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# Form 990-PF

Department 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

		lendar year 2014 or tax year beginning		, 2014	, and ending			, 20
	Name	of foundation				A	Employer identif	
_	FER	GESON FAMILY FOUNDATION					46-483248	<del></del>
	Numb	er and street (or P O box number if mail is not delivered	d to street address)		Room/suite	В	•	er (see instructions)
							(40	)5) 748-9115
_	123	W COMMERCE ST						
	City o	r town, state or province, country, and ZIP or foreign po	stal code					
						C	If exemption application pending, check here	ation is
	ALT	US, OK 73521				_	. 5	<del></del>
G	Che	eck all that apply X Initial return	Initial return	of a former p	oublic charity	/   ь	1 Foreign organiza	tions, check here >
		Final return	Amended re	turn			2 Foreign organiza	
		Address change	Name chang	e			85% test, check to computation •	nere and attach
Н	Che	eck type of organization X Section 501(	c)(3) exempt private f	oundation		=	If private foundation	n status was terminated
	s	Section 4947(a)(1) nonexempt charitable trust	Other taxable pr			_ `	-	o)(1)(A), check here
-1	Fair		unting method C				If the foundation is	ın a 60-month termination
		of year (from Part II, col (c), line O	ther (specify)		<b>-</b>	_	under section 507(b	)(1)(B), check here . ►
	16)	▶\$ 40,000. (Part I, c	olumn (d) must be on cas	sh basis )		Ш.		
F	art	Analysis of Revenue and Expenses (The	(a) Revenue and	(b) Not	etment	(-)	dusted not	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	(b) Net inve			ldjusted net Income	purposes
_		column (a) (see instructions) )	books					(cash basis only)
	1	Contributions, grfts, grants, etc , received (attach schedule)	53,085.					
	2	Check ▶ ☐ if the foundation is <b>not</b> required to attach Sch B		•				
	3	Interest on savings and temporary cash investments.						
	4	Dividends and interest from securities						<u></u>
	5a	Gross rents						
	ь	Net rental income or (loss)						
<u>a</u>	6a	Net gain or (loss) from sale of assets not on line 10						
evenue	ь	Gross sales price for all assets on line 6a						
ě	7	Capital gain net income (from Part IV, line 2).						
Ř	8	Net short-term capital gain						
	9	Income modifications						
	10 a	Gross sales less returns and allowances • • • •						
	ь	Less Cost of goods sold .						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	~ ·					
	12	Total. Add lines 1 through 11	53,085.					
	13	Compensation of officers, directors, trustees, etc	0					
ses	14	Other employee salaries and wages	3.	1:14				
ű	15	Pension plans, employee benefits	<b>ا</b> ا	burt 0 :	25.5	٠,٠		
ğ	16 a	Legal fees (attach schedule)	· 6					
Ш	U5	Accounting fees (attach schedule)	<u> </u>	, 1	, , , ,			
.≚	5	Other professional fees (attach schedule)			7 .	ļ		
ī	17 6	Interest			* *			
ist	18	Taxes (attach schedule) (see instructions)				-		
nin	19	Depreciation (attach schedule) and depletion.						
þ	15 16 a 17 c 18 v 19 20	Occupancy						
φ	21	Ţravel, conferences, and meetings						
ä	21 22	Runting and publications						
þ	23	Other expenses (attach schedule)						
atir	23 24 25	Total operating and administrative expenses.					_	
ě	1	Add-lines 13 through 23	0					
Ö	25	Contributions, gifts, grants paid	13,085.					13,085.
_	26	Total expenses and disbursements Add lines 24 and 25	13,085.					13,085.
	27	Subtract line 26 from line 12						
	а	Excess of revenue over expenses and disbursements	40,000.					
	b	Net investment income (If negative, enter -0-)			0			
		Adjusted net income (If negative, enter -0-)						<i></i>

