose.	s, but no such ions that were received of the parts unless the
990-EZ, or 990-PF), but it r	hat is not covered by the General Rule and/or the Special Rules does not must answer "No" on Part IV, line 2, of its Form 990, or check the box on to certify that it does not meet the filing requirements of Schedule B (For	n line H of its Form 990-EZ or on its

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

Page 1 of 1

age 2

Name of organization

Humanitarian Relief Foundation, Inc

Employer identification number

20-4252033

Part <sub>.</sub> i	Contributors (see instructions). Use duplicate copies of F	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Lexington Retirement Corporation 1214 Forest Drive  Sand Springs OK 74063	\$ 26,426	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Name, audress, and zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ramo, auditoso, and an T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Training distribution of the first of the fi	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
Humanitarian Relief Foundation, Inc

Employer identification number

20-4252033

Part II	Noncash Property (see instructions). Use duplications		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Items paid for by Lexington		
		\$ 26,426	12/31/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

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	r Income	Net Investment Income	\$	
Federal Statements	Form 990-PF, Part I, Line 11 - Other Income	Revenue per Books	\$ 44,356 48,075 5,726 \$ 98,157	
3001 Humanitarian Relief Foundation, Inc 20-4252033 FYE: 12/31/2014	Statement 1 - Form 9	Description	Canyon Crossing TUL ALF, LLC (Mingo) TUL ALF 2, LLC (Tulsa Hills) Total	

	Charitable Purpose	\$	\$
	justed Net	206	206
gal Fees	Ad	တ	ψ
t I, Line 16a - Lega	Net Investment		0
-PF, Part I, Li	Inve	৵	ళ
orm 990-P	Total	300	300
tatement 2 - F		৵	φ
Sta	Description	Canyon Crossing	Total

Description		Total	Net Investment	jt	Adji	Adjusted Net	2	Charitable Purpose
Canyon Crossing	<u>ა</u>	750	v.		ω- ·	515	w .	235
	•	C L	4	•	•	L	•	

Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

Purpose	\$ 235	\$ 235		Charitable	Purpose	\$	\$	
Net	515	515		Adjusted	Net	2,500	2,500	
	\$	w.	axes	AC		ᡐ	৵	
Investment		0	4 - Form 990-PF, Part I, Line 18 - Taxes	Net	nvestment		0	
<b>u</b>	\$	ς»	0-PF, Pa		<del>-</del>	₩.	<b>የ</b> ን	
Total	750	750	4 - Form 99		Total	2,500	2,500	
	\ \	w.	Statement			တ	₩.	
Description	Canyon Crossing	Total			Description	Indirect Taxes/Licenses	Total	

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3001 Humanitarian Relief Foundation, Inc 20-4252033 FYE: 12/31/2014

Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation

	Description	on		-				
Date Acquired	Cost Basis	Prior Year Depreciation		Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net
Building	0 890 847	27.5	۲, ۵					
			7/2		0 8	97/150	vs ·	3,933
3/01/08	23,764	13,862	$S/\Gamma$		10	2,377		1,633
Appliances 3/01/08	7,545	4,401	S/I		10	755		ת ር
Equipment					1			0 1 0
3/01/08 Facility Improvements	1,36U nts	193	$S/\Gamma$		10	136		94
3/01/08	8,890	3,457	S/L		15	593		407
Land improvements 1/01/08	9,230	3,692	S/L		15	615		423
Sprinkler 1/01/08	5,152	2.071	7/5		<u>ተ</u>	778		C
Fence & Entrance		1	) 1			r r )		067
3/01/08	10,095	3,926	$S/\Gamma$		15	673		462
Facility Improvements	nts - Add'l	room						
	1,404		$_{ m S/I}$		15	93		64
	- Pond/Sid	Pond/Sidewalk/Bridge/	Tree					•
00	50,950		$S/\Gamma$		15	3,396		2,333
Appliances - Washe	Washer/Dryer					•		
60/	1,232	503	$^{ m S/I}$		10	123		84
Furniture - Add'l								
`	5,076	2,200	$^{ m S/I}$		10	507		349
Tamour - Women	•							
60/	8,207	3,898	$_{ m S/I}$		10	821		563
Other	CC							
12/01/09	1,073	438	$_{ m S/I}$		10	107		74
Facility Improvements		- Heating units						•
12/31/10		235	S/I		15	78		5.4
	nts - Air	conditioners						•
10/06/10	10,032	2,174	$^{\mathrm{S/I}}$		15	999		458
Facility Improvements	nts - Remodel							
12/01/10	41,242	3,179	$^{ m S/I}$		40	1,031		709

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3001 Humanitarian Relief Foundation, Inc 20-4252033 FYE: 12/31/2014

