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## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

	Depa Inter	artment of t	he Treasury e Service	/		rm 990 and its		-				Inspection	
				endar year, or tax year		October 1, 20		)14, and en			nber 30	, 20 15	
	<u></u> В	Check if a		C Name of organization		-		., _,,			_	er identification number	
										73-1174755			
	$\overline{\Box}$	Name cha	-	Number and street (or F	P.O. box if mail is	not delivered to	street address	) Room	/surte		E Telephone number		
	$\exists$	Initial retu	•	505 SE Dewey Ave.			·				918-336-5762		
	Ħ		/terminated		rovince, country.	and ZIP or foreig	n postal code					010-030-0702	
	$\exists$	Amended		Bartlesville, Oklaho	•	_					<b>G</b> Gross re	nceints \$	
	$\exists$		n pending						T,	l/a) le this a d		subordinates? Yes No	
		Applicatio	n benung	Trans and address of p	· ····o··par o····oc·							s included? Yes No	
<del></del>											list. (see instructions)		
	╌	Website:		E 1301(c)(3)	1 30 1(c) (	) = (((136)(110)	-/ L 494/(a)(1	) Or L 327			exemption		
	K			Corporation Trust	Association	☐ Other ▶		L Year of form		i(c) Group	T -	of legal domicile	
		art I	Summ		L] ASSOCIATION	Other -		E Teal Of Ion	nauon.		I W State	or legal domicile	
				escribe the organizat	ion's mission	or most sign	ificant activi	ities:		<del></del>	•		
	•	I .	-	nd allocations made to		_							
	2					terian Church,	Dartiesville,	OK. 10f the	ir oisu	ibution t	o minisui	es ano committees in	
	Activities & Governance			ipport of their program his box ▶ ☐ if the org		continued its	oporations	or dispose	d of m	oro than	25% of	ito not oppote	
	Š			of voting members o			•	•					
	ر مع	1		of independent votin	_							5	
	Se	1		mber of individuals e	-	_			-			0	
	Ę	1				-	-					0	
	ŧ			mber of volunteers (e related business reve							6	6	
	•	L				•					7a	0	
		Ь	vet unre	lated business taxab	ie income iro	m Form 990-	1, IIII 34	· · · · ·	<del>; :</del>	Prior Ye	7b_	Current Year	
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	E	1		itions and grants (Par							0	50	
	Revenue	1	_	service revenue (Par			· · ·		-				
	æ	1		ent income (Part VIII,			•		-	<del>.</del>	62590	66216	
(cc)	٩	L		venue (Part VIII, colur					-				
2016				enue-add lines 8 thr					+		62590	66256	
		h .		ind similar amounts p							63800	69112	
<b>60</b>		1		paid to or for member					-				
	Expenses			other compensation,				ines 5-10)					
ined war	Ë			onal fundraising fees					-				
**	ä			ndraising expenses (F									
$\bigcirc$	_	1		penses (Part IX, colu								0	
				penses. Add lines 13-							63800	69112	
3			Revenue	less expenses. Subt	tract line 181	rom line 12 .		• • •	Book	nning of Ci	-1210	-2846	
SCAM	Net Assets or Fund Balances		T-4-!	(D V l 4C)					Begi	nning of Cu		End of Year	
$\omega$	Bab	20		sets (Part X, line 16)				• • • •	-		1906167	1792127	
	te l	21		oilities (Part X, line 26	•	046							
				ets or fund balances.	Subtract line	21 from line 2	20	<u> </u>			1906167	1792127	
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	Sig		Sign	nature of officer	~ ^ ^ ~	· —	~~~	~ ~ D		Da	ne / en	(	
	He	re	<b>1</b>	<del></del>	ARDNER	\ / K	EASU	KEK_					
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	Pa	iid	Print/1	ype preparer's name	Pr	eparer's signature	3		Date		Check		
	Pr	eparei	·		L_						self-em	oloyed	
		e Only	1	name 🕨		<del></del>				Firm	n's EIN ▶	· ····	
		_	Firm's	address ►						Pho	ne no.		
	Ma	ly the IR	S discus	s this return with the	preparer sho	own above? (s	see instructi	ons)				. Yes 🗌 No	

Form **990** (2014)

Form 99	0 (2014)	Page 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u>.                                    </u>
1	Briefly describe the organization's mission:  Grants and allocations made to the First Presbyterian Church, Bartlesville, Ok. for their distribution to ministries and committee in partial support of their programs.	•
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	✓ No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$	
	in partial support of their programs.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u></u>
45	(Codd	<i>'</i> 
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program conting evenence	

Form 99	0 (2014)		F	age 3
Part	V Checklist of Required Schedules			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>√</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>√</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		✓
а				
b	complete Schedule D, Part VI	11a		✓
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>√</b>
d	· · · · · · · · · · · · · · · · ·	11c		<b>✓</b>
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b> </b> ✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<b>▼</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	-	<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>✓</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a		20a	$\vdash$	1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<b>√</b>	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		7
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		✓
	Schedule L, Part IV	28b	<u> </u>	✓
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	37		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Form **990** (2014)

Part				<del></del>
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a		105	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 1		
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		-	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١.
	account)?	4a		<b>✓</b>
b	If "Yes," enter the name of the foreign country: >			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>✓</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
_	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
·	required to file Form 8282?	7c		1
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
ā	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
9	sponsoring organization have excess business holdings at any time during the year?	8		-
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	"		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		1
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a	-	<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	·	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			<u> </u>
þ	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓_
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h		ŀ

Form 99	0 (2014)		ı	age 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ins	structi	ions.
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<u>-</u>		
р 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?.  Did the organization have members or stockholders?	4 5 6 7a		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✓_	
ь	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<b>✓</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C		
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<b>√</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	·	7
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1		<u> </u>
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	120		
13	Did the organization have a written whistleblower policy?	13		<b>√</b>
14 15	Did the organization have a written document retention and destruction policy?	14		<b>√</b>
а	The organization's CEO, Executive Director, or top management official	15a	L_ =	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangemen with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	,	L	Щ
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectionavailable for public inspection. Indicate how you made these available. Check all that apply.	on 501	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year.			/, and
20	State the name, address, and telephone number of the person who possesses the organization's books and Richard Gardner 505 SE Dewey Ave. Bartlesville, Ok. 74003 (918) 336-5762	records	:▶	

orm	990	(201	4)

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d orga	aniz			ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individual or direct	unles	Pos leck is pe	rson	than of the than the than of the than of the than the the than the the than the the than the the the than the the than the	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Bill Millis c/o FPC, 505 Dewey Ave, Bartlesville, Ok.	<2			<b>✓</b>				0	0	
(2) Richard Gardner c/o FPC, 505 Dewey Ave, Bartlesville, Ok.	<2			1				0	0	
(3) John F. Kane	<1			<b>→</b>						
c/o FPC, 505 Dewey Ave, Bartlesville, Ok. (4) Tom Birkett c/o FPC, 505 Dewey Ave, Bartlesville, Ok.	<1			<u>▼</u>				0	0	
(5) Jean Bloomfield c/o FPC, 505 Dewey Ave, Bartlesville, Ok.	<1			1				0		
(6) Rev. Hanna-Peterson Shearer c/o FPC, 505 Dewey Ave, Bartlesville, Ok. (7)	<1			✓				0	0	
(8)										
(9)										
(10)							-			
(11)									-	
(12)				_					<b>4</b>	
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees			lighes	st C	ompensated E	mployees (cont	inued)			
	(A) Name and title	(B) Average hours per	Average hours per officer and a director/trus					an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from related	ו	(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compe fror organ and r	ensation the nization related ization	n t
(15)														
(16)										-				, <u></u>
(17)					-	<u> </u>								<del> </del>
(18)					<u></u>	!								
(19)								T		<u> </u>				
(20)			<del> </del>	ļ			<del></del>	-			1			
(21)													<del></del>	
(22)								<u> </u>						
(23)														
(24)			-					ļ —						
(25)			-	$\vdash$		T					╁┈			
1b c	Sub-total	VII, Section		•	•			<b>&gt;</b>						
2	Total number of individuals (including bu reportable compensation from the organ	t not limited	d to th				above	e) w	ho received m	ore than \$100,0	00 of			
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest compensat	ed [	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual													
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c								zation or individ	í	5		1
Section	on B. Independent Contractors										<u></u>	<u> </u>		
1	Complete this table for your five highest compensation from the organization. Reyear.													ax
	(A) Name and business add	dress							(B) Description of s	services	Con	(C) npens	ation	
						•		$\vdash$						
											•			
2	Total number of independent contractor received more than \$100,000 of compen							o th	hose listed ab None	ove) who	•			
				<u> </u>					HOHE		<del></del>	Forr	n <b>99</b> 0	2014

Part	VIII	Statement of Revenue			<del></del>	
	., <u>-</u> .	Check if Schedule O contains a response or note t	to any line in this (A) Total revenue	Part VIII  (B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f: \$		revenue		512-514
<u>8</u> E	h	<b>Total.</b> Add lines 1a–1f ▶	50			
Program Service Revenue	2a b c d	Business Code				
grai	f	All other program service revenue .	<del></del>		<del>                                     </del>	
Po	g	Total. Add lines 2a–2f	1		d	<del>. L </del>
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	66216			
			-  1			
	6a b c d 7a	Gross rents  Less: rental expenses Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of assets other than inventory	-			
	c d	Less: cost or other basis and sales expenses .  Gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18				
Ę.	h	·	-			
δ	c 9a	Net income or (loss) from fundraising events . Gross income from gaming activities.	_			
	b	See Part IV, line 19 a  Less: direct expenses b  Net income or (loss) from gaming activities ▶	-			
	10a	Gross sales of inventory, less returns and allowances a				
	b c	Less: cost of goods sold b  Net income or (loss) from sales of inventory ▶  Miscellaneous Revenue Business Code				
	11a	· · · · · · · · · · · · · · · · · · ·	┥			-
	1				+	
	b		-		<del> </del>	
	d	All other revenue	1		+	<del>                                     </del>
	e	Total. Add lines 11a–11d	<del>                                     </del>		<del>                                     </del>	
	12	Total revenue. See instructions	66366		<del> </del>	

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	( <b>D)</b> Fundraising					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	69112	avhenses	general expenses	expenses					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	09112								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
<b>4</b> 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees									
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7 8	Other salaries and wages									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):									
a	Management									
b	Legal									
d	Lobbying				· · · · · · · · · · · · · · · · · · ·					
. е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion				-					
13	Office expenses									
14	Information technology									
15	Royalties		<u> </u>							
16 17	Occupancy									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .									
23	Insurance									
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а			·							
b										
C		ļ								
d	All other expenses	<b> </b>								
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	69112	<del>.</del>							
26	Joint costs. Complete this line only if the	03112								
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)									

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pal	tX <u></u>		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	3455	2	3510
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
52		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	•	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	····
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	1902712	11	1788617
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1906167	16	1792127
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	<u> </u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ā		disqualified persons. Complete Part II of Schedule L		22	
Ï	23	Secured mortgages and notes payable to unrelated third parties	,	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
88		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ã	27	Unrestricted net assets		27	-
3af	28	Temporarily restricted net assets		28	
豆	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
8	30	Capital stock or trust principal, or current funds	1906167	30	1792127
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	1102121
As	32	Retained earnings, endowment, accumulated income, or other funds .	<u> </u>	32	
ξ	33	Total net assets or fund balances	1906167	33	1792127
_	34	Total liabilities and net assets/fund balances	1906167		1792127
					Form <b>990</b> (2014)

Form 99	90 (2014)			P£	ige 12
Part	XI Reconciliation of Net Assets				<del></del>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	·- <u>-</u>		<u> </u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			69112
3	Revenue less expenses. Subtract line 2 from line 1	3			-2846
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			06167
5	Net unrealized gains (losses) on investments	5			1,194)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		-		
	33, column (B))	10		17	92127
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				∞ ☑
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	olled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		į		
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ŀ		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight/			
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c	İ	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			· · · · · ·
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set		] -	-	
	the Single Audit Act and OMB Circular A-133?		3a		1

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

3b

Form **990** (2014)

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the	organization					Employer identification	number
First Pres	byterian Church Foundation					73-11	
Part I	Reason for Public Char						ns.
•	nization is not a private foundat		•	-	-	*	
	A church, convention of church			bed in <b>se</b>	ction 17	0(b)(1)(A)(i).	
	A school described in <b>section</b>			<b></b>	4500.14	\/A\/!!!\	
	A hospital or a cooperative hos A medical research organizatio						TII) Futortho
_ h	nospital's name, city, and state	:					
	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
7 🗆	A federal, state, or local govern An organization that normally i described in <b>section 170(b)(1)</b> (	receives a subst	tantial part of its supp				the general public
8 🗆 A	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
r	An organization that normally a receipts from activities related support from gross investment acquired by the organization af	to its exempt to t income and	functions—subject to unrelated business t	certain axable ii	exception ncome (l	ns, and (2) no more	than 331/3% of its
10 🗆 🗸	An organization organized and	operated exclus	sively to test for public	safety. S	See <b>sect</b> l	on 509(a)(4).	
	An organization organized and one or more publicly supported the box in lines 11a through 11c	organizations de	escribed in section 50	09(a)(1) o	section	509(a)(2). See secti	on 509(a)(3). Check
a [	Type I. A supporting organization supported organization organization. You must com	the power to re	gularly appoint or ele				
b [	Type II. A supporting organiz control or management of the organization(s). You must co	supporting org	anızatıon vested in th			•	, , ,
с 🗀	Type III functionally integra its supported organization(s)						y integrated with,
d [	Type III non-functionally int that is not functionally integra requirement (see instructions	ated. The organiz	zation generally must	satisfy a	distributi	on requirement and	• ' '
e [	Check this box if the organization functionally integrated, or Type	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III
f En	nter the number of supported o	rganizations .					
g Pr	ovide the following information	about the supp	orted organization(s).				
(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		:	(see instructions))	Yes	No		
(A)			<u> </u>				
(B)							
(C)							
(D)							
(E)							
Total					l	Į.	

Part	(Complete only if you checked the Part III. If the organization fails to	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Secti	on A. Public Support	quality unde	si tile tests lis	sted below, p	lease comple	e rait iii.)	
	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(0) 2011	(0) 2012	(4) 2010	(0, 20	(i) Fotal
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support			1			
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4			<del> </del>			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			<u></u>			
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the			•	•		`````
Saati	organization, check this box and stop her on C. Computation of Public Suppor		· · · · ·	<u> </u>	<del></del>		
14	Public support percentage for 2014 (line 6			(1 column (f))		14	%
15 16a	Public support percentage from 2013 Sch 331/a% support test—2014. If the organiz	edule A, Part ation did not	II, line 14 . check the box	on line 13, an	 d line 14 is 33¹	15 /3% or more, o	% check this
	box and stop here. The organization qual	· ·	• • •	-			
b	331/a% support test—2013. If the organicheck this box and stop here. The organi					9 15 is 33 <sup>1</sup> /3%	or more, ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	ets the "facts-	and-circumsta	ances" test, ch	eck this box ar	nd <b>stop here.</b> I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	ion meets the eets the	e "facts-and-c	ircumstances" stances" test. T	test, check th	nis box and st	i, and line top here. a publicly
18	Private foundation. If the organization die				 a, or 17b, chec	k this box and	► ∟ see

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

0	if the organization rails to quality	unuer the te	solo lioted Del	ow, please co	ompiete Part	11.)	
	on A. Public Support	(-) 6010	0.3.0044	(-) 6010	(-D-0040	4-1 004 4	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						1
2	Gross receipts from admissions, merchandise						
~	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose		<b></b>				
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		ļ		ļ		
4	Tax revenues levied for the			1			
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						1
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3		i				1
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b		ļ				
8	Public support (Subtract line 7c from						
	line 6.)						<u> </u>
	on B. Total Support				· · · · · · · · · · · · · · · · · · ·		
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			1			
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether					İ	
	or not the business is regularly carried on		<u></u>	<u></u>	1	<u></u>	
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)		1	<u> </u>	<u> </u>		1
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>		1		
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re		<u></u>	<u> </u>	<u>.</u>	▶ □
Secti	on C. Computation of Public Suppor	rt Percentag	<b>3</b> e				
15	Public support percentage for 2014 (line	B, column (f) c	livided by line 1	13, column (f))		15	%
16	Public support percentage from 2013 Scl	<u>nedule A,</u> Part	III, line 15	<u></u>	<u></u>	16	%
Secti	ion D. Computation of Investment In						
17	Investment income percentage for 2014 (			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2013		• •	-		18	%
19a	331/3% support tests-2014. If the organ					nore than 331/3	
-	17 is not more than 331/23%, check this box						
ь	331/3% support tests - 2013. If the organiz		•	-		-	_
_	tine 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	-	_	•			•••

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A	au2 IIA .	porting Organizations	

ecti	on A. All Supporting Organizations		·	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1_	:	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		,
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		-
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			<del></del>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		ļ
	A family member of a person described in (a) above?	11b	ļ	ļ
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	<u> </u>
Secti	on B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	ļ	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			l
	supervised, or controlled the supporting organization.	2	<u> </u>	<u>l</u>
Secti	on C. Type II Supporting Organizations		154	
	Marine and the state of the sta		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>	<u> </u>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
а	☑ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	0		
2	•	2b	<del> </del>	
3 a	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? Provide details in <b>Part VI.</b>	За		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part		3) Supporting Organ	zations (continued)	· · · · · · · · · · · · · · · · · · ·
	lon D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
<u>3</u>	Administrative expenses paid to accomplish exempt purp Amounts paid to acquire exempt-use assets	inizations		
<del>- 4</del>	Qualified set-aside amounts (prior IRS approval required)		<del> </del>	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.		· · · · · · · · · · · · · · · · · · ·	 
<del></del> 7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the everywation is yes	nonch/o	
U	(provide details in <b>Part VI</b> ). See instructions.	on the organization is res	phousing	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			<u> </u>
			(ii)	(ili)
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)	<u></u>		
3	Excess distributions carryover, if any, to 2014:		· · · · · · · · · · · · · · · · · · ·	
a				
<u>b</u>				
c				
<u>u</u>	From 2013			
<del></del>	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
ī	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h		<u> </u>	
•	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b			· · · · · · · · · · · · · · · · · · ·	
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (F	orm 990 or 990-EZ) 2014 Page	ď
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)	

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

First Presbyterian Church Foundation

Part I

Open to Public Inspection

73-1174755

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Schedule I (Form 990) (2014) **%**□ (h) Purpose of grant or assistance Support Ministries ✓ Yes (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . (e) Amount of non-cash assistance (book, FMV, appraisa), other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 69112 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. Church 73-1174755 (b) EIN 1 (a) Name and address of organization 505 Dewey Ave, Bartlesville, Ok. (1) First Presbyterian Church (2) 74003-3513 Part II N N € Ε (E) (12) (6) 9 € O 9

Part III	Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	mestic Individua space is needec	als. Complete if the	organization answ	<b>uals.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 22. ed.	art IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV	Supplemental Information. Provide the information		equired in Part I, lin	ie 2, Part III, column	required in Part I, line 2, Part III, column (b), and any other additional information.	nal information.
Grants and	Grants and allocations made to First Presbyterian Church, Bartlesville, Ok. for their distribution to ministries and committees in partial support of their programs.	η, Bartlesville, Ok. f	or their distribution to	ministries and commit	tees in partial support of their	programs.
The Found	The Foundation distributes to a total of 20 ministries and committees.	committees.				
1						
		• • • • • • • • • • • • • • • • • • •				
						Schedule I (Form 990) (2014)
•						

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization	Employer identification number
First Presbyterian Church Foundation	73-1174755
Part VI Scetion C. Disclosures; Line 19: No documents available to public	
Part VII Section A. Officers, Directors: Line 3: John F. Kane passed away during fiscal year.	
Part XI. Line 5. Change in market value due to market conditions.	
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Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
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