Da	rt II	Ralanco Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
L C		Datatice Streets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ng		40,000	40,000.
i			cash investments			
		Less allowance for dou	btful accounts ▶			
						-
	•	Less allowance for dou	btful accounts ▶			
			officers, directors, trustees, and other			
			tach schedule) (see instructions)			
			eceivable (attach schedule)	<del>-</del>		
			btful accounts ▶			
S						
ssets			e			
1			e government obligations (attach schedule).			
			stock (attach schedule)		·	
1	11	Investments - land, buildings and equipment basis Less accumulated deprecia	<b></b>		· · · ·	
1	2	(attach schedule)	loans			
			ach schedule)			
1	14	Land, buildings, and				
		Less accumulated deprecia	tion			
	5	(attach schedule) Other assets (describe	<b>&gt;</b> )			
- 1			completed by all filers - see the			
Ι,			age 1, item I)	o	40,000.	40,000.
1			ccrued expenses			
- 1						†
						1
.21			rs, trustees, and other disqualified persons			1
Ē,			tes payable (attach schedule)			1
<u>: ا</u> ت			e ► )			1
1	. 2	Other habilities (describe	·/			1
وا	23	Total liabilities (add line	s 17 through 22)	ol	(	d
+			low SFAS 117, check here			1
			24 through 26 and lines 30 and 31.			
ces		•				
an (	25					1
Ba						1
밑			not follow SFAS 117, ▶ X			1
리		check here and com	plete lines 27 through 31.			
٥,			cipal, or current funds		40,000.	
نٽ			land, bldg , and equipment fund		<u>-</u>	1
SSI			ulated income, endowment, or other funds	····		
t 3			I balances (see instructions)	0	40,000.	1
ž			net assets/fund balances (see		<u> </u>	1
-				ol	40,000.	
Pa			nges in Net Assets or Fund Bala	nces		
			palances at beginning of year - Part I		must agree with	
			ed on prior year's return)			O
		er amount from Part I,			_	40,000.
			ded in line 2 (itemize) ▶			
		lines 1, 2, and 3				40,000.
		reases not included in	line 2 (itemize) ►		5	
6	Tota	I net assets or fund h	alances at end of year (line 4 minus	line 5) - Part II, column (I		40,000.
<u> </u>		ac according to		, sering condition (	-,, 55   0	Form <b>990-PF</b> (2014)

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Pā	(a) List and	and Losses for Tax on Inv d describe the kind(s) of property sold rick warehouse, or common stock, 200	(e g , real estate,	(b) How acquired P - Purchase D - Donation		(d) Date sold (mo , day, yr )
la						
b						
С				<u> </u>		
d				<u> </u>		
е		·		ļ	L	L
	(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) min	
a			<del></del>			
b		<del>-</del>				<del></del>
<u>c</u>				<del>                                     </del>		
<u>d</u>		· · · · · · · · · · · · · · · · · · ·	<del></del>	1		<del></del>
e	Complete only for assets	showing gain in column (h) and own	ed by the foundation on 12/31/69		0 (0 ) (1)	
	· <del>- · · · · · · · · · · · · · · · · · ·</del>	(j) Adjusted basis	(k) Excess of col (i)	(I)	Gains (Col (h) g (k), but not less	ain minus than -0-) or
1	(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	
a						
b						,
c						
ď					-	
e						
2	Capital gain net income of	or (not canital loce)	f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	2		
3	Net short-term capital ga	ain or (loss) as defined in sections	1222(5) and (6)			
	•	art I, line 8, column (c) (see ins	structions) If (loss), enter -0- in	3		
Pa			educed Tax on Net Investment I	ncome		
Va			butable amount of any year in the b	ase period	ار دا	Yes No
1			ar, see the instructions before makir	a any ent	TIAC .	
1	(a)			ig any end	(d)	
Са	Base period years lendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution of (col (b) divided by	
	2013			+		
	2012			-		
	2011 2010		<del> </del>	<del> </del>		
	2010			<del> </del>		<del></del>
	2009			$\vdash$	<del></del>	
2	Total of line 1 column (d	1		2		
3	Average distribution ratio	ofor the 5-year base period - divis	de the total on line 2 by 5, or by the	-		
3	-		ess than 5 years	3		
	number of years the lour	idation has been in existence in le	ss tian 5 years			<del></del>
4	Enter the net value of no	ncharitable-use assets for 2014 f	rom Part X, line 5	4	<del></del>	
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		<del>-</del>
7	Add lines 5 and 6			7		<del></del>
8	Enter qualifying distribution of given the second of the s	ons from Part XII, line 4 reater than line 7, check the box	r In Part VI, line 1b, and complete	8 that part	using a 1% ta	x rate See th

Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	uction	s) _
1a	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	Domestic foundations that meet the section 4940(e) requirements in Part V, check			C
	here ▶  and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part i, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			- 0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			
6	Credits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			
þ	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			0
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Pai	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶ 11    t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	$\overline{\mathbf{I}}$	Yes	No
ıa	participate or intervene in any political campaign?	1a	162	No X
ь.	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
b	Instructions for the definition)?	1ь		X
	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	İ	•	
c	Did the foundation file Form 1120-POL for this year?	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$(2) On foundation managers ▶ \$	ļ		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			1
	foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			,,
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	_	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		_ ^
_	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	6	х	
-	conflict with the state law remain in the governing instrument?	7	X	-
7	Enter the states to which the foundation reports or with which it is registered (see instructions)	<b>-</b>		
8a	OK.			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
D	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	T-	·	
•	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses ATCH 1	10	Х	

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Pai	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within	the		
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disquali			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	on? 13	X	<u> </u>
	Website address   N/A			
14	The books are in care of ▶ JERRY KRITTENBRINK Telephone no ▶ 405-	748-911	L5 	
	The books are in care of ▶ JERRY KRITTENBRINK  Located at ▶PO BOX 21000 OKLAHOMA CITY, OK  Section 4947(a)(1) proper motion charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	6 - <b></b>		
15	Social 4547 (a)(1) Horizontal dialiant ming Form 555 1 17 112 10 10 10 10 10 10 10 10 10 10 10 10 10		>	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year			_
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other auth	- 1	Yes	No
	over a bank, securities, or other financial account in a foreign country?	I		<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-221)	) If		
Day	"Yes," enter the name of the foreign country			
Гаі	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	$\overline{}$	Yes	No
4.5	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		res	No
ıa	During the year did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X	lo		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	T. T	lo		
		lo		
		lo		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)? Yes	lo l		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			ĺ
	foundation agreed to make a grant to or to employ the official for a period after			ĺ
	termination of government service, if terminating within 90 days )	io		1
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation	ons		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	· · 1b		
	Organizations relying on a current notice regarding disaster assistance check here			ł
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, the			
	were not corrected before the first day of the tax year beginning in 2014?			Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a priv	ate		1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			l
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and			İ
	6e, Part XIII) for tax year(s) beginning before 2014?	•		
h	If "Yes," list the years ▶,,,,,,, Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)	.(2)		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	· ·		
	all years listed, answer "No" and attach statement - see instructions)		i i	х
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
_	►			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
		lo		
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation	or		
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by	the		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse	of		
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if			ĺ
	foundation had excess business holdings in 2014)			<u> </u>
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose	es? 4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 201	47   4h	ı	X

Par	t VII-B Statements Regarding Activitie	s for Which Form	4720 May Be Red	quired (continued)	<del></del>				
5a	During the year did the foundation pay or incur any a	_							
	(1) Carry on propaganda, or otherwise attempt to in		on 4945(e))?	. Yes X	Io				
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,								
	directly or indirectly, any voter registration drive?								
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X								
	(4) Provide a grant to an organization other than								
	section 4945(d)(4)(A)? (see instructions)		=		lo				
	(5) Provide for any purpose other than religious,								
			•		Io				
b	purposes, or for the prevention of deaty to difficult of a fill files.								
	Regulations section 53 4945 or in a current notice reg		•	•	I .				
	Organizations relying on a current notice regarding di	<del>-</del>	•	_	· 🗆 🗀				
С	If the answer is "Yes" to question 5a(4), does the								
_	because it maintained expenditure responsibility for th		•	1 1 1 1	lo				
	If "Yes," attach the statement required by Regulations	•							
6a	Did the foundation, during the year, receive any		rectly, to pay premiu	ms					
	on a personal benefit contract?	•			Io				
b	Did the foundation, during the year, pay premiums, o				. 6b				
	If "Yes" to 6b, file Form 8870	, <b>,</b>			,				
7a	At any time during the tax year, was the foundation a	party to a prohibited ta	x shelter transaction?.	Yes X	lo				
b	If "Yes," did the foundation receive any proceeds or l			- —					
	Information About Officers, Direct								
1	and Contractors List all officers, directors, trustees, foundation	managers and their	r companyation (so	inetructione)		<del></del>			
<u>.</u>		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	e account			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	l Sthor all				
		_							
ATC	H 2		(		]	(			
		_							
		_							
		_							
				<u> </u>	ļ				
	Compensation of five highest-paid employee "NONE."	es (other than thos	se included on lin	e 1 - see instruct	tions). If n	one, ente			
	HONG.	(b) Title, and average		(d) Contributions to	I	-			
(a)	Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expens				
		devoted to position		compensation					
	NONE	_							
	NONE			<del></del>					
		_							
					<del> </del>				
		_							
	<del></del>								
		-							
			-	<del> </del> -		<del>-</del>			
		_							
	number of other employees paid over \$50,000.	_			-				

Form 990-PF (2014) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total 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 Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 NONE All other program-related investments. See instructions 3 NONE

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Total. Add lines 1 through 3

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Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign 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	
b	Average of monthly cash balances	1b	20,000.
c	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d	20,000.
e	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	20,000.
4	Subtract line 2 from line 1d		
•	instructions)	4	300.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	19,700.
6	Minimum investment return. Enter 5% of line 5	6	985.
Part		dations	
1	Minimum investment return from Part X, line 6	1	985.
2a	Tax on investment income for 2014 from Part VI, line 5 2a		
b	Income tax for 2014 (This does not include the tax from Part VI). 2b	1	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	985.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	985.
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	985.
Part	XII Qualifying Distributions (see instructions)	<u> </u>	
		ГТ	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	   1a	13,085.
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1b	13,003.
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	<del>- · · · · · · · · · · · · · · · · · · ·</del>
2			
2	purposes	2	
3		30	
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)  Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	3b   4	13,085.
4 5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		15,005.
J	· · ·	_	0
e	Enter 1% of Part I, line 27b (see instructions)  Adjusted qualifying distributions. Subtract line 5 from line 4	6	13,085.
6	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c		<del></del>
	qualifies for the section 4940(e) reduction of tax in those years	alculating whether t	ne roundation

Form 990-PF (2014)

Form 990-PF (2014) Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (c) Corpus Years prior to 2013 2013 2014 Distributable amount for 2014 from Part XI, 985. Undistributed income, if any, as of the end of 2014 2 a Enter amount for 2013 only . . . Total for pnor years 20 12 ,20 11 ,20 10 Excess distributions carryover, if any, to 2014 From 2009 . . . . . . From 2010 . . . . . . c From 2011 . . . . . . **d** From 2012 . . . . . . From 2013 . . . . . . . f Total of lines 3a through e . . . . . . . . . . Qualifying distributions for 2014 from Part XII, 13,085. line 4 ▶ \$ a Applied to 2013, but not more than line 2a Applied to undistributed income of prior years (Election required - see instructions) . . . . . . c Treated as distributions out of corpus (Election required - see instructions) . . . . . . . . . . . 985. d Applied to 2014 distributable amount . . . . . 12,100 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: 12,100. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income Subtract line 4b from line 2b c 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 4a from line 2a Taxable amount - see Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . . . . . . . . . . . . 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 applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2015. 12,100. Subtract lines 7 and 8 from line 6a . . . . . . Analysis of line 9 10 a Excess from 2010 . . . b Excess from 2011 . . . Excess from 2012 . . .

d Excess from 2013 . . .

e Excess from 2014 . .

12,100.

c Any submission deadlines

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

Part XV Supplementary Information (continued)

Page **11** 

3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	T
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
T M G V 2				
ATCH 3				
				•
				13,085.
Total			<u></u>	13,065.
<b>b</b> Approved for future payment				
	<u> </u>		<u> </u>	
Total			▶ 3b	

art XVI		· •	ated business income	Evoluded by	y section 512, 513, or 514	(e)
	amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Excluded by	(d)	Related or exemption function income (See instructions
•						( a a a mod domono
Fees	and contracts from government agencies					
/lember	rship dues and assessments					
	on savings and temporary cash investments				_	
	ds and interest from securities					<del></del>
	tal income or (loss) from real estate					·
	-financed property	_		_		
	debt-financed property					<del></del>
	al income or (loss) from personal property					
	vestment income	-				
•	loss) from sales of assets other than inventory		<u> </u>			
	ome or (loss) from special events					<del></del>
	rofit or (loss) from sales of inventory			<del>-</del>		<del></del>
	venue a		<del>-</del>	<del>-</del>	-	
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Sign Here  Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  PRESIDENT  Title  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No  Print/Type preparers name  Preparer's signature  Date  Check of PTIN	Part			Regarding Tr	ansfers To an		tions an	d Relationships With No	nchari		e e
a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash. (2) Other assets. (3) Other assets (as a noncharitable exempt organization. (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets to a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements (5) Loans or loan guarantees. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (7) If the answer to any of the above is "Yes," complete the following solicitations of the goods, other assets, or services given by the reporting foundation if the foundation recoved less than fair marke value in any transaction or sharing arrangements, show in column (d) the value of the goods, other assets, or services given by the reporting foundation if the foundation recoved less than fair marke value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line to (b) Almount invoked (c) Name of noncharitable exempt organization (d) the value of the goods, other assets, or services received (a) Line to (b) Almount invoked (c) Name of noncharitable exempt organization (d) the value of the goods, other assets, or services received (a) Line to (b) Almount invoked (c) Name of noncharitable exempt organization (d) Description of resisticiship.  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 521?  (a) Name of organization  (b) Typs of organization  (c) Description of resisticiship.  (c) Description of resisticiship.  (d) Almount invoked (d) Almount invoked (d) Almount invoked (d) Almount invoked (d) Almount invoked (d) Almount invoked (d) Almount invoked (d) Almount invoked (d) Almount invoked (d) Almount invoked (d) Almount invoked (d) Almount invoked (			_				-			Yes	No
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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  Under penalties of penjus, I departe that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Departed on organization of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Sign  Here  Print/Type repairer's name  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's Firm's name  FINLEY & COOK, PLLC  Firm's EIN  Print/SEIN  Prad-Ocota 34  Prad-Oco							<u> </u>			_	
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Under penalties of perjup, I depare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete benefit of the reparer (other than taxpayer) is based on all information of which preparer has any knowledge    PRESIDENT	d	escribe	ed in section 501(c)	) of the Code (d					Y	es X	 ] No
Here Signature of officer or trustee Date Title PRESIDENT  PRESIDENT  Title May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No  Paid  Print/Type preparer's name  KATHERINE PALMETER  Firm's name ► FINLEY & COOK, PLLC  Firm's EIN ► 73-0604334			(a) Name of organization	<u></u>	<b>(b)</b> Type	of organization		(c) Description of relation	ship		
Sign Here    Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   PRESIDENT											
Sign Here    Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   PRESIDENT											
Sign Here    Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   PRESIDENT											_
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Here Signature of officer or trustee Date Title Signature of officer or trustee Date Title  Print/Type repairs name  KATHERINE PALMETER  Preparer's signature  KATHERINE PALMETER  Firm's name ► FINLEY & COOK, PLIC  Print/Type repairs name  Firm's EIN ► 73-0604334	Sign	1		)	1/4/	16/15		May the IF	S discus	s this	return
Paid  Print/Type repairs name  KATHERINE PALMETER  Preparer's signature    Print/Type repairs name   Preparer's signature   Date   3/31/15   Self-employed   P00047378	Here	Signal	tura et effeta es tructes	<del>-/</del>	Data	14/15		with the p			
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Preparer Firm's name ► FINLEY & COOK, PLLC Firm's EIN ► 73-0604334	Paid	t			Harl.s.		The s			4737	8'
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	Use C		1.7				<del></del>				

74804

405-878-7300

Phone no

SHAWNEE, OK

### Schedule B (Form 990, 990-EZ,

Schedule of Contributors

OMB No 1545-0047

or 990-PF)

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

Department of the Treasury

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 FERGESON FAMILY FOUNDATION 46-4832485 Organization type (check one) Section: Filers of: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II 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 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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its 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)

Name of organization FERGESON FAMILY FOUNDATION

Employer identification number 46-4832485

Part I	Contributors (see instructions) Use duplicate copies o	f Part I if additional space is nee	eded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	C. KENDRIC FERGESON  PO BOX 598  ALTUS, OK 73522	\$\$50,100.	Person X 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)
(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
<b></b> -		   \$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization FERGESON FAMILY FOUNDATION

Employer identification number

4	6-	48	33	2	4	8	F

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art ii ii addillonai space is nee	eaea 
(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
<del>-</del>		\$	
(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
		\$	

Name of organization FERGESON FAMILY FOUNDATION

Employer identification number 46-4832485

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

	that total more than \$1,000 for the standard following line entry. For organizations of \$4,000 and land for the	s completing Part III,	enter the total of	exclusively religious, charitable, etc,
	contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of the contribution of the contribution of th			See instructions.)
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
		(e) Trans	er of gift	-
	Transferee's name, address, a	nd ZIP + 4	Relation	onship 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) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship 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) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	onship 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) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transferee
			<del></del>	

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10)

ATTACHMENT

# - NEW SUBSTANTIAL CONTRIBUTORS LINE 10 PART VII-A, FORM 990PE,

NAME AND ADDRESS

C. KENDRIC FERGESON PO BOX 598 ALTUS, OK 73522 ATTACHMENT 2

TRUSTEES
AND
DIRECTORS,
IST OF OFFICERS,
OF
- LIST
- IIIA
PART
990PE,
FORM

E ACCT THER ANCES	0	0	0	0	0	0	0
NS EXPENSE ACCT AND OTHER NS ALLOWANCES	0	0	0	0	0	0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS							
COMPENSATION	0	0	0	0	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT 1.00	SECRETARY/TREASURER 1.00	DIRECTOR 1.00	DIRECTOR 1.00	DIRECTOR 1.00	DIRECTOR 1.00	GRAND TOTALS
NAME AND ADDRESS	C. KENDRIC FERGESON 123 W COMMERCE ST ALTUS, OK 73521	MARY ANN FERGESON 123 W COMMERCE ST ALTUS, OK 73521	CASEY GILLIAM 123 W COMMERCE ST ALTUS, OK 73521	JARROD LANE FERGESON 123 W COMMERCE ST ALTUS, OK 73521	GABE GILLIAM 123 W COMMERCE ST ALTUS, OK 73521	LARA FERGESON 123 W COMMERCE ST ALTUS, OK 73521	

46-4832485

ATTACHMENT 3

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CONTRIBUTIONS
AND
GRANTS
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PART
990PF.
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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MID-AMERICA ARTS ALLIANCE 2018 BALTIMORE AVENUE KANSAS CITY, MO 64108	N/A PC	FINANCIAL SUPPORT	3,085.
LONGWOOD UNIVERSITY FOUNDATION 201 HIGH STREET	N/A PC	FINANCIAL SUPPORT	10,000.
FARVILLE, VA 23909			

13,085.

TOTAL CONTRIBUTIONS PAID