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Department of the Treasury

For calendar year 2014 or tax year beginning

Internal Revenue Service

Name of foundation

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

2014, and ending

OMB No 1545-0052

A Employer identification number

**Open to Public Inspection** 

DON & BARBARA THORNTON FAMILY FOUNDATION 46-1592563 Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite (918) 744-1344 2225 E. 37TH ST. City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here TULSA, OK 74105 G Check all that apply. Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the X Address change 85% test, check here and attach Name change computation . . . . H Check type of organization. X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt chantable trust Other taxable private foundation under section 507(b)(1)(A), check here . Fair market value of all assets at J Accounting method | X Cash | Accrual If the foundation is in a 60-month termination end of year (from Part II, col (c), line Other (specify) under section 507(b)(1)(B), check here . > 514,841. (Part I, column (d) must be on cash basis.) *16)* ▶ \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and for charitable (b) Net investment total of amounts in columns (b), (c), and (d) (c) Adjusted net expenses per may not necessarily equal the amounts in income ıncome purposes books column (a) (see instructions)) (cash basis only) 11,000 Contributions, gifts, grants, etc., received (attach schedule). if the foundation is not required to 2 attach Sch B . . . . . . . . 47 47. ATCH 1 3 Interest on savings and temporary cash investments. 12,605 12,605. 12,605. ATCH 2 4 Dividends and interest from securities . . . . Net rental income or (loss) 1,713 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 10,709 assets on line 6a 1,713. 7 Capital gain net income (from Part IV, line 2). Net short-term capital gain. . . . . . . . . . . . . 8 Income modifications Gross sales less returns and allowances . . . . 10a Less: Cost of goods sold . Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 25,365. 14,365. 12,652. 12 Total. Add lines 1 through 11 . . . . . . . . 13 Compensation of officers, directors, trustees, etc. Expenses 14 Other employee salaries and wages . . . . . 15 Pension plans, employee benefits. . Legal Jees (attach schedule) 16 a Acquiring fees (attach scheduje) Administrative Ther professional rees (Affact Schedule) . . . С 17 279. 279. 279. 18 Taxes (attach schedule) (see instructions)[3]. 19 Depreciation (attach schedule) and depletion. 20 pue 21 21 Travel, conferences, and meetings . . . . . Printing and publications . . . . . . . . . . . . 2,406. 2,406. 2,406 perating 23 Other expenses (attach schedule) ATCH . 4 . 24 Total operating and administrative expenses. 2,685 2,685. 2,685 Add lines 13 through 23. . . . . . . . . . . . .

14,000

16,685

8,680

2,685.

11,680

JSA For Paperwork Reduction Act Notice, see instructions.

Subtract line 26 from line 12:

Contributions, gifts, grants paid . . . . . .

Total expenses and disbursements. Add lines 24 and 25

Excess of revenue over expenses and disbursements . .

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-). .

O 25

26

27

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Form 990-PF (2014)

2,685

9,967.

14,000

14,000

D.	art II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	
	in the	Dalatice Streets	amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ing	25,055.	21,741.	21,741.
ł	2		cash investments			
	3					
		Less: allowance for dou	btful accounts ▶			
	4					
		Less: allowance for dou	btful accounts ▶			
- 1	5					
	6		officers, directors, trustees, and other			
			tach schedule) (see instructions)			
ı	7		receivable (attach schedule)			<del></del>
	=		btful accounts ▶			
9	8	Inventories for sale or us				<del></del>
ssets	9		eferred charges			
	-		e government obligations (attach schedule)[5]	16,037.	24,401.	24,401
			stock (attach schedule) ATCH 6	110,331.	112,504.	146,590
			bonds (attach schedule) ATCH 7	331,805.	333,339.	322,109
	11	Investments - land, buildings and equipment, basis Less accumulated deprecia	s. <b>&gt;</b>			
	40	(attach schedule)	loans			
- 1	12 13		ach schedule)			
	14	Land, buildings, and	<b>&gt;</b>			
		equipment, basis Less accumulated deprecia				
- [,	15	(attach schedule) Other assets (describe				· · · · · · · · · · · · · · · · · · ·
- 1	16	· ·	completed by all filers - see the			·- <u></u>
1	. •		age 1, item I)	483,228.	491,985.	514,841.
+	17		ccrued expenses		· · · · · · · · · · · · · · · · · · ·	
- 1	18					
- 1	19			1 '		
.91	20		ors, trustees, and other disqualified persons			
<u></u>	21		otes payable (attach schedule)			
<u>"</u>	- · 22		<b>▶</b> )			
		O 1.1.0.1 11.00 (2.0001.2.1	, ,			
	23	Total liabilities (add line	es 17 through 22)	O	q	
$\top$			low SFAS 117, check here . ▶			
,			24 through 26 and lines 30 and 31.			
Ses	24	•				
la i	2 <del>4</del> 25					
<b>6</b>	26			······································		
2	20	•	not follow SFAS 117, ▶ X			
工			plete lines 27 through 31.			
ō	27		cipal, or current funds	483,228.	491,985.	
ets	28		land, bldg, and equipment fund			
155	29		ulated income, endowment, or other funds			
	30	• ,	i balances (see instructions)	483,228.	491,985.	
ž	31		net assets/fund balances (see			
	•			483,228.	491,985.	
P	art II		nges in Net Assets or Fund Bala		·	
_			palances at beginning of year - Part		ust agree with	<del></del>
-				• • • • • • • • • • • • • • • • • • • •	- !	483,228
2					2	8,680
3	Oth	er increases not includ	line 27a ded in line 2 (itemize) ► ATCH 8	• • • • • • • • • • • • • • • • • • • •	3	77
4	Add	lines 1, 2, and 3			4	491,985
5		reases not included in			5	
6			alances at end of year (line 4 minus	line 5) - Part II, column (b	), line 30 6	491,985
						- 000 DE

(a) List and	and Losses for Tax on Inveloration and Losses for T	<del></del>			
• •		e q., real estate.	(b) How acquired	(c) Date	(d) Date sold
	rick warehouse; or common stock, 200 s	• .	P - Purchase	l acquired	(mo., day, yr.)
SEE PART IV SCHE	DULE		D - Donation	(, 0),	
					·
				-	
		-			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			
				<del></del>	<del></del>
Complete only for assets	ehowing gain in column (h) and owner	t by the foundation on 12/31/69			
		······			
i) F.M.V as of 12/31/69	as of 12/31/69	over col. (j), if any	-		
					<del></del>
		·			<del>,</del>
	, , , , , ( lf ,	gain, also enter in Part I, line 7			
Capital gain net income of	or (net capital loss)	(loss), enter -0- in Part I, line 7	2		1,713.
Part I, line 8			3		0
rt V Qualification L	Inder Section 4940(e) for Rec	<u>luced Tax on Net Investment Ir</u>	ncome		
s the foundation liable for	the section 4942 tax on the distrib		ase period	d?	Yes X No
			a anv enti	ries	
(a)			<i>3 ,</i>	(d)	
	Adjusted qualifying distributions	Net value of nonchantable-use assets			
2013	24,915.	512,172.			0.048646
2012	1,000.	41,042.			0.024365
2011					
2010					
2009	·				<del></del>
			_		0 072011
			2		0.073011
					0.024337
number of years the foun	idation has been in existence if les	s than 5 years	3	·	0.024337
Enter the net value of no	ncharitable-use assets for 2014 fro	om Part X, line 5	4	<del></del>	480,293.
Multiply line 4 by line 3.			5		11,689.
Enter 1% of net investme	ent income (1% of Part I, line 27b) .		6		117.
			7		11,806.
If line 8 is equal to or gr	ons from Part XII, line 4 reater than line 7, check the box	in Part VI, line 1b, and complete	8 hat part	using a 1% ta	14,000. x rate. See the
	Complete only for assets:  i) F.M.V as of 12/31/69  Capital gain net income of Net short-term capital gain also enter in Parat I, line 8  TV Qualification Use by domestic ection 4940(d)(2) applies, at the foundation liable for es," the foundation does enter the appropriate am  (a)  Base period years endar year (or tax year beginning in)  2013  2012  2011  2010  2009  Total of line 1, column (did Average distribution ration number of years the four foundation that is the foundation of the foundation ration number of years the four the net value of normal formulation of the foundation of the foundation of the foundation ration of the foundation of t	Complete only for assets showing gain in column (h) and owner in F.M.V as of 12/31/69  Capital gain net income or (net capital loss)  Net short-term capital gain or (loss) as defined in sections of gain, also enter in Part I, line 8, column (c) (see inst Part I, line 8	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) F.M.V as of 12/31/69  (ii) Adjusted basis as of 12/31/69  (iv) Excess of col (i) over col. (i), if any  (iv) Excess of col (i) over col. (ii), if any  (iv) Excess of col (i) over col. (ii), if any  (iv) Excess of col (i) over col. (ii), if any  (iv) Excess of col (i) over col. (ii), if any  (iv) Excess of col (i) over col. (ii), if any  (iv) Excess of col (i) over col. (ii), if any  (iv) Excess of col (i) over col. (ii) over col. (ii) over col. (ii), if any  (iv) Excess of col (iv) over col. (iv), if any  (iv) Excess of col (iv) over col. (iv), if any  (iv) Excess of col. (iv) over col. (iv) if (loss), enter col. (iv) if (	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (l) Adjusted basis as of 12/31/69 (l) Adjusted qualifying distributions (liable for the section 4940(e) Do not complete this part.  So the foundation liable for the section 4942 tax on the distributable amount of any year in the base periods. The foundation does not qualify under section 4940(e) Do not complete this part.  Einter the appropriate amount in each column for each year; see the instructions before making any entity (lable data) and the distribution and the distr	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) F.M.V as of 12/31/69  (ii) Gains (Col. (h) grain, also enter in Part I, line 7 (f (loss), enter -0- in Part I, line 7 (f (loss), enter -0- in Part I, line 7 (f (loss), enter -0- in Part I, line 8 (loss) enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 (loss) enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 (loss) enter one in Part I, line 8 (loss) enter in Part I, line 8 (loss), enter -0- in Part I, line 7 (loss), enter -0- in Part I, line 8 (loss),

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

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Х

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014? Form 990-PF (2014)

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Total number of other employees paid over \$50,000. . . . . . .

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Part VIII Information About Officers, Directors, Trustees, Foundation N and Contractors (continued)	Managers, Highly Paid Emplo	yees, 
3 Five highest-paid independent contractors for professional services (see in	nstructions). If none, enter "NONE	."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	<u></u>	
Part IX-A Summary of Direct Charitable Activities		<b>,</b>
List the foundation's four largest direct chantable activities during the tax year. Include relevant statist organizations and other beneficianes served, conferences convened, research papers produced, etc.	tical information such as the number of	Expenses
1 GIFTS FOR HOMELESS AND NEEDY AND OUTREACH		
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	s 1 and 2	Amount
1 NONE		
2		
All other program-related investments See instructions		
3 NONE		
Total. Add lines 1 through 3	<u></u>	<u>l</u>

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Par	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn foundations,	
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 464	4,209.
	Average of monthly cash balances	1b 23	3,398.
С	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d 48°	7,607.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3 487	7,607.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	7,314.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5 480	0,293.
6	Minimum investment return. Enter 5% of line 5	6 24	4,015.
Par	Distributable Amount (see instructions) (Section 4942(J)(3) and (J)(5) private operating foun and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1 24	4,015.
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).		
c	Add lines 2a and 2b	2c	117.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 23	3,898.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5 23	3,898.
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 23	3,898.
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1.	4 000
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a 14	4,000.
b	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
2	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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 14	4,000.
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	117.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		3,883.
	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	alculating whether the fo	oundation

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Pa	rt XIII Undistributed Income (see instru	ictions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI,	Corpus	Years prior to 2013	2013	2014
	line 7				23,898.
2	Undistributed income, if any, as of the end of 2014				
а	Enter amount for 2013 only				
b	Total for pnor years 20 12 ,20 11 ,20 10			······································	
3	Excess distributions carryover, if any, to 2014:				
а	From 2009				
b	From 2010				
C	From 2011		1		
d	F10111 2012				
	From 2013	204			
	Total of lines 3a through e	304.			
4	Qualifying distributions for 2014 from Part XII, line 4. ► \$ 14,000.				
а	Applied to 2013, but not more than line 2a				
þ	Applied to undistributed income of prior years (Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
	Applied to 2014 distributable amount				14,000.
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2014	304.			304.
•	(If an amount appears in column (d), the same			<del></del>	
6	amount must be shown in column (a)) Enter the net total of each column as	Ì			
•	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5				
ь	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	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				
đ	Subtract line 6c from line 6b. Taxable				
	amount - see instructions				
е	Undistributed income for 2013 Subtract line 4a from line 2a. Taxable amount - see				
	instructions				
f	Undistributed income for 2014. Subtract lines				
	4d and 5 from line 1. This amount must be				0.504
	distributed in 2015			<del></del>	9,594.
7	- 1				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)		·		
8	Excess distributions carryover from 2009 not				
_	applied on line 5 or line 7 (see instructions)		<del></del>	<del></del>	
9	Excess distributions carryover to 2015.	o			
10	Subtract lines 7 and 8 from line 6a				
	Excess from 2010				
	Excess from 2011	į			
c	Excess from 2012	]	Ì		
d	Excess from 2013	İ	1		
e	Excess from 2014	1			
	<del></del>		<del></del>	<del></del>	<del></del>

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Part XV Supplementary Information (continued)

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2 Create and Contributions Boid Duri	4 1			
3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for I	Future Payment	
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient	CONTRIBUTION	
a Paid during the year		ł	1	}
ATCH 11				
Alon II		ļ	1	
			1	
	ļ		}	}
			J	
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	ļ			İ
			1	
				j
			1	
			· ·	
				]
			1	}
				]
				]
				}
			i	
Total			▶ 3a	14,000.
b Approved for future payment				14,000.
b Approved for fatare payment				
				:
			l .	}
	•			
			1	
	<u> </u>		<u> </u>	
Total	<u> </u>	<u> </u>	<u></u> 3b	<u> </u>

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ter gross amounts unless otherwise indicated.	Unrel	ated business income	Excluded by	section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
a					(Occ manachons.)
b					
c					
d					
e					
f					·····
g Fees and contracts from government agencies					·
Membership dues and assessments			<del></del>		<del> </del>
Interest on savings and temporary cash investments		} 	14		4
Dividends and interest from securities		<u> </u>	14		12,60
Net rental income or (loss) from real estate:					·
a Debt-financed property					<del></del>
b Not debt-financed property			<del></del>		
Net rental income or (loss) from personal property					<del></del> ··································
Other investment income			18		1,713
Gain or (loss) from sales of assets other than inventory			10		1,71.
Net income or (loss) from special events			<del></del>		
Gross profit or (loss) from sales of inventory.					
Other revenue: a					<del></del>
b			<del> </del>	<del></del>	·
d			<del>                                     </del>		
d		1			
e					14,365
Subtotal. Add columns (b), (d), and (e)				42	14,365
	ulations)				
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,36
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,36
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,36
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,36
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,36
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,36
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,36
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,36
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,36
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,36
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,36
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,36
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,36
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,36
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,36
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,36
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,36
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,36
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,36
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,369
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,369
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	xempt Purp	oses e) of Part XVI-A contribut	14,365 ed importantly to t

Part :	XVII	Exempt Organ		insters to and tr	ansactio	ns and I	Relations	snips W	ith Nonc	narit	able	)
1 D	id the			engage in any of the	following	with any	other organ	nization o	lescribed	Г	Yes	No
			•	section 501(c)(3) org	_	-	_				<del></del>	
		ations?			uu,	, 0 000		oluting to	pontiour			
	_		g foundation to	a noncharitable exem	npt organiz	ation of:						
			-							1a(1)		Х
												X
		ansactions:			• • • • •			• • • • •				
			ncharitable exen	npt organization						15(1)		Х
iz	2) Puro	chases of assets fro	om a noncharita	ble exempt organization	 on					1b(2)		<u>x</u>
(3	3) Ren	tal of facilities equi	oment or other	assets	··· · · · ·			• • • •		15(3)	$\neg \uparrow$	<u>x</u>
(4	l) Reir	nbursement arrange	ements							15(4)		X
(5	i) Loai	ns or loan quarantee	es							1b(5)		<u>x</u>
16	3) Perf	ormance of service	s or membersh	ip or fundraising solici	tations			• • • •		1h(6)		X
				ts, other assets, or pa								X
				s," complete the follo							air m	arket
				ces given by the repo								
			•	gement, show in colu	•							
(a) Line		(b) Amount involved		oncharitable exempt organiz	<del></del>		tion of transfe					
· · · · ·		N/A	· · · · · · · · · · · · · · · · · · ·	·		N/A		<u> </u>			<u> </u>	
				<del></del>								
	$\dashv$	···										
										·		
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				<del>- '7 - ' 1</del>								
		·							<del></del>			
	-  -			·								
	<del></del>											
2a  s	the f	oundation directly (	or indirectly aff	iliated with, or relate	d to one	or more t	ax-exempt	organiza	ations			
		•	•	ther than section 501(			•	organiza	Γ	Ye:	X	No
		complete the follow			0/(0// 0:	. 0000.011 0						,
<u> </u>	100,	(a) Name of organization		(b) Type of orga	inization		(	c) Descripti	on of relations	hip		
		<u> </u>		<u></u>				·				
				<del></del>				-			•	
				<del></del>								
					·					•		
	Under	penalties of perjury, I decla	are that I have examin	ned this return, including acco	mpanying sche	edules and sta	tements, and to	the best o	f my knowledg	e and be	hef, it	is true,
	correct,	and complete Declaration of	f preparer (other than ta	expayer) is based on all informati	ion of which pre	eparer has any	knowledge					
Sign	T.	AURA BLOOMFIE	T.D _	1		TRUSTE	E		_	discuss		
Here	<b>'</b>	ature of officer or trustee	$\overline{n} n$	Date /		itle			with the pre (see instructions	eparer si	Yes	below No
		I man IV	/( // /	3/1/15	•	140			(See Itisu decidis	" L	169	
	<del>'( /</del>	Printi Type preparer's na	me	Preparer's signature,	1	. 1	Date ,	Che	nt I.F	אודי		
Paid		GARY L SMITH	•	Dani L	Ami	the	5/7/1		·	 P0017	662	9
Prepa			WERTON MOR	RIS, SIMPSON&SM			<del>-///</del>	Firm's EIN	► 57-13			
Use C	ı,	0.0		RIAL DR, STE.		<del></del>		rinns EIN	<del> </del>			
Jack	July		LSA, OK	THE PARTY OF THE		7413	3	Ohar	918 48	31-50	49	
			HOR, OR			/413	<u> </u>	Phone no		m 990		(2014)
									ror	m 330	-F F (	(2014)

4E1493 1 000 Ω5Ω25 TO 32ΩV 5/5/2015 2.46.12 PM V 14-4.6F

# Schedule B

(Form 990, 990-EZ,

or 990-PF)

# **Schedule of Contributors**

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Name of the organization		Employer identification number				
DON & BARBARA THORNTO	on Family Foundation	46-1592563				
Organization type (check one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ındation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundar	tion				
	501(c)(3) taxable private foundation					
Note. Only a section 501(c)(7), instructions.  General Rule	vered by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a \$					
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instruction tributions.	_				
Special Rules						
regulations under sec 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 that received from any one contributor, during the year, total contributions he amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Contributions	or 990-EZ), Part I, line s of the greater of (1)				
contributor, during the	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III					
contributor, during the contributions totaled reduring the year for an General Rule applies	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
990-EZ, or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file Sanswer "No" on Part IV, line 2, of its Form 990, or check the box on line Fortify that it does not meet the filing requirements of Schedule B (Form 99	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.

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

Employer identification number 46-1592563

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1 -	BARBARA THORNTON  2801 S. VICTOR  TULA, OK 74105	\$11,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

46-1592563

Part li	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is nee	eded.
(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
		\$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

JSA

Name of or	ganization DON & BARBARA THORNTO	N FAMILY FOUNDA	TION	Employer identification number			
				46-1592563			
Part III	Exclusively religious, charitable, etc that total more than \$1,000 for the following line entry. For organizations contributions of \$1,000 or less for the Use duplicate copies of Part III if additional	year from any one on s completing Part III, e year. (Enter this in	contributor. Compenter the total of efformation once. S	lete columns (a) through (e) and the exclusively religious, charitable, etc.,			
(a) No. from Part I	(b) Purpose of gift	(c) Use	-	(d) Description of how gift is held			
Faiti			· · · · · · ·				
		(e) Transf	er of gift				
	Transferee's name, address, a	nd ZIP + 4	Relation	nship 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, a	nd ZIP + 4	Relation	nship 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						
	Tanasia nama addinan	-d 710 + 4	Dalatia				
	Transferee's name, address, a	nd ZIF + 4	Relation	nship 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, a	nd 7ID + 4	Polatio	nship of transferor to transferee			
	Translation of Hailie, address, a			nomb of frameteror in managed			
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2014)			

DON & BARBARA THORNTON FAMILY FOUNDATION

46-1592563

FORM 990-PF - PART IV

Kind of F	APITAL GA Property	Description			P or D	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)	
Appenses of sale	BIIOVIVOIG		TAL GAIN DI		auj pasis		1,310.	
		TRUST CO.	STOCK SALES			P	12/21/2012	02/10/201
9,399.		PROPERTY T 8,996.	YPE: SECURI	TIES			403.	
TAL GAIN(I	oss)			•••••	• • • • • • • •		1,713.	

# ATTAC

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

	ADJUSTED	NET	INCOME	47.	47.
	NET	INVESTMENT	INCOME	47.	47.
REVENUE	AND	EXPENSES	PER BOOKS	47.	47.
					TOTAL
			DESCRIPTION	MIDFIRST BANK CHECKING	

DIVIDENDS AND INTEREST FROM SECURITIES	
REST FR	
ND INTER	
[DENDS A	
ł	
, PART I	
FORM 990PF,	
FOR	

ADJUSTED NET INCOME	12,605.	12,605.
NET INVESTMENT INCOME	12,605.	12,605.
REVENUE AND EXPENSES PER BOOKS	12,605.	12,605.
		TOTAL
DESCRIPTION	TRUST CO INVESTMENS	

# ATTACHMENT 3

# FORM 990PF, PART I - TAXES

ADJUSTED NET INCOME	250. 29.	279.
NET INVESTMENT INCOME	250.	279.
REVENUE AND EXPENSES PER BOOKS	250.	279.
		TOTALS
DESCRIPTION	FEDERAL TAXES FOREIGN TAXES	

ATTACHMENT 3

# ATTACHMENT 4

EXPENSES	
- OTHER	
н	
PART	
990PF,	
FORM	

	ADJUSTED	NET	INCOME	2,406.	2,406.
	NET	INVESTMENT	INCOME	2,406.	2,406.
REVENUE	AND	EXPENSES	PER BOOKS	2,406.	2,406.
					TOTALS
			DESCRIPTION	INVESTMENT FEES	

OBLIGATIONS	
STATE	
AND	
- U.S.	
PART II	
FORM 990PF,	

ATTACHMENT 5	ENDING <u>FMV</u>	24,401.	24,401.
ATTAC	ENDING BOOK VALUE	24,401.	24,401.
FORM 990FF, PART 11 - U.S. AND STATE OBLIGATIONS	DESCRIPTION	TRUST CO. GOVT FUND	US OBLIGATIONS TOTAL

2:46:12 PM V 14-4.6F

8592FT 338Y 5/5/2015

DESCRIPTION

BOOK VALUE ENDING

ENDING FMV

TRUST CO STOCK

112,504.

146,590. 146,590.

TOTALS

112,504.

ATTACHMENT 6

- CORPORATE BONDS

DESCRIPTION

ENDING FMV

BOOK VALUE ENDING

TRUST CO. BONDS

333,339.

333,339.

322,109.

322,109.

ATTACHMENT 7 PAGE 25

ATTACHMENT 8

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

<u>DESCRIPTION</u> <u>AMOUNT</u>

COST ADJUSTMENTS 77.

TOTAL 77.

0

ATTACHMENT 10

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

LAURA BLOOMFIELD 2225 EAST 37TH ST. TULSA, OK 74105 ATTACHMENT 11

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	F
ASBURY METHODIST CHURCH	NONE	RELIGIOUS ACTIVITIES	11,000.
6767 S. MINGO RD.	PC		
TULSA, OK 74133			
FOLDS OF HONOR FOUNDATION	NONE	EDUCATIONAL SCHOLARSHIPS	1,000.
5800 N. PATRIOT DR.	PC		
OMASSO, OK 74055			
RESTORE HOPE MINISTRIES	NONE	FOOD BANK	1,000.
2960 CHARLES PAGE BLVD.	PC		
TULSA, OK 74127			
CENTER FOR INDIVIDUALS WITH PHYSICAL CHALLENGES	NONE	REHAB SERVICES	1,000.
815 S. UTICA AVE.	PC		
TULSA, OK 74104			

TOTAL CONTRIBUTIONS PAID

14,000.

ATTACHMENT 11

84838F 338V 6/6/3016

V 14-4 KF

NG C1.38.0

# SCHEDULE D (Form 1041)

**Capital Gains and Losses** 

► Attach to Form 1041, Form 5227, or Form 990-T.

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

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

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

Employer identification number

DON & BARBARA THORNTON FAMILY FOUNDAT	TON		46-159250	63	
Note: Form 5227 filers need to complete only Parts I and II.				_	
Part I Short-Term Capital Gains and Losses - Ass	ets Held One Yea	r or Less			
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.		(e) Cost (or other basis)	(g) Adjustments to gain or loss for Form(s) 8949, Pa	urt 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.					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
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	
<ul> <li>Net short-term gain or (loss) from partnerships, S cor</li> <li>Short-term capital loss carryover Enter the amount Carryover Worksheet</li></ul>	nt, if any, from line	e 9 of the 2013	Capital Loss	5 6	
7 Net short-term capital gain or (loss). Combine line line 17, column (3) on the back	es 1a through 6 in	column (h). Enter	here and on	7	<u> </u>
Part II Long-Term Capital Gains and Losses - Ass	ets Held More Tha	n One Year			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fro		(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales pnce)	(or other basis)	Form(s) 8949, Par fine 2, column (g		combine the result with column (g)
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	9,399.	8,996.			403.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on Form(s) 8949 with Box F checked			: 		
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	oorations, and other e	states or trusts		12	
13 Capital gain distributions,	• • • • • • • • • • • •			13	1,310.
<ul><li>14 Gain from Form 4797, Part I</li></ul>				14	
Carryover Worksheet	· · · · · · · · · · · · · · · ·			15	( )
line 18a, column (3) on the back				16	1,713.

	e 40 0					<b>≈ • •</b>	
Sche	dule D (Form 1041) 2014					Pa	age 2
	Summary of Parts I and II  Caution: Read the instructions before completing this pa	art	(1) Beneficia (see instr		(2) Estate's	s (3) Total	
17	Net short-term gain or (loss)	17	,				
18	Net long-term gain or (loss):				•		
а	Total for year	18a				1,71	13.
	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b					
	28% rate gain	18c					
19	Total net gain or (loss). Combine lines 17 and 18a	19				1,71	3.
gains	e: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 s, go to Part V, and <b>do not</b> complete Part IV If line 19, column (3), is a no ssary	(or Fo	rm 990-T, Part , complete Par	l, line 4a) IV and ti	If lines 18a he Capital Lo	and 19, column (2), are ss Carryover Workshee	net t, as
Pai	rt IV Capital Loss Limitation						
20 a Note Loss	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P The loss on line 19, column (3) or b \$3,000				20	( a loss, complete the Ca	) ipital
	Tax Computation Using Maximum Capital Gains Rate			-	· · · · · · · · · · · · · · · · · · ·		
	n 1041 filers. Complete this part only if both lines 18a and 19 in colu		2) are gains, o	r an amo	ount is enter	ed in Part I or Part II	and
• Ei • Born of Fe	tion: Skip this part and complete the <b>Schedule D Tax Worksheet</b> in the inither 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. In 990-T trusts. Complete this part only if both lines 18a and 19 a orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part her line 18b, col. (2) or line 18c, col. (2) is more than zero.	re ga	ins, or qualifie				
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	4)	. 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		1 1				
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		· — · · · · · ·				
29	Enter the smaller of the amount on line 27 or line 28		<u> </u>				
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is		<del></del>		▶ 30		
31	Enter the smaller of line 21 or line 26						
32	Subtract line 30 from line 26.		32				

Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule

Schedule D (Form 1041) 2014

Enter the smaller of line 21 or \$12,150......

Subtract line 34 from line 33. If zero or less, enter -0-

Enter the smaller of line 32 or line 35......

Subtract line 39 from line 38. If zero or less, enter -0- . . . . . . .

G, line 1a (or Form 990-T, line 36)

Figure the tax on the amount on line 27. Use the 2014 Tax Rate Schedule for Estates

and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . .

Figure the tax on the amount on line 21. Use the 2014 Tax Rate Schedule for Estates

and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . .

Attachment Sequence No 12A

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 DON & BARBARA THORNTON FAMILY FOUNDATION 46-1592563

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).

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

(a) Description of property (Example: 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed (Mo , day, yr )	(d) Proceeds (sales pnce) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	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
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
TRUST CO. STOCK SALES	12/21/2012	02/10/2014	9,399.	8,996.			403
	<u> </u>						
2 Totals. Add the amounts in cold (subtract negative amounts). Enclude 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 is checked),	I here and above is or line 10	9,399	<u> </u>			403.

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.