## **Federal Statements**

	Description	Ę					
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
_/1	hog 664 \$	249	S/L	10	99 \$	<i>«</i>	\$ 45
Equipment - Tile machine 7/15/10	achine 1,630	571	S/L	10	163		112
oment 3/23	- Mover equip. /10	1,388	S/L	10	370		254
Impr 10/01	- Dirt wor} 34,834	Dirt work/trees/rock 34,834	S/L	15	2,323		1,596
Land 1/01/08 Allocated to Non-c	92,364 Non-charitable	6		0			
Add'l Improvements		-3,912					
)	18,844	3,141	S/L	15	1,256		862
Appliances - Other 1/03/11	cc 1,237	371	S/L	10	124		86
Furniture 7/01/11	200	125	S/L	10	20		34
Equipment 7/01/11	397	66	S/L	10	40		27
facility Remodel 12/15/13	101,658	212	S/L	40	2,541		1,746
114 14			S/L	39	43		29
Additional Remodel 3/01/14	Lodge 4,943		S/L	39	86		89
(4/15/14	8,458		S/L	39	150		103
3 COLAGE SHEA 10/15/14	6,928		S/L	7	62		42
Addictoffar Dilveway 1/30/14 Blower Istofea	3,206		S/L	15	128		88
Diowel Dawncare 11/13/14	564		S/L	വ	7		ις

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3001 Humanitarian Relief Foundation, Inc 20-4252033 FYE: 12/31/2014

### Federal Statements

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	tment Adjusted Net Income s 17,491		Charitable Purpose	ψ	987	64 345 945	204	\$ 1,687		Date 10/08/14 12/31/14
	Current Year Net Investment Depreciation Income	er Expenses	Adjusted Net	\$	-684 10,723	141 757	449	\$ 11,578	tributions, Gifts, Grants	Book Value Explanation
!	Method Life	rm 990-PF, Part I, Line 23 - Other Expenses	Net Investment	<b>‹</b> ›	03 23	205 102 270	53	265 \$ 0	Part I, Line 25 - Noncash Contributions, Gifts, Grants	Book Value Amount
no.	Prior Year Depreciation 102, 968	Statement 6 - Form 990	Total	‹›	303 10,723	2 1,1	7 9	\$ 13,2	Statement 7 - Form 990-PF, Part I	Explanation
Description	Acquired Basis Total \$ 926,842 \$		Description	t Operations	Office expense Cost of Goods Sold	Canyon Crossing Bank fees Telephone	Supplies for Meetings	Total	Statement	Amount Description
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# Federal Statements

Statement 8 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

3001 Humanitarian Relief Foundation, Inc 20-4252033 FYE: 12/31/2014

Description	_	eginning Jet Book	Ö	End ost / Basis		and Accumulated Depreciation		Net FMV
inery and iture and ovements dings	w.	14,932 13,153 148,879 525,159	w.	35,135 29,340 195,500 575,546		\$ 15,485 \$ 19,121 54,613 43,125	V-	14,000 16,000 210,000 620,000
rand Total	ς, I	794,487	ω 	927,885	w	132,344	\ <sub>\( \rangle \)</sub>	000,066

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20-4252033

**Federal Statements** 

FYE: 12/31/2014

### Statement 9 - Form 990-PF, Part II, Line 15 - Other Assets

Description	Beginning of Year	End of Year	 Fair Market Value
Investment in TUL ALF, LLC Investment in TUL ALF 2, LLC	\$ -23,928	\$ -32,477 5,638	\$ 450,000 420,000
Total	\$ -23,928	\$ -26,839	\$ 870,000

### Statement 10 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	 Amount
Nondeducts from K-1 990T taxes paid	\$ 224 4,250
Total	\$ 4,474

### Statement 11 - Form 990-PF, Part VII-A, Line 8b - Not Filing with Attorney General Explanation

### Description

There is no requirement to file Form 990-PF with the Louisiana Department of Revenue

### Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager		Amount
Elaine Rose	\$_	
Total	\$	0

### Form 990-PF, Part XV, Line 1b - Managers Who Own 10% or More Stock

	Name of Manager	Amount	
None		\$	
Total		\$	0

### Statement 12 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

### Description

Applications should be in letter form with specific details as to how the foundation can provide humanitarian aid. In addition, an estimate of the cost of the project and a brief narrative describing the scope, location, and man hours required to complete the project.

3001 Humanitarian Relief Foundation, Inc 20-4252033 <b>Federal Statemer</b> FYE: 12/31/2014	11/15/2015 6:57 PM
<u>Form 990-PF, Part XV, Line 2c - Subn</u>	nission Deadlines
Description	·
None	
Form 990-PF, Part XV, Line 2d - Award Res	trictions or Limitations
Description	
None	