

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF** 

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.

Department of the Treasury Internal Revenue Service

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

For	calendar year 2015 or tax year beginning JUN	1, 2015	, and ending	MAY 31, 201	6
Na	ame of foundation			A Employer identification	on number
ŋ	THE GUTERMAN FAMILY FOUNDA	TION		73-141606	3
Nu	imber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_4	4157 SOUTH HARVARD AVENUE		100	(918)742-	6201
	ty or town, state or province, country, and ZIP or foreign por ${ t FULSA}$ , ${ t OK}$ ${ t 74135}$	ostal code		C if exemption application is	pending, check here
	Check all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	ns, check here
	Final return	Amended return	, ,		
	Address change	Name change		Foreign organizations in check here and attach or	neeting the 85% test, computation
₹ H	Check type of organization: X Section 501(c)(3) exi	empt private foundation		E If private foundation st	tatus was terminated
ਭੂ H ਹੁੰ	Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	under section 507(b)(	
	air market value of all assets at end of year 🛭 J 🛮 Accountin	ng method: X Cash	Accrual	F If the foundation is in a	a 60-month termination
		ner (specify)		under section 507(b)(	1)(B), check here
	\$ 2,659,674. (Part I, colur	nn (d) must be on cash i	basis)	<u> </u>	<del></del>
<u> P</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	10,000.		N/A	
:	2 Check If the foundation is not required to attach Sch B	- <u> </u>			
	3 Interest on savings and temporary cash investments				<u> </u>
) )	4 Dividends and interest from securities	83,084.	83,084.	·	STATEMENT 1
	5a Gross rents			<del></del>	
	b Net rental income or (loss)	40 636	<del></del>	<del> </del>	<del> </del>
ē	6a Net gain or (loss) from sale of a sets not on line 70 - 1 Gross sales price for all	40,636.			<del> </del>
Revenue	7 Capital gain net income (from Part IV, line 2)	S	40,636	<del> </del>	
æ	8 Net short-term capital gain AN \$0 2017		40,030	<u> </u>	<del></del>
			<del></del>	<del> </del>	
	10a and allowances		<del></del>	<u> </u>	<del></del>
	b Less Cost of goods sold	<b></b>		<u> </u>	
	c Gross profit or (loss)				
	11 Other income		-113.		STATEMENT 2
	12 Total. Add lines 1 through 11	133,607.	123,607		
	13 Compensation of officers, directors, trustees, etc	0.	0.	<u> </u>	0.
	14 Other employee salaries and wages			ļ	<del> </del>
S	15 Pension plans, employee benefits	<del>-</del>		<del> </del>	
nse.	16a Legal fees			<del></del>	<u> </u>
ž	b Accounting fees c Other professional fees	<del></del>			<del> </del>
e E	17 Interest		<del></del>		<del> </del>
ati	18 Taxes STMT 3	256.	256.	<del> </del>	0.
ist	19 Depreciation and depletion		· <del></del>		
Ē	20 Occupancy				
¥	21 Travel, conferences, and meetings				
and	22 Printing and publications				
2	23 Other expenses STMT 4	478.	239.		239.
rati	24 Total operating and administrative				
Operating and Administrative Expense	expenses. Add lines 13 through 23	734.	495.	<del></del>	239.
	25 Contributions, girls, grants paid	137,400.	<del></del>		137,400.
	26 Total expenses and disbursements.	120 124	405		127 (20
-	Add lines 24 and 25 27 Subtract line 26 from line 12:	138,134.	495.		137,639.
	)	-4,527.			
	Excess of revenue over expenses and disbursements     Net investment income (if negative, enter -0-)	±1241.	123,112.	<del> </del>	+
	C. Adjusted net income (if negative, enter -0-)			N/A	<del></del>

D	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of )	
	ai t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	64,336.	39,928.	<u>39,928.</u>
	2	Savings and temporary cash investments			
	3	Accounts receivable >			
	l	Less; allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	1	disqualified persons	1		
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶	]		
Ŋ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	_	Investments - U.S. and state government obligations			
	1	Investments - corporate stock STMT 5	1,506,658.	1,505,829.	2,310,919.
	1	Investments - corporate bonds STMT 6	16,226.	15,457.	1,937.
	1	Investments - land, buildings, and equipment basis	10,220.	13,437.	<u> </u>
	١.,	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 7	43,713.	65,192.	306,890.
	1	Land, buildings, and equipment: basis	43,713.	03,172.	300,030.
	'-	Less accumulated depreciation			
	15	Other assets (describe >	<del></del>	<del></del>	
	1	Total assets (to be completed by all filers - see the	<del></del>		
	סי	instructions. Also, see page 1, item 1)	1,630,933.	1,626,406.	2,659,674.
_	47	Accounts payable and accrued expenses	1,030,933.	1,020,400.	2,039,074.
	18	Grants payable	<del></del>		
	į.	Deferred revenue	<del></del>	<del></del>	
Liabilities	19		<u> </u>		
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
Ë	21	Mortgages and other notes payable	<del></del>		
	22	Other liabilities (describe )			
		T Add California (add loans 47 through 00)		0	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
ë		and complete lines 24 through 26 and lines 30 and 31.	<b> </b>		
ဋ		Unrestricted			
ala	25	Temporarily restricted			
8	26	Permanently restricted	<del> </del>		
Net Assets or Fund Balanc		Foundations that do not follow SFAS 117, check here			
2		and complete lines 27 through 31.			
ts	27	Capital stock, trust principal, or current funds	0.	0.	
SSE	l	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ϋ́		Retained earnings, accumulated income, endowment, or other funds	1,630,933.	1,626,406.	
ž	30	Total net assets or fund balances	1,630,933.	1,626,406.	
	[	İ			
_	31	Total liabilities and net assets/fund balances	1,630,933.	1,626,406.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
_				<del></del>	
		net assets or fund balances at beginning of year - Part II, column (a), line	JU		1 (20 022
	•	t agree with end-of-year figure reported on prior year's return)		1	1,630,933.
		amount from Part I, line 27a		2	-4,527.
		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	1,626,406.
		eases not included in line 2 (itemize)		5	0.
<u>6</u>	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		1,626,406.
					Form <b>990-PF</b> (2015)

THE GUTERMAN FAMILY FOUNDATION

73-1416063

Page 2

F	Part IV   Capital Gains and	d Losses for Tax on In	vestmen	t Income						
	• (a) List and describe 2-story brick wareh	the kind(s) of property sold (e.gouse; or common stock, 200 sha	., real estate, s. MLC Co.)		`P-P	v acquired urchase ionation	(c) Date ac (mo., day	equired y, yr.)	(d) Date sold (mo., day, yr.)	
1a	BEST BUY					P	01/12	1/06	11/17/15	
_	WESTERN UN CO					_ P	01/12		11/17/15	
_	AMDOCS LIMITED					P	01/12		05/24/16	
_d	APPLIED MATERIAL	INC				P	01/12	:/06	05/24/16	
<u>e</u>	·		T						<u> </u>	
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		<del></del> _		n or (loss (f) minus (	(g)	
_a			ļ. <u> </u>	19,87					7,755.	
_ <u>b</u>	<del></del>	<del></del>		11,81				154		
			<del> </del> -	21,27					24,233.	
d		<del></del>	ļ	24,23	0.	<del></del>	<del></del>		8,494.	
_ <u>e</u>	Complete only for assets showing ga	our in column (h) and award by	the foundation	on 12/21/60	$\dashv$					
-	Complete only for assets showing ga	<del></del>					) Gains (Co . (k), but no			
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		col. (j), if any			Losses (f	from col. (	(h))	
_ a		· . · · · · · · · · · · · · · · · · · ·							7,755.	
_ <u>b</u>		<del></del>	<u> </u>	<del></del>					154.	
		· · · · · · · · · · · · · · · · · · ·	<u> </u>						24,233.	
_ <u>d</u>	<u> </u>		<del></del>						8,494.	
_ <u>e</u>	·	<del></del>	L		_	<del></del>				
2	Capital gain net income or (net capita	I loss) $\begin{cases} & \text{If gain, also enter} \\ & \text{If (loss), enter -0-} \end{cases}$	r in Part I, line - in Part I, line	7 : 7	} \ _2				40,636.	
3	Net short-term capital gain or (loss) a									
•	If gain, also enter in Part I, line 8, colu		(5).		)	1				
_	If (loss), enter -0- in Part I, line 8				<u> </u>			N/A	·	
L	Part V   Qualification Und	er Section 4940(e) for	Reduced	Tax on Net	Inves	tment Inc	ome			
(Fo	or optional use by domestic private fou	indations subject to the section 4	4940(a) tax or	net investment inc	come.)					
lf s	section 4940(d)(2) applies, leave this p	art blank.								
	. , , , , , , , , , , , , , , , , , , ,								m., тът.,	
	as the foundation liable for the section			•	007				Yes X No	
<u>'''</u> 1	Yes," the foundation does not qualify u Enter the appropriate amount in each				itries					
÷	(a)	(b)	1041 0041 0110 00	lore making any on	(c)		-		(d)	
	Base periód years Calendar year (or tax year beginning ir	Admoted analytical dist	tributions	Net value of non		ole-use assets	1 (0		oution ratio rided by col. (c))	
	2014		3,526.		2.6	88,956			.042219	
	2013		7,335.	<del> </del>	$\frac{2}{2}$	62,227	· • • • • • • • • • • • • • • • • • • •		.032738	
	2012		7,236.			68,769			.034151	
_	2011		4,333.		1,8	10,768			.041051	
	2010		5,750.			96,821			.032856	
2	Total of line 1, column (d)						2		.183015	
3	Average distribution ratio for the 5-ye	ar base period - divide the total o	on line 2 by 5,	or by the number of	of years		1 1			
	the foundation has been in existence	f less than 5 years					3		.036603	
							- {			
4	Enter the net value of noncharitable-u	se assets for 2015 from Part X, I	line 5				4		<u>2,559,991.</u>	
5	Multiply line 4 by line 3						5		93,703.	
							1		4 004	
6	Enter 1% of net investment income (1	% of Part I, line 27b)					6		1,231.	
_									04 004	
7	Add lines 5 and 6						7		94,934.	
8	Enter qualifying distributions from Pa	rt XII, line 4					8		137,639.	
	If line 8 is equal to or greater than line		1h, and comp	olete that nart using	1 a 1% t	ax rate				
	See the Part VI instructions	, 5.1551 516 557 117 417 417	. J, and ourne	mat part using	, a , / 0 Li	an rate.				

	1990-PF (2015) THE GUTERMAN FAMILY FOUNDATION	<u>73-</u>	<u>1416</u>	<u>063</u>		<u>Page 4</u>
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	see II	nstru	ctior	<u>15)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	, ,				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	1			1,2	<u>31.</u>
	of Part I, line 27b	Ì				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u>0.</u>
3	Add lines 1 and 2	3_			1,2	<u>31.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			1,2	<u>31.</u>
6	Credits/Payments:	1				
a	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 2,217.					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)  6c 4,000.					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	7			<u>6,2</u>	<u> 17.</u>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			<u>4,9</u>	<u>86.</u>
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	11				<u>0.</u>
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	
	any political campaign?			1a		_X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition			1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or				
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. $\blacktriangleright$ \$ (2) On foundation managers. $\blacktriangleright$ \$ 0 .				{	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$0.			i (		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		_X_
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4 <u>a</u>		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u>X</u>
_	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			iii		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	aw			37	
_	remain in the governing instrument?			6	X	
1	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	<b>,</b>		7	<u>X</u>	
	Catastha state to which the foundation will be a supplied to the state of the state					1
88	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	OK					
0	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				v	
0	of each state as required by General Instruction G? If "No," attach explanation	ndor		<u>8b</u>	<u>X</u>	
9		iiudi		,		¥
10	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV  Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their pages and addresses.	тмт	Ω	10	X	<u>X</u> .
	LANGULA PROMOTO DELLA PORTURA DELLA PER LA PERPENDICION DEL PER LA PERPENDICION DEL PERP		u		41	

Page 5

Pa	int VII-A Statements Regarding Activities (continued)			
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		_X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ DANIEL GUTERMAN Telephone no. ▶918-74		<u> 201</u>	
	Located at ► 4157 S HARVARD AVE., SUITE 100, TULSA, OK ZIP+4 ►74	<u> 135</u>		<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			· []
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A_	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		_X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country	<u> </u>		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		'	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			l
	(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)?		! !	
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	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			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2015?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2015?	Ì		
	If "Yes," list the years $\blacktriangleright$			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	}		
	statement - see instructions.)  N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2015 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			ı
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2015.)  N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b_		X
		rm <b>99</b> 0	)-PF	

orm 990-PF (2015) THE GUTERMAN FAMILY FOUN		<del> </del>	<u>73-14160</u>	<u>63 Pa</u>	ge <b>6</b>
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y6	s X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir	ectly,		1 1	
any voter registration drive?		Y6	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	37	Y6	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization			-	1 1	
4945(d)(4)(A)? (see instructions)		□ Y€	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational purposes, or i				
the prevention of cruelty to children or animals?	, , , , , , , ,		es 🗓 No	1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the excentions described		, ,	- {	
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	iii riogalationo	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check l	•			<del>-</del>	
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption f		unad		} }	
expenditure responsibility for the grant?		7/A 🗀 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.494		1/A1	35 NU		
	• •			}	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?	μαγ μισιπιστης στι		es X No		
·	navanal hanafit aantraat0	16	1	,,	v
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	bersonal benefit contract?		<u> </u>	6b	<u>X</u>
If "Yes" to 6b, file Form 8870.		<u> </u>	<b>□</b>		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib  Part VIII Information About Officers, Directors, Trust				7b ]	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Higni	У		
List all officers, directors, trustees, foundation managers and their	componentian				
Elst all officers, all colors, a astees, foundation managers and their	<del></del> _	(c) Compensation	(d) Contributions to	(a) Eypan	
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expen	ther
· · · · · · · · · · · · · · · · · · ·	to position	enter -0-)	and deferred compensation	allowanc	<u>es</u>
HARRY GUTERMAN	TRUSTEE		[		
4157 S HARVARD AVE., SUITE 100			[ _		_
TULSA, OK 74135	0.00	0.	0.		<u>0.</u>
MICHAEL GUTERMAN	TRUSTEE				
1157 S HARVARD AVE., SUITE 100			_		
FULSA, OK 74135	0.00	0.	0.		<u>0.</u>
DANIEL GUTERMAN	TRUSTEE	}			
1157 S HARVARD AVE., SUITE 100			ŀ		
rulsa, ok 74135	0.00	0.	0.		0.
			İ		
		<u> </u>			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."	( D		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expenacçount, o	se ther
(a) name and address of sach only 55 paid more than \$55,555	devoted to position	(C) Compensation	and deterred compensation	allowance	es
NONE					
		}			
		,		-	
	1				
		1	<del> </del>		
		1			
Total number of other employees paid over \$50,000	<u> </u>	<u> </u>	<u> </u>		0
- Star		- <u>-</u>	Form	990-PF (2	
			1 0(11)	OOO 1 1 (2)	010)

	<u>3-14160</u>	63 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. 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		0
Part IX-A Summary of Direct Charitable Activities		<u>~</u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	E	xpenses
1 N/A		
·		
2		
3		
	4	
<del></del>		<del></del>
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		
All of the second of the secon		
All other program-related investments. See instructions.	ĺ	
3		
Total. Add lines 1 through 3	<b>-</b>	0.
	Form	990-PF (2015)

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	2,573,108.
b	Average of monthly cash balances	1b	2,573,108. 107,933.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,681,041.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
•	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,681,041.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) STMT 9	4	121,050.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,559,991.
6	Minimum investment return. Enter 5% of line 5	6	128,000.
P	art XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations ar	nd certain	
	foreign organizations check here   and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	128,000.
2a	Tax on investment income for 2015 from Part VI, line 5		· · · · · · · · · · · · · · · · · · ·
b	Income tax for 2015. (This does not include the tax from Part VI.)	]	
C	Add lines 2a and 2b	2c	1,231.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	126,769.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	126,769.
6	Deduction from distributable amount (see instructions)	_ 6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	126,769.
<u>P</u>	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	[	_
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u>137,639.</u>
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	137,639.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	1,231.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	136,408.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for	the section

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

Corpus Years prior to 2014 2015  1 Distributable amount for 2015 from Part XI, line 7  2 Undistributed income, if any, as of the end of 2015 a Enter amount for 2014 only b Total for prior years:	59.
line 7  2 Undistributed income, if any, as of the end of 2015 a Enter amount for 2014 only b Total for prior years:	59.
2 Undistributed income, if any, as of the end of 2015 a Enter amount for 2014 only b Total for prior years:  3 Excess distributions carryover, if any, to 2015: a From 2010 b From 2011 c From 2012 d From 2013	
a Enter amount for 2014 only b Total for prior years:  Cocases distributions carryover, if any, to 2015: a From 2010 b From 2011 c From 2012 d From 2013	
b Total for prior years:  7  8 Excess distributions carryover, if any, to 2015:  a From 2010 b From 2011 c From 2012 d From 2013	
3 Excess distributions carryover, if any, to 2015: a From 2010 b From 2011 c From 2012 d From 2013	
3 Excess distributions carryover, if any, to 2015: a From 2010 b From 2011 c From 2012 d From 2013	
a From 2010 b From 2011 c From 2012 d From 2013	
b From 2011 c From 2012 d From 2013	
d From 2013	
f Total of lines 3a through e 0.	
4 Qualifying distributions for 2015 from	
Part XII, line 4: ► \$ 137,639.	
a Applied to 2014, but not more than line 2a	
b Applied to undistributed income of prior	
years (Election required - see instructions)	
c Treated as distributions out of corpus	
(Election required - see instructions) 0.	
d Applied to 2015 distributable amount	56.
e Remaining amount distributed out of corpus 0.	
5 Excess distributions carryover applied to 2015 0 .	0.
(If an amount appears in column (d), the same amount must be shown in column (a))	
6 Enter the net total of each column as indicated below:	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	
b 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 O.	
d Subtract line 6c from line 6b. Taxable	
amount - see instructions	
e Undistributed income for 2014. Subtract line	
4a from line 2a. Taxable amount - see instr.	
f Undistributed income for 2015. Subtract	
lines 4d and 5 from line 1. This amount must	
be distributed in 2016 120, 81	13.
7 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)	
8 Excess distributions carryover from 2010	
not applied on line 5 or line 7	
9 Excess distributions carryover to 2016.	
Subtract lines 7 and 8 from line 6a 0 .	
10 Analysis of line 9:	
a Excess from 2011	
b Excess from 2012	
c Excess from 2013	
d Excess from 2014	
e Excess from 2015	

stion 9) N/A  4942(j)(3) or  ior 3 years (c) 2013 (d) 20	4942(j)(5) 12 (e) Total
ior 3 years	
ior 3 years	
ior 3 years	
	12 (e) Total
	· ·
	<del></del>
l l	-
}	
foundation had \$5,00	0 or more in assets
received by the foundation befo	ore the close of any tax
,	,
ually large portion of the owners	ship of a partnership or
	The state of the s
	licited requests for funds. If
<del></del>	<del></del>
Troute by additional.	
lude:	
institutions, or other factors:	
s s	s received by the foundation before qually large portion of the owners s: ations and does not accept unsolver conditions, complete items 2: should be addressed:

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid dunng the year ALZHEIMER'S ASSOCIATION NONE HEALTH SERVICES -225 N. MICHIGAN AVE., FL 17 GENERAL FUND CHICAGO IL 60601 3,000. NONE AMERICAN CANCER SOCIETY PC HEALTH SERVICES -HIGH PLAINS DIVISION, 1100 GENERAL FUND PENNSYLVANIA AVE. KANSAS CITY, MO 1,500. AMERICAN HEART ASSOCIATION NONE ÞС HEALTH SERVICES -2227 E. SKELLY DR. GENERAL FUND TULSA OK 74105 1,500. NONE C.O.R.E. ÞС SOCIAL SERVICES 9482 E. 500 RD CLAREMORE, OK 74019 3\_000. CONGREGATION B'NAI EMUNAH NONE PC SOCIAL SERVICES 1719 S. OWASSO AVE. TULSA OK 74120 7.500. SEE CONTINUATION SHEET(S) Total ▶ 3a 137 400. b Approved for future payment NONE Total

# Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
c	_				
d	-				
e	-				
g Fees and contracts from government agencies	-				
2 Membership dues and assessments				<del></del>	
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	83,084.	
5 Net rental income or (loss) from real estate:					<del></del>
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income		<del></del>	14	-113.	
8 Gain or (loss) from sales of assets other	{				
than inventory			18	40,636.	
9 Net income or (loss) from special events		<del></del>			
10 Gross profit or (loss) from sales of inventory	<del>                                     </del>	<del></del>	-++		
11 Other revenue:					
ab	-				
·					
c	1 1				
e	- <del>    -</del>	<del></del>			
12 Subtotal. Add columns (b), (d), and (e)		C	).	123,607.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions to verify calculations.)				·	
Part XVI-B Relationship of Activities	to the Accom	plishment of	Exempt Pu	ırposes	
Line No. Explain below how each activity for which inc	ome is reported in c	olumn (e) of Part XV	I-A contributed	importantly to the accomp	olishment of
the foundation's exempt purposes (other than					
N/A					·
				<del></del>	
				<del></del>	<del></del>
		<del></del>	<del></del>	<del></del>	
			<del></del>		
				<del></del>	
	<del></del>		<del></del>	····	<del></del>
	<del></del>	<del></del>			

73-1416063 Form 990-PF (2015) THE GUTERMAN FAMILY FOUNDATION Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) (2) Other assets 1a(2) X b Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) X (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements X 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes 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 N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr )? Sign TRUSTEE X Yes Signature of officer or trustee Title Date Print/Type preparer's name Date Check [ Preparer's signature

Here

	ROBIN			ROBII	
Preparer	Firm's name	► WYATT	&	COMPANY,	INC
Use Only					

firm's address ▶ 6846 S. TRENTON AVE. TULSA, OK 74136

self- employed

P00240680

Firm's EIN  $\triangleright 73 - 1026851$ 

(918) 488-0311 Phone no.

Form 990-PF (2015)

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
. Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		<u> </u>
CONGREGATION B'NAI EMUNAH-ALTAMONT BAKERY	NONE	₽C	SOCIAL SERVICES	
1719 S. OWASSO AVE.				
TULSA, OK 74120				3,000.
FRIENDS OF AKIM USA 633 THIRD AVENUE, 21ST FLOOR NEW YORK, NY 10017	NONE	PC	GENERAL FUND	5,000.
		1		
GOODWILL INDUSTRIES 2800 SOUTHWEST BLVD TULSA OK 74107	none	PC	SOCIAL SERVICES	600,
TODDA, OK 74107	<del>                                     </del>	<del> </del>	<del>                                     </del>	- 500.
HADASSAH 40 WALL STREET	NONE	₽C	GENERAL FUND	
NEW YORK, NY 10005				5,000.
HILLEL FOUNDATION FOR JEWISH CAMPUS	NONE	PC	EDUCATION	
800 EIGHTH ST NW				1 000
WASHINGTON, DC 20001	<del> </del>		<del> </del>	1,000,
JEWISH FEDERATION OF PALM BEACH COUNTY 4601 COMMUNITY DRIVE	NONE	₽C	SOCIAL SERVICES	
WEST PALM BEACH, FL 33417			·	40,000.
JEWISH FEDERATION OF TULSA 2021 E. 71ST ST.	NONE	PC	SOCIAL SERVICES	
TULSA, OK 74136		ļ		40,000.
JEWISH NATIONAL FUND	NONE	PC	GENERAL FUND	
42 E. 69TH ST	HONE		GENERAL FOND	
NEW YORK, NY 10021				3,000,
MD ANDERSON CANCER CENTER	NONE	₽C	RESEARCH MEDICAL	
P.O. BOX 4464 HOUSTON TX 77210				1 500
MODELON, TA //AIU	+			1,500.
MEALS ON WHEELS OF TULSA	NONE	PC	SOCIAL SERVICES	
12620 E. 31ST ST.				
TULSA OK 74146		<u> </u>	<del></del>	2,000.
Total from continuation sheets	<del></del>		<del></del>	120,900.

Part XV Supplementary Information				<del>,</del>
3 Grants and Contributions Paid During the			· <sub>+</sub>	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	oonaloguon	
·		ł		}
MIZEL JEWISH COMMUNITY DAY SCHOOL	NONE	PC	EDUCATION	<u> </u>
2021 E. 71ST STREET	10112		BECKTION	}
TULSA, OK 74136	<del> </del>	ļ		6,000.
				}
TEMPLE ISRAEL	NONE	PC	SOCIAL SERVICES	
2004 E. 22ND PL.				
TULSA, OK 74114		ļ	<u> </u>	4,000.
		}		}
TULSA COMMUNITY FOOD BANK	NONE	PC	SOCIAL SERVICES	
1304 N. KENOSHA AVE.				1
TULSA, OK 74106	<del></del>	ļ	ļ	1,500.
				Ì
US HOLOCAUST MEMORIAL	NONE	PC	GENERAL FUND	ĺ
100 RAOUL WALLENBERG PL, SW				ĺ
WASHINGTON, DC 20024	<del></del>	<del> </del>	<del> </del>	4,000.
USC SHOAH FOUNDATION	NONE	PC	EDUCATION	
650 WEST 35TH ST, STE 114				}
LOS ANGELES, CA 90089	<del> </del>	<del> </del>	<del> </del>	4,000.
				1
WPBT2-CHANNEL 2	NONE	PC	EDUCATION	į.
P.O. BOX 610002				i
MIAMI, FL 33261	<del> </del>	<del> </del>	<del> </del>	300.
		ŀ		
				}
	<del>                                     </del>	<del> </del>	<del> </del>	
	<b>)</b>	]		
		Ì		
	<del> </del>	<del>                                     </del>	<del>                                     </del>	<del> </del>
				i
				{
				(
	<del> </del>		<del> </del>	
Total from continuation sheets	<del></del>	<del></del>	<del> </del>	<del> </del>

### Schedule B

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

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

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

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

OMB No 1545-004

2015

Name of the organization Employer identification number GUTERMAN FAMILY FOUNDATION 73-1416063 Organization type (check one): Filers of: Section: 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 Form 990-PF X 501(c)(3) exempt private foundation 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 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 for 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 totaling \$5,000 or more during the year 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

### THE GUTERMAN FAMILY FOUNDATION

73-1416063

Part I	.Contributors (see instructions) Use duplicate copies of Part I if add	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL GUTERMAN 4157 S. HARVARD AVE., SUITE 100 TULSA, OK 74135	\$10,000.	Person X Payroll
(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 Payroli 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)

Employer identification number

## THE GUTERMAN FAMILY FOUNDATION

73-1416063

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization Employer identification number THE GUTERMAN FAMILY FOUNDATION 73-1416063 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this into once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	S AND INTE	REST	FROM SECU	RITIES S	STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOM		
MERRILL LYNCH	83,084.		0.	83,084	. 83,084	•	
TO PART I, LINE 4	83,084.	- <del> </del>	0.	83,084	83,084	· ————	
FORM 990-PF		OTHER	INCO	ME		STATEMENT	2
DESCRIPTION			RE		(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCON	
LOSS FROM PUBLIC TR	ADED LP			-113.	-113.		
TOTAL TO FORM 990-P	F, PART I,	LINE 11 =		-113.	-113.		
FORM 990-PF		TA	XES		<u> </u>	STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
FOREIGN TAXES		256	•	256.	· <del></del>		0.
TO FORM 990-PF, PG	1, LN 18	256	- - -	256.			0.
FORM 990-PF		OTHER :	EXPE	ISES	<u> </u>	STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
BANK CHARGES		478	•	239.		23	39.

FORM 990-PF	CORPORATE STOCK		STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCKS		1,505,829.	2,310,919.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	1,505,829.	2,310,919.
FORM 990-PF	CORPORATE BONDS		STATEMENT 6
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS		15,457.	1,937.
TOTAL TO FORM 990-PF, PART II,	LINE 10C	15,457.	1,937.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
PUBLICLY TRADED PARTNERSHIPS	FMV	65,192.	306,890.
TOTAL TO FORM 990-PF, PART II,	LINE 13	65,192.	306,890.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

STATEMENT

8

NAME OF CONTRIBUTOR

**ADDRESS** 

MICHAEL GUTERMAN

4157 S HARVARD AVE, SUITE 100 TULSA, OK 74135

STATEMENT(S) 8

FORM 990-PF	CASH	DEEMED	CHARITABLE PART X,	EXPLANATION LINE 4	STATEMENT	STATEMENT	9
OTHER EXPENSES			240				
INDISTRIBUTED T	INCOME	(UDT)	120.810				

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MICHAEL GUTERMAN 4157 S HARVARD AVE, STE 100 TULSA, OK 74135

TELEPHONE NUMBER

918-742-6201

#### FORM AND CONTENT OF APPLICATIONS

LETTER FORM: AMOUNT OF FUND REQUESTED, PURPOSE, NAME, ADDRESS AND CONTACT PERSON OR ