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SCANNED AUG 0 5 2015

Form 990-PF

Bepartment of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

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

Open to Public Inspection

F	or ca	lendar year 2014 or tax year beginning			, 2014,	and endin	9		
	Name	of foundation					A	Employer identif	cation number
ALLEN FAMILY CHARITABLE FOUNDATI								20-549014	3
Number and street (or P O box number if mail is not delivered				et address)	<u> </u>	Room/suite	6	Telephone numb	er (see instructions)
								(58	0) 233-4455
	730	1 BROADWAY EXTENSION STE 225							
_	City of	town, state or province, country, and ZIP or foreign po	stal code				+		
							c	If exemption applica	ation is
	OKL	AHOMA CITY, OK 73116						pending, check here	
_		ck all that apply Initial return	<u> </u>	Initial return	of a former r	uhlic charit	┦.		↓ □
Ŭ	0	Final return	F	Amended ref	•	abile chark	ין י	1 Foreign organizat	
		Address change	H	Name change				2 Foreign organiza 85% test, check h	nere and attach
ш	Che	ck type of organization X Section 501(c)(3) (-	computation .	,
ï	_	ection 4947(a)(1) nonexempt chantable trust	$\overline{}$	Other taxable pr			E	•	n status was terminated
1				method X Ca			\dashv)(1)(A), check here . P
•			_		asii [Acc	ruai	F		in a 60-month termination
				specify)			-	under section 507(b)(1)(B), check here . ►
			olumn	(d) must be on cas	sn basis)	—	_		(d) Disbursements
ئا	el U	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)		Revenue and	(b) Net inve	estment	(c)	Adjusted net	for charitable
		may not necessarily equal the amounts in	е	xpenses per books	income		` ′	ıncome	purposes
-		column (a) (see instructions))			7.501. 1				(cash basis only)
	1	Check from If the foundation is not required to		1,240,943.	ATCH 1				
	2	Check Light the foundation is not required to attach Sch B		17 226		7 226			
	3	Interest on savings and temporary cash investments.		17,336.		7,336.			ATCH 2
	4	Dividends and interest from securities		103,474.	10	3,474.			ATCH 3
	5a	Gross rents							
	b	Net rental income or (loss)		1 070 000					
음	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 9,848,147		1,972,008.					
ē	U	Gross sales price for all 9,848,147.							
Revenue	7	Capital gain net income (from Part IV, line 2) .			1,97	2,008.			
œ	8	Net short-term capital gain							
	9	Income modifications							
	10 a	Gross sales less returns and allowances							
	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		3,333,761.	2,09	2,818.			
	13	Compensation of officers, directors, trustees, etc		0					
Ses	14 15 16 16 17 18 19 20 21 22 23 24	Other employeersalaries and wates Pension plans employee benefits	-						
ë	15	Pensión plans employee benefits						,	
×	16 a	Legat lees (attach schedute)		_					
Щ	Ŋ.	Accounting fees (attach schedule) ATCH . 4 .		1,750.		1,750.			
Š	ી	Other professional fees (attach schedule) . [5]		28,943.	2	8,943.	_		
Ē	17	Miterest			_				
isi	18	Taxes (attach schedule) (see instructions)							
를	19	Depresention (attach schedule) and depletion.							
퉏	20	Occupancy							
Q D	21	Travel, conferences, and meetings							
ă	22	Printing and publications							
Ē	23	Other expenses (attach schedule)							
흦	24	Total operating and administrative expenses.							
9		Add lines 13 through 23		30,693.	3	0,693.			
ဝ	25	Contributions, gifts, grants paid		1,005,255.					1,005,255
_	26	Total expenses and disbursements Add lines 24 and 25		1,035,948.	3	0,693.		(
	27	Subtract line 26 from line 12							
		Excess of revenue over expenses and disbursements		2,297,813.	I				Į.
		Net investment income (if negative, enter -0-)			2,06	2,125.			
		Adjusted net income (if negative, enter -0-)							
_									

JSA For Paperwork Reduction Act Notice, see instructions. 4E1410 1 000

P	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year -	Beginning of year	End of	<u> </u>
Ξ,			amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
-	1	Cash - non-interest-beari	ing	1,283,170.	1,441,544.	1,441,544.
- {	2	Savings and temporary	cash investments			
	3	Accounts receivable .				
		Less allowance for dou	btful accounts >			
		Less allowance for dou	btful accounts ▶			
	6		officers, directors, trustees, and other			
		disqualified persons (at	tach schedule) (see instructions)			
			eceivable (attach schedule)			
١			btful accounts ▶)		
2			e			
Assets	9	Prenaid expenses and d	eferred charges			
AS			e government obligations (attach schedule)			
			stock (attach schedule) ATCH 6	11,548,528.	12,973,896.	12,973,896.
			bonds (attach schedule)			
ı	11	Investments - land, buildings	s, >			
		and equipment basis Less accumulated deprecia	ation			
		(attach schedule)				
1			loans			
-	14	Land, buildings, and	_			 .
		Less accumulated deprecia	tion .			
		(attach schedule)				
١			completed by all filers - see the			
			, -	12,831,698.	14 415 440	14,415,440.
ᅱ				12,031,090.	14,413,440.	14,413,440.
			accrued expenses			
Ë				· · · · · · · · · · · · · · · · · · ·		
Liabilities			ors, trustees, and other disqualified persons			
믿			otes payable (attach schedule)			
	22	Other habilities (describe	●)			
	23	Total liabilities (add line	es 17 through 22)	o	٥	
┫			low SFAS 117, check here			
			24 through 26 and lines 30 and 31.			
Ses		-				
alances				12,831,698.	14,415,440.	
	25	Democratiky restricted		12/001/000	11,113,1101	
믿						
리			not follow SFAS 117, ▶ ☐ plete lines 27 through 31.			
6			cipal, or current funds			
Net Assets or Fund B			, , , , , , , ,			
SS		•	r land, bldg , and equipment fund			
4		• .	ulated income, endowment, or other funds	12,831,698.	14,415,440.	
ž			net assets/fund balances (see	12,031,050.	11,113,110.	
			·	12,831,698.	14,415,440.	
Б			nges in Net Assets or Fund Balar		11,113,110.	
			palances at beginning of year - Part I		ust agree with	
•			ed on prior year's return)	• • • • • • • • • • • • • • • • • • • •	-	12,831,698.
2	Ente	or year rigure reporte	line 27s		2	2,297,813.
2	Oth	ar increases not inclu	line 27a ded in line 2 (itemize) ► ATCH 7		3	-714,071.
A	Δ44 Othe	inge 1 2 and 3	260 in line 2 (itemize) P ATOM /		4	14,415,440.
	Doc	reases not included in	n line 2 (itemize)	• • • • • • • • • • • • • • • • • • • •		14,410,440.
5			nalances at end of year (line 4 minus	line 5) Part II solume (h)	5	14,415,440.
_0	ruta	ii iidi assers oi iniid b	raiances at end of year time 4 minus	ine 5) - Fart II, Column (b)	, line 30 6	14,415,440.

Page 3

Рa	rt IV Capital Gains	and Losses for Tax on Inve	estment Income			
	(a) List and 2-story b	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1a	SEE PART IV SCHE	<u>D</u> Donailon				
b						
<u>c</u>				<u>.</u> .		
<u>d</u>						
<u>e</u>						<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
<u>a</u>	·.					
<u>b</u>		-				
_ <u>c</u>						
e						
	Complete only for assets	showing gain in column (h) and owner	d by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
	(i) F M V on of 12/21/60	(j) Adjusted basis	(k) Excess of col (i)		(k), but not less t	han -0-) or
	(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	l (h))
а						
_b						
_ <u>c</u>		·				
<u>d</u>						
<u>e</u>				-		
2	Capital gain net income	or (flet capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2	1,	972,008.
3		ain or (loss) as defined in sections				
	_	art I, line 8, column (c) (see inst				
_		Inde Costing 4040(s) for Do		3		0
			duced Tax on Net Investment In e section 4940(a) tax on net investr			
Wa		·	outable amount of any year in the ba	ase period	d?	Yes X No
			r, see the instructions before makin	g any ent	ries	
	(a)	(b)	(c)	, ,	(d)	
Ca	Base period years lendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
	2013	382,427.	11,774,763.			0.032479
	2012	926,185.	9,636,024.			0.096117
	2011	596,638.	8,750,268.			0.068185
	2010	343,890.	4,921,395.	<u> </u>		0.069877
_	2009	62,671.	679,927.	· · · · · · · · · · · · · · · · · · ·		0.092173
_	Total of hear 4 and a color	Λ.				0.358831
2		()		2		0.336631
3	•	o for the 5-year base period - divid ndation has been in existence if les	• •	3		0.071766
	number of years the rou	ndation has been in existence it les	is than 5 years			0.071700
4	Enter the net value of no	encharitable-use assets for 2014 fro	om Part X, line 5	4	13,	419,214.
5	Multiply line 4 by line 3			5		963,043.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		20,621.
7	Add lines 5 and 6			7		983,664.
_					1	005,255.
8	Enter qualifying distribution of great VI instructions	reater than line 7, check the box	ın Part VI, line 1b, and complete	8 that part		

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see it	<u>nstru</u>	ction	<u>s)</u>						
,1а	Exempt operating foundations described in section 4940(d)(2), check here									
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)									
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check									
	here X and enter 1% of Part I, line 27b									
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J 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									
3	Add lines 1 and 2		20,6	521.						
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0						
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		20,6	521.						
6	Credits/Payments									
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 19,848.									
b	Exempt foreign organizations - tax withheld at source									
c	Tax paid with application for extension of time to file (Form 8868).									
d	Backup withholding erroneously withheld									
7	Total credits and payments Add lines 6a through 6d	_	19,8	348.						
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			44.						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		8	317.						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid									
11_	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶ 11	_								
Par	t 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?	1a		X						
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see									
	Instructions for the definition)?	1b		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			X						
c	c Did the foundation file Form 1120-POL for this year?									
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	ļ ļ		ĺ						
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$									
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on									
	foundation managers > \$			١						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2_		X						
	if "Yes," attach a detailed description of the activities			1						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			,,						
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X						
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X						
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		 , -						
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X						
	If "Yes," attach the statement required by General Instruction T									
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either									
	By language in the governing instrument, or									
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		Х	1						
_	conflict with the state law remain in the governing instrument?	6	X	-						
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	- 71	╁						
88	Enter the states to which the foundation reports or with which it is registered (see instructions) ► OK,		1							
_	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			İ						
D		8ь	х							
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	90	Λ	 						
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or									
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"	,		Х						
	complete Part XIV	9_		- ^						
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	40	Х							
	names and addresses	10	0-PF	(2011)						
	FC FC	ルロ プブ	J-F F	(2014)						

Pa	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 neaning 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			v
		12		_ X
13	Website address ► N/A	13	Х	_
14	The books are in care of ► MANDY M. GARVIE Telephone no ► 405-842-	797	7	
	The books are in care of ► MANDY M. GARVIE Telephone no ► 405-842- ocated at ►211 N ROBINSON AVE, STE 600 OKLAHOMA CITY, OK ZIP+4 ► 73102-94	21		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. ▶	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
		16		Х
	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 ▶			
Pa	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
1 a	Ouring the year did the foundation (either directly or indirectly)			
	1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	- 1		
	5) Transfer any income or assets to a disqualified person (or make any of either available for	ĺ		
	the benefit or use of a disqualified person)? Yes X No			
	6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days) Yes X No			
t	f any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	``	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	.		37
_		1c		X
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 2014, did the foundation have any undistributed income (lines 6d and			
	Se, Part XIII) for tax year(s) beginning before 2014?	1		
	f "Yes," list the years	1		
ł	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			
		2b		
C	f the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
3 a	Old the foundation hold more than a 2% direct or indirect interest in any business enterprise	į	1	
-	at any time during the year?			
ŀ	f "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or	ľ		
	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	ļ		
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
		3ь		
4 a	Old the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
		4b		Х

Form 990-PF (2014)

Form 990-PF (2014)

Page 7

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	ļ <u></u>
	
otal number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	
organizations and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1_N/A	
	ľ
2	
3	
4	
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 NONE	
2	-
2	
All other program-related investments. See instructions	1
All other program-related investments. See instructions NONE	
2 NOME	

Form **990-PF**(2014)

Page 8

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foun	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	12,261,211.
b	Average of monthly cash balances	1b	1,362,357.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	13,623,568.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	13,623,568.
4	Subtract line 2 from line 1d		
	instructions)	4	204,354.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	13,419,214.
6	Minimum investment return. Enter 5% of line 5	6	670,961.
Par		dations	
1	Minimum investment return from Part X, line 6	1	670,961.
2a	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). 2b		
С	Add lines 2a and 2b	2c	20,621.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	650,340.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	650,340.
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	650,340.
	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	1,005,255.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,005,255.
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	20,621.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	984,634.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years	alculatır	ng whether the foundation

Form 990-PF (2014)

Form 990-PF (2014) Page 9 Part XIII Undistributed Income (see instructions) (c) Corpus Years prior to 2013 2013 2014 Distributable amount for 2014 from Part XI. 650,340. Undistributed income, if any, as of the end of 2014 a Enter amount for 2013 only Total for prior years 20 12 ,20 11 ,20 10 Excess distributions carryover, if any, to 2014 a From 2009 [98,440. **b** From 2010 c From 2011 163,659. 446,604. d From 2012 95,562. From 2013 f Total of lines 3a through e 832,973. Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 1,005,255. a Applied to 2013, 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 2014 distributable amount 650,340. 354,915. e Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a) Enter the net total of each column as indicated below: 1,187,888. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount - see instructions
Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount - see f Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be 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) Excess distributions carryover from 2009 not 28,708. applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2015. 1,159,180. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 98,440. Excess from 2010 . . . 163,659. b Excess from 2011 . . . 446,604. c Excess from 2012 . . . 95,562. d Excess from 2013 . . . 354,915. e Excess from 2014 . . .

Form 990-PF(2014)

ALLEN FAMILY CHARITABLE FOUNDATION

Form 990-PF (2014)

20-5490143

Page 11

Part XV Supplementary Information (continued)			Page 1
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ng the Year or Appr	oved for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	, 1110 and
a Paid during the year				
ATCH 12				
]		
Total			▶ 3a	1,005,255
b Approved for future payment			- Julian Caracteria	_,,,,,,,
]			
Total		·	▶ 3b	

Part XVI-A Analysis of Income-Produ	cing Activ	vities			
Enter gross amounts unless otherwise indicated	Unrel	ated business income	Excluded by	y section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
i					(See instructions)
ab					_
b					**
d			 		
е					
f					 _
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	17,336.	
4 Dividends and interest from securities			14	103,474.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					<u> </u>
6 Net rental income or (loss) from personal property .					
7 Other investment income			1.0	1 070	
8 Gain or (loss) from sales of assets other than inventory		_	18	1,972,008.	
9 Net income or (loss) from special events	<u></u>				-
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b			1		
d					
e					
12 Subtotal Add columns (b), (d), and (e)				2,092,818.	
13 Total. Add line 12, columns (b), (d), and (e)					2,092,818.
(See worksheet in line 13 instructions to venfy calculated)	ulations)				
Part XVI-B Relationship of Activities	to the Ac	complishment of Ex	empt Purp	oses	·
Line No. Explain below how each activity	y for which	n income is reported in	n column (e	e) of Part XVI-A contribu	ited importantly to the
▼ accomplishment of the foundation					
			·		
					_
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				<u></u>	
			*******		-
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	990-PF (201	ALLEN	FAMILY	CHARITABLE	FOUNDATION	20-5490	143	Pag	је
Pa 、	rt XVII	Information Regarding Exempt Organizations	Transfe	rs To and Tra	nsactions and	Relationships With Nonc	harit	able	;
1		n 501(c) of the Code (other t				other organization described oction 527, relating to political		Yes	!

No a Transfers from the reporting foundation to a noncharitable exempt organization of Х **b** Other transactions Х Х (3) Rental of facilities, equipment, or other assets Χ Х Х d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship pthat I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, Sign Signature of officer or trustee Brint/Type prenamic name

Here

May							
with	the	pre	pare	r s	hown	be	low
(see ı	nstruc	tions)? [X	Yes		No

Date	Printo Type preparers name					
Paid	MANDY	M	GARVIE			
Preparer	Firm's nar	▶ BKD,				
Use Only	Firm's add	iress	≥ 211			

OKLAHOMA CITY,

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1	LLP				7	/	
N	ROBINSON	AVE,	STE	600			

OK

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W	self-em	ployed	1	P00835432	

73102-9421	Phone no	405-606-2580
.0100 3101	riioneno	- 000 DF

Form **990-PF** (2014)

Schedule B

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

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization

ALLEN FAMILY CHART	20-5490143							
Organization type (check of	one)							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a privi	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private f	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation							
-	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, co ey or property) from any one contributor. Complete Parts I and II. See in al contributions	_						
Special Rules								
regulations unde 13, 16a, or 16b,	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Formand 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 1h, or (iii) Form 990-EZ, line 1h, or (iii) Form 990-EZ, line 1h, or (iiii) Form 990-EZ, line 1h, or (iiiii) Form 990-EZ, line 1h, or (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	m 990 or 990-EZ), Part II, line butions of the greater of (1)						
contributor, durii	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E2 ng the year, total contributions of more than \$1,000 <i>exclusively</i> for religion ational purposes, or the prevention of cruelty to children or animals. Com	ous, charitable, scientific,						
contributor, during contributions total during the year for General Rule appares	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E2 ag the year, contributions <i>exclusively</i> for religious, charitable, etc., purposaled more than \$1,000. If this box is checked, enter here the total contribution an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete an plies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., purpose.	ses, but no such butions that were received by of the parts unless the aritable, etc., contributions						
	hat is not covered by the General Rule and/or the Special Rules does no must answer "No" on Part IV, line 2, of its Form 990, or check the box o	· · · · · · · · · · · · · · · · · · ·						

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

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

Name of organization ALLEN FAMILY CHARITABLE FOUNDATION

Employer identification number 20-5490143

Part I	Contributors (see instructions) Use duplicate copies of	f Part I if additional space is nee	ded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	PAUL ALLEN 38 WOODLANDS ENID, OK 73703	\$ 49,880.	Person X Payroll X Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PAUL ALLEN 38 WODDLANDS ENID, OK 73703	\$ 33,512. 	Person X Payroll X Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	PAUL ALLEN 38 WOODLANDS ENID, OK 73703	\$1,157,551. 	Person X Payroll X 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
		\$	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)

Name of organization ALLEN FAMILY CHARITABLE FOUNDATION

Employer identification number 20-5490143

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	STOC FROM THE FOLLOWING: ABBOTT LABS, COVIDIEN, MCDONALD'S, PHILLIPS 66, MONSANTO, ABBBIE, & ELI LILLY	\$ 49,880.	02/24/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	STOCK FROM THE FOLLOWING: YUM BRANDS, MFC PROSHARES, WESTERN GAS PARTNERS, & ISAHRES TR 0-5 YEAR.	\$ 33,512.	04/30/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	STOCK FROM THE FOLLOWING: DIREXION, MFC POWERSHARES, PROSHARES TRUST ULTRA PRO, & HARTLAND SELECT VALUE FUND	\$ 1,157,551.	12/26/2014
(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
		\$	
	<u>. </u>	1	

Name of organization ALLEN FAMILY CHARITABLE FOUNDATION Employer identification number 20-5490143 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. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

ALLEN FAMILY CHARITABLE FOUNDATION 20-5490143
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of P		Description				P	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
709,102.		MORGAN STANI 681,190.	LEY 010590	ST COVERED			VARIOUS 27,912.	VARIOUS
214.		MORGAN STANI	LEY 010590	LT COVERED	į		12/14/2012 64.	06/17/2014
3,032,060.		MORGAN STANI 2,249,716.	LEY 010590	LT UNCOVERED	;		VARIOUS 782,344.	VARIOUS
25,271.		MORGAN STANI 25,356.	LEY 010592	ST COVERED			VARIOUS -85.	12/01/2014
230,766.		MORGAN STAND 228,277.	LEY 010592	LT UNCOVERED	1		VARIOUS 2,489.	VARIOUS
54,618.		EDWARD JONES 42,745.	S 21972 ST		į		VARIOUS 11,873.	VARIOUS
1,171,472.		EDWARD JONES	S 25661 ST				VARIOUS -13,024.	VARIOUS
774,453.		CNB 50007503	L				VARIOUS 78,239.	VARIOUS
400,000.		EDWARD JONES 369,440.	5 21972 LT				VARIOUS 30,560.	VARIOUS
3,140,599.		EDWARD JONES 2,289,719.	S 25661 LT				VARIOUS 850,880.	VARIOUS
108,191.		CNB 50007503	l		i		VARIOUS -645.	VARIOUS
201,401.		CAPITAL GAIN	NS DISTRIBU	TIONS			VARIOUS 201,401.	VARIOUS
TOTAL GAIN(LC	oss)			• • • • • • • • • • • • •	••••		1,972,008.	
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JSA								

ALLEN FAMILY CHARITABLE FOUNDATION

S RECEIVED	
GRANTS	
AND	
GIFTS	
- CONTRIBUTIONS,	
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PART	
FORM 990PF,	

20-5490143

ATTACHMENT 1

DIRECT PUBLIC SUPPORT	49,880.	33,512.	1,157,551.
DATE	02/24/2014	04/30/2014	12/26/2014
NAME AND ADDRESS	PAUL ALLEN 38 WOODLANDS ENID, OK 73703	PAUL ALLEN 38 WODDLANDS ENID, OK 73703	PAUL ALLEN 38 WOODLANDS ENID, OK 73703

1,240,943.

TOTAL CONTRIBUTION AMOUNTS

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

	NET	INVESTMENT	INCOME	17,336.
REVENUE	AND	EXPENSES	PER BOOKS	17,336.
				OME
			DESCRIPTION	INTEREST INCOME

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET	INVESTMENT	INCOME	103,474.
REVENUE AND	EXPENSES	PER BOOKS	103,474.
		DESCRIPTION	DIVIDEND INCOME

103,474.

103,474.

TOTAL

FEES
ACCOUNTING
1
H
PART
990PF,
FORM

CHARITABLE PURPOSES	
ADJUSTED NET INCOME	
NET INVESTMENT INCOME	1,750.
REVENUE AND EXPENSES PER BOOKS	1,750.
	TOTALS
DESCRIPTION	ACCOUTNING FEES

20-5490143

ATTACHMENT 5

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

	NET	INVESTMENT	INCOME	28,943.	28,943.	The state of the s
REVENUE	AND	EXPENSES	PER BOOKS	28,943.	28,943.	
					TOTALS	
			DESCRIPTION	INVESTMENT FEES		

ATTACHMENT

- CORPORATE STOCK PART II FORM 990PF,

DESCRIPTION

MARKET VALUE OF SECURITIES

TOTALS

ENDING	BOOK VALUE

ENDING FMV

12,973,896.

12,973,896.

12,973,896.

12,973,896.

ALLEN FAMILY CHARITABLE FOUNDATION

20-5490143

ATTACHMENT 7

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED GAINS

-714,071.

TOTAL

-714,071.

ATTACHMENT 8

ATTACHMENT 8

1	1
TRUSTEES	
AND	
DIRECTORS,	
OFFICERS,	
OF.	
LIST OF C	
- 1	
VIII	
PART	
990PF,	
FORM	

COMPENSATION	0	0	0	0	0
TITLE AND AVERAGE HOURS PER	PRESIDENT	VICE PRESIDENT	TREASURER	SECRETARY	DIRECTOR
NAME AND ADDRESS	JOAN ALLEN 38 WOODLANDS ENID, OK 73073	MARK ALLEN 15708 FAIRVIEW FARM BLVD EDMOND, OK 73013	GREG ALLEN 1515 LONDON ROAD CHARLOTTESVILLE, VA 22901	JOHN WYNNE 1010 W MAPLE ENID, OK 73702	PAUL ALLEN 38 WOODLANDS ENID, OK 73703

GRAND TOTALS

ATTACHMENT 9

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

PAUL ALLEN MARK ALLEN GREG ALLEN ALLEN FAMILY CHARITABLE FOUNDATION

20-5490143

ATTACHMENT 10

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

MARK ALLEN
7301 N BROADWAY EXTENSION, STE 225
OKLAHOMA CITY, OK 73116
580-233-4455

ALLEN FAMILY CHARITABLE FOUNDATION

20-5490143

ATTACHMENT 11

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

THE PRIVATE FOUNDATION DOES NOT REQUIRE A SET FORMAT FOR APPLICATIONS FOR GRANTS, SCHOLARSHIPS, ETC.

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELIGION NOME AND ADDRESS PRODUCTION STRATEGY DANG PROCEDURAL CONTRIBUTION AND ADDRESS PRODUCTION STRATEGY DANG PROCEDURAL CONTRIBUTION CONTRIBUTI				
NONE CONTRIBUTION DATA		RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
NONE CONTRIBUTION 16	AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DO CONTRIBUTION 116 PC CONTRIBUTION CONTRIBUTION 116 PC CONTRIBUTION CONTRIBUTION 2 PC CONTRIBUTION CONTRIBUTION 2 PC CONTRIBUTION 3 PC CONTR		NONE	CONTRIBUTION	56,670
NONE PC CONTRIBUTION NONE PC CONTRIBUTION CONTRIBUTION NONE PC CONTRIBUTION NONE PC CONTRIBUTION PC CONTRIBUTION PC CONTRIBUTION PC CONTRIBUTION PC PC PC PC CONTRIBUTION PC PC PC PC PC PC PC PC PC P	TREET	PC		
NONE CONTRIBUTION 150	OK 73120			
49 NONE NONE PC CONTRIBUTION PC PC NONE PC NONE PC NONE PC NONE PC CONTRIBUTION PC PC PC PC PC PC PC PC PC P		NONE	CONTRIBUTION	162,000
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100 PC CONTRIBUTION CONTRIBUTION CONTRIBUTION PC CONTRIBUTION PC CONTRIBUTION PC CONTRIBUTION PC PC CONTRIBUTION PC PC CONTRIBUTION PC PC PC PC PC PC PC PC PC PC PC PC PC		NONE	CONTRIBUTION	1,000
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4PS NONE CONTRIBUTION NONE CONTRIBUTION NONE CONTRIBUTION PC CONTRIBUTION NONE CONTRIBUTION PC CONTRIBUTION PC CONTRIBUTION PC CONTRIBUTION	OK 73102			
NONE PC CONTRIBUTION NONE NONE CONTRIBUTION PC CONTRIBUTION PC PC	ERICA KAMPS	NONE	CONTRIBUTION	2,100
NONE PC CONTRIBUTION NONE CONTRIBUTION CONTRIBUTION PC		25		
NONE PC S-3430 NONE PC CONTRIBUTION PC PC CONTRIBUTION	615-0930			
PC NONE CONTRIBUTION PC	ENID	NONE	CONTRIBUTION	28,000
NONE CONTRIBUTION PC	£	20		
NONE CONTRIBUTION PC	OK 73106-3430			
	OCIATION	NONE	CONTRIBUTION	1,000
65807	LE ST	22		
	65807			

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

AMOUNT	2.500		250	009	12,250	400	400
PURPOSE OF GRANT OR CONTRIBUTION	CONTRIBUTION		CONTRIBUTION	CONTRIBUTION	CONTRIBUTION	CONTRIBUTION	CONTRIBUTION
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDALION STATUS OF RECIPIENT	NONE	PC	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC
RECIPIENT NAME AND ADDRESS	BIG BROTHERS BIG SISTERS	224 NW 10TH STREET OKLAHOMA CITY, OK 73103	BISON AQUATIC CLUB 633 ENTERPRISE DRIVE #110 EDMOND, OK 73013	KIAWAH CONSERVANCY 80 KESTREL COURT KIAWAH ISLAND, SC 29455	BOYS AND GIRLS CLUB OF OKLAHOMA 3535 N WESTER AVE OKLAHOMA CITY, OK 73118	CARE CENTER 1403 ASHTON PLACE OKLAHOMA CITY, OK 73117	SPECIAL OLYMPICS OKLAHOMA 6835 S CANTON AVE TULSA, OK 74136

FORM 990DE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

AMOUNT	1,000		1,000		000				200,150			100			c c	006	
PURFOSE OF GRANT OR CONTRIBUTION	CONTRIBUTION		CONTRIBUTION		CONTRIBUTION				CONTRIBUTION			CONTRIBUTION			MOTHIBIBINOS	CONTRIBUTION	
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	PC	NONE	PC	NONE	PC		בוייין	NONE	D.		NONE	PC		ANON	PC PC	
RECIPIENT NAME AND ADDRESS	CENTER FOR BRAIN HEALTH	2200 w MOCKINGBIRD LANE DALLAS, TX 75235	ENID PUBLIC SCHOOL FOUNDATION	500 S INDEPENDENCE ENID, OK 13701	OKLAHOWA MEDICAL RESEARCH FOUNDATION	825 N E 13TH STREET	OKLAHOMA CITY, OK 73104	VALIDED THE THIND CAME	VANDENBILLI ONIVERSIII	2301 VANDEBELLT DIACE	NASHVILLE, TN 37240-7727	CIRCLE OF CARE	1501 NW 24TH ST #214	OKLAHOMA CITY, OK 73106	ARC GROTIP HOMES INC	501 SW VIRGINIA AVE	BARTLESVILLE, OK 74003

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DEAD CENTER FILM FESTIVAL 726 W SHERIDAN AVE #170	NONE PC	CONTRIBUTION	200
ОКЬАНОМА СІТУ, ОК 73102			
EMMANUEL BAPTIST CHURCH	NONE	CONTRIBUTION	2,800
2505 W OWEN K GARRIOTT ROAD	PC		
ENID, OK 73703			
FIELDS AND FUTURES	NONE	CONTRIBUTION	5,500
7001 NW 164TH	PC		
EDMOND, OK 73013			
HARVARD LAW SCHOOL	NONE	CONTRIBUTION	1,500
1563 MASSACHUSETTS AVENUE	PC		
CAMBRIDGE, MA 02138			
HEART RHYTHM INSTITUTE	NONE	CONTRIBUTION	100
1200 MARK EVERETT DR	PC		
окцанома сіту, ок 73104			
OKC K-LIFE	NONE	CONTRIBUTION	20,000
36 W MEMORIAL, SUITE E-4	PC		
OKLAHOMA CITY, OK 73114			

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

AMOUNT	008			1,000			100			101,000			20,000			250		
PURPOSE OF GRANT OR CONTRIBUTION	CONTRIBUTION			CONTRIBUTION			CONTRIBUTION			CONTRIBUTION			CONTRIBUTION			CONTRIBUTION		
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	PC		NONE	PC		NONE	PC		NONE	20		NONE	PC		NONE	P.C.	
RECIPIENT NAME AND ADDRESS	HOPE HOUSE OKC	1101 NW 49TH ST	ОКLАНОМА СІТУ, ОК 73118	CHILDREN'S HOSPITAL FOUNDATION	800 RESEARCH PARKWAY, #150	окілнома сіту, ок 73104	HOSPICE CIRCLE OF LOVE	314 S 3RD STREET	ENID, OK 73701	KANAKUK MINISTRIES	1353 LAKE SHORE DR	BRANSON, MO 65616	LEONARDO'S CHILDREN'S MUSEUM	200 E MAPLE AVENUE	ENID, OK 73701	MUSIC RESOURCE CENTER	105 RIDGE STREET	CHARLOTTESVILLE, VA 22902

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT AMOUNT	CONTRIBITATION		CONTRIBUTION	CONTRIBUTION 20,000	CONTRIBUTION 10,000	CONTRIBUTION	CONTRIBUTION 1,500
RELATIONSHIP <u>FOUNDATI</u>	202	P P C C C C C C C C C C C C C C C C C C	NONE P.C.	NONE	NONE PC	NONE PC	NONE
RECIPIENT NAME AND ADDRESS	ADISTRUCTION OF AMERICA	INE LIBERII FOUNDALION OF AMERICA 1401 NORTH LINCOLN BOULEVARD, SUITE 500 OKLAHOWA CITY, OK 73104	OKLAHOMA HERITAGE ASSOCIATION 1400 CLASSEN DR OKLAHOMA CITY, OK 73106	OKLAHOMA WIZARDS FOUNDATION PO BOX 13763 OKLAHOMA CITY, OK 73113-0763	OKLAHOMA CITY ALL SPORTS ASSOCIATION 211 N ROBINSON AVENUE N250 OKLAHOMA CITY, OK 73102	ОКLAHOMA CITY MUSEUM OF ART 415 COUCH DRIVE ОКLAHOMA CITY, ОК 73102	PEPPERS RANCH 209 FRENCH PARK PLACE

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	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PILGER NEBRASKA TORNADO RELIEF FUND 105 N MAIN STREET PILGER, NE 68768	NONE P.C	CONTRIBUTION	2,000
PROS FOR AFRICA 211 N ROBINSON AVENUE #1375 OKLAHOMA CITY, OK 73102	NONE PC	CONTRIBUTION	6,100
RSVP ENID 602 S VAN BUREN ST ENID, OK 73703	NONE PC	CONTRIBUTION	250
SALESMANSHIP CLUB YOUTH & FAMILY 106 E 10TH STREET DALLAS, TX 75203	NONE PC	CONTRIBUTION	200
SOUTHERN METHODIST UNIVERSITY 3300 UNIVERSITY BOULEVARD DALLAS, TX 75205	NONE PC	CONTRIBUTION	9,000
SNOWMASS WILDCAT PROTECTION FIRE 5275 OWL CREEK DRIVE SNOWMASS VILLAGE, CO 81615	NONE PC	CONTRIBUTION	100

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SOONERTHON 6600 PARRINGTON OVAL NORMAN, OK 73019	NONE PC	CONTRIBUTION	80
ST ANNE'S BELFIELD SCHOOL 2132 IVY ROAD CHAROLTTESVILLE, VA 22903	NONE PC	CONTRIBUTION	10,000
ST JUDE CHILDREN'S HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE PC	CONTRIBUTION	50
SLAB ANIMAL RESCUE FUND 600 UNIVERSITY ST #1000 SEATTLE, WA 98101	NONE PC	CONTRIBUTION	10,000
TEEN RECOVERY SOLUTIONS 720 W WILSHIRE BLVD #101 OKLAHOMA CITY, OK 73116	NONE PC	CONTRIBUTION	2,000
TIP OF THE SPEAR FOUNDATION 2311 CEDAR SPRINGS ROAD SUITE 405 DALLAS, TX 75201	NONE PC	CONTRIBUTION	50,000

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

UNIVERSITY OF NEBRASKA

LINCOLN, NE 68588

1400 R ST

NONE PC

ATTACHMENT 12 (CONT'D)

1,750

CONTRIBUTION

NONE

OKLAHOMA CITY, OK 73156-2777

WES WELKER FOUNDATION

PO BOX 20777

WOUNDED WARRIOR PROJECT

4899 BELFORT ROAD

SUITE 300

JACKSONVILLE, FL 32256

NONE

909

AMOUNT

PURPOSE OF GRANT OR CONTRIBUTION

CONTRIBUTION

35

CONTRIBUTION

16,500

CONTRIBUTION

NONE

415 W CHEROKEE AVENUE

ENID, OK 73701

1,005,255

TOTAL CONTRIBUTIONS PAID

SCHEDULE D (Form 1041)

► Attach to Form 1041, Form 5227, or Form 990-T. Department of the Treasury Internal Revenue Service

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

Capital Gains and Losses

OMB No 1545-0092

2014

Name	of estate or trust			Employer identif	ication	number
	43					
Note	e: Form 5227 filers need to complete only Parts I and II					
Pai		ets Held One Yea	r or Less			-
the I	instructions for how to figure the amounts to enter on ines below form may be easier to complete if you round off cents hole dollars	(d) Proceeds (sales pnce)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
	Totals for all transactions reported on Form(s) 8949 with Box A checked	2,734,916.	2,630,001.			104,915.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term capital gain or (loss) from Forms 4684, 62				4	
5 6	Net short-term gain or (loss) from partnerships, S cor Short-term capital loss carryover Enter the amount	nt, if any, from line	e 9 of the 2013	Capital Loss	5	
_	Carryover Worksheet				6	(
7	Net short-term capital gain or (loss). Combine line 17, column (3) on the back				7	104 015
Pai	t II Long-Term Capital Gains and Losses - Ass	ets Held More Tha	n One Year			104,915.
	instructions for how to figure the amounts to enter on		- Cito i Cai	(g)		(h) Gain or (loss)
the I This	nes below form may be easier to complete if you round off cents	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustments to gain or loss Form(s) 8949, P line 2, column	from Part II,	Subtract column (e) from column (d) and combine the result with column (g)
	hole dollars			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(9)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	3,649,004.	2,768,145.			880,859.
	Totals for all transactions reported on Form(s) 8949 with Box Echecked	3,262,826.	2,477,993.			784,833.
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	201,401.				201,401.
11	Long-term capital gain or (loss) from Forms 2439, 46	84, 6252, 6781, and	i 8824		11	
12	Net long-term gain or (loss) from partnerships, S corp	porations, and other e	states or trusts		12	
13	Capital gain distributions				13	
14 15	Gain from Form 4797, Part I				14	
	Carryover Worksheet				15	(
16	Net long-term capital gain or (loss). Combine lines line 18a, column (3) on the back	s da inrough 15 in	column (h) Enter	nere and on	4.5	1 867 093

Sche	ule D (Form 1041) 2014				Page 2
Pai	t III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	
	Caution: Read the instructions before completing this particular	art	(see instr)	or trust's	(3) Total
17	Net short-term gain or (loss)	17			104,915.
18	Net long-term gain or (loss):				
а	Total for year	18a			1,867,093.
	Unrecaptured section 1250 gain (see line 18 of the wrksht)	18b			
С	28% rate gain	18c			
	Total net gain or (loss). Combine lines 17 and 18a ▶	19			1,972,008.
Note gains neces	e: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 i, go to Part V, and do not complete Part IV. If line 19, column (3), is a n ssarv	or Fo et loss	rm 990-T, Part I, line 4 , complete Part IV an	fa) If lines 18a and t d the Capital Loss C	19, column (2), are net arryover Worksheet, as
ه ا	t IV Capital Loss Limitation				
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, I	Part I, I	ne 4c, if a trust), the si	maller of	
а	The loss on line 19, column (3) or b \$3,000		<i>.</i>	20 ()
Note Loss	: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, Carryover Worksheet in the instructions to figure your capital loss carryover	page	1, line 22 (or Form 99	0-T, line 34), is a loss	s, complete the Capital
Par			<u> </u>		
	1 1041 filers. Complete this part only if both lines 18a and 19 in col		2) are gains or an a	mount is entered in	Part Lor Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is moi			imount is entered if	i Fait i Ui Fait ii and
	ion: Skip this part and complete the Schedule D Tax Worksheet in the				
	ther line 18b, col (2) or line 18c, col (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
Forn	n 990-T trusts. Complete this part only if both lines 18a and 19 a	ire ga	ins, or qualified divi	dends are included	in income in Part
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part	and c	omplete the Sched ı	ıle D Tax Workshe	et in the instructions
ıt eıt	her line 18b, col (2) or line 18c, col (2) is more than zero				
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34)	. 21		
22	Enter the smaller of line 18a or 19 in column (2)				
	but not less than zero				
23	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 23				
24	Add lines 22 and 23				
25	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0 ▶ 25				
26	Subtract line 25 from line 24 If zero or less, enter -0		. 26		
27	Subtract line 26 from line 21 If zero or less, enter -0		. 27		
28	Enter the smaller of the amount on line 21 or \$2,500		. 28		
29	Enter the smaller of the amount on line 27 or line 28		. 29		
30	Subtract line 29 from line 28 If zero or less, enter -0- This amount is	taxed	at 0%	▶ 30	
31	Enter the smaller of line 21 or line 26		. 31		
32	Subtract line 30 from line 26		. 32		
33	Enter the smaller of line 21 or \$12,150		. 33		
34	Add lines 27 and 30		. 34		
35	Subtract line 34 from line 33 If zero or less, enter -0		35		
36	Enter the smaller of line 32 or line 35		. 36		
37	Multiply line 36 by 15%			▶ 37	
38	Enter the amount from line 31				
39	Add lines 30 and 36				
40	Subtract line 39 from line 38 If zero or less, enter -0		. 40		
41	Multiply line 40 by 20%			▶ 41	
42	Figure the tax on the amount on line 27 Use the 2014 Tax Rate Schedule for		1 1		
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)				
43	Add lines 37, 41, and 42		·		
44	Figure the tax on the amount on line 21 Use the 2014 Tax Rate Schedule for				
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)				
45	Tax on all taxable income. Enter the smaller of line 43 or line 44			Schedule	

Foim 8949

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

OMB No 1545-0074
2014

Department of the Treasury Internal Revenue Service Name(s) shown on return

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No 12A

ALLEN	FAMILY	CHARITABLE	FOUNDATION
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Social security number or taxpayer identification number 20-5490143

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments your bought in 2014 or later)

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a, you are not required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(C) Short-term transactions not	reported to you	on Form 1099)-B	-			
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the	If you enter an a enter a coo	iny, to gain or loss imount in column (g), ie in column (f) rate instructions	(h) Gain or (loss) Subtract column (e)
(Example 100 sh XYZ Ćo)	(Mo, day, yr)	disposed (Mo , day, yr)	(sales price) (see instructions)	Note below and see Column (e) (1 Code(s	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
MORGAN STANLEY 010590							
ST COVERED	VARIOUS	VARIOUS	709,102.	681,190.			27,912.
MORGAN STANLEY 010592 ST COVERED	VARIOUS	12/01/2014	25,271.	25,356.			-85.
EDWARD JONES 21972 ST	VARIOUS	VARIOUS	54,618.	42,745.			11,873.
EDWARD JONES 25661 ST	VARIOUS	VARIOUS	1,171,472.	1,184,496.			-13,024.
CNB 50007501	VARIOUS	VARIOUS	774,453.	696,214.			78,239.
				,	_		
4 1. ()							
					-		:
<u></u>							
							<u>, , , , , , , , , , , , , , , , , , , </u>
2 Totals. Add the amounts in column act negative amounts) Enter each your Schedule D, line 1b (if Box A Box B above is checked), or line 3	i total here an- above is check	d include on ed), line 2 (if	2 734 916	2630001			104 015

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Page 2

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

ALLEN FAMILY CHARITABLE FOUNDATION

20-5490143

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later)

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a, you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- X (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales pnce)	(e) Cost or other basis See the	Adjustment, if any, to gain or loss if you enter an amount in column (g) enter a code in column (f) See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)	(Mo , day, ут)	(Mo , day, yr)	(see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
MORGAN STANLEY 010590 LT COVERED	12/14/2012	06/17/2014	214.	150.			64.
EDWARD JONES 21972 LT	VARIOUS	VARIOUS	400,000.	369,440.			30,560.
EDWARD JONES 25661 LT	VARIOUS	VARIOUS	3,140,599.	2,289,719.			850,880.
CNB 50007501	VARIOUS	VARIOUS	108,191.	108,836.			-645.
		-					
							_
2 Totals. Add the amounts in col (subtract negative amounts) E include on your Schedule D, Iir checked), line 9 (if Box E above (if Box F above is checked) ▶	inter each tota ne 8b (if Box D	I here and above is	3,649,004	2768145.			880,859.

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Attachment Sequence No 12A

Page 2

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

ALLEN FAMILY CHARITABLE FOUNDATION

20-5490143

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later)

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (E) Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)	(Mo, day, yr)	disposed (Mo , day, ут)	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
MORGAN STANLEY 010590							-
LT UNCOVERED	VARIOUS	VARIOUS	3,032,060.	2249716.			782,344.
MORGAN STANLEY 010592							
LT UNCOVERED	VARIOUS	VARIOUS	230,766.	228,277.			2,489.
		•					
							-
				-			·
		_					
				-			-
2 Totals. Add the amounts in coli (subtract negative amounts) E include on your Schedule D, lin checked), line 9 (if Box E above (if Box F above is checked)) ▶	nter each tota e 8b (if Box D	I here and above is	3,262,826.	2477993.			784,833.

Note If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Forth 8949 (2014) Attachment Sequence No 12A Page 2 Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side Social security number or taxpayer identification number ALLEN FAMILY CHARITABLE FOUNDATION 20-5490143 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later) Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1 Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a, you are not required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss If you enter an amount in column (g) (e) Gain or (loss) Subtract column (e) enter a code in column (f) (d) Proceeds (c) (a) (b) Cost or other Date sold or See the separate instructions Description of property Date acquired basis See the from column (d) and (Example 100 sh XYZ Co) disposed (sales pnce) (Mo, day, yr) Note below and combine the result (Mo , day, yr) (see instructions) (g) see Column (e) Code(s) from Amount of with column (g) in the separate instructions adjustment instructions CAPITAL GAINS VARIOUS VARIOUS DISTRIBUTIONS 201,401 201,401.

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

201,401.

201,401.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10

(if Box F above is checked) ▶

Form 8868

(Rev. January 2014)

. Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

THE THOUSE	7 0011100								
• If you are	filing for an Automatic 3-Month Extension, o	complete o	nly Part I and check thi	is box	▶ X				
•	filing for an Additional (Not Automatic) 3-Mo Nete Part II unless you have already been gran			, , ,	.				
a corporation 8868 to req Return for 1 instructions).	ling (e-file). You can electronically file Form in required to file Form 990-T), or an addition uest an extension of time to file any of the Transfers Associated With Certain Personal. For more details on the electronic filing of the	nal (not aut forms liste I Benefit (nis form, vis	tomatic) 3-month exten and in Part I or Part II wi Contracts, which must sit www.irs.gov/efile and	sion of time. You can electronicall th the exception of Form 8870, labels sent to the IRS in paper for d click on e-file for Charities & Nonp	y file Form nformation ormat (see				
	tomatic 3-Month Extension of Time. On								
•	n required to file Form 990-T and requesting	an automa	atic 6-month extension	- check this box and complete	. —				
Part I only					▶∟∟				
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time									
to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or									
Type or	Trains of atompt organization of suits fact, 500 in	, , , , , , , , , , , , , , , , , , ,		Employer Identification flamber (EIN) o	,				
print	ALLEN FAMILY CHARITABLE FOUN	DATION		20-5490143					
File by the	Number, street, and room or suite no. If a P.O. bo		ctions.	Social security number (SSN)					
due date for filing your	7301 BROADWAY EXTENSION STE	225	ı	Costa Socially Harrison (Costy)					
return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.						
instructions.	OKLAHOMA CITY, OK 73116								
Enter the Re	aturn code for the return that this application	is for (file a	a separate application fo	or each return)	0 4				
Application		Return	Application		Return				
ls For		Code	is For		Code				
Form 990 or	Form 990-EZ	01	Form 990-T (corporate	ion)	07				
Form 990-Bl	<u></u>	02	Form 1041-A		08				
Form 4720	(individual)	03	Form 4720 (other tha	n individual)	09				
Form 990-PF		04	Form 5227		10				
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11				
Form 990-T	(trust other than above)	06	Form 8870		12				
Telephone If the orga	s are in the care of ►MANDY M. GARVIE, e No. ► 405 842-7977 anization does not have an office or place of	l business ir	FAX No. ▶	ck this box	▶□				
• If this is fo	or a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number ((GEN) If thi					
	e group, check this box	-	art of the group, check t	this box ▶ [] and atta	ach				
	e names and EINs of all members the extens est an automatic 3-month (6 months for a cor		aviend to file Form 000	The standing of the s					
1 1 reque				Fi) extension of time e organization named above. The e	rtonolon in				
~~	organization's return for:	evenibr oi	yanızadon retum for the	organization named above. The e.	MEIDIUII D				
_	_								
▶ calendar year 20 or 07/01 , 2014 , and ending 12/31 , 2014 .									
2 If the to	ax year entered in line 1 is for less than 12 m	nonths. che	ck reason: Initial re	eturn Final return					
	Change in accounting period								
	application is for Form 990-BL, 990-PF, 99	90-T, 4720), or 6069, enter the	tentative tax, less any					
nonref	undable credits. See instructions.			3a \$ [9	640				
	application is for Form 990-PF, 990-T,				20110				
	ted tax payments made. Include any prior yea				1,040				
	e due. Subtract line 3b from line 3a. Include onic Federal Tax Payment System). See instru		ient with this 101M, if fe	quired, by using E-1PS 3c s	ONE				
	u are going to make an electronic funds withdrawa		it) with this Form 8868, se		r payment				
instructions.									
For Privacy A	Act and Paperwork Reduction Act Notice, see inst	ructions.		Form 8868	(Rev. 1-2014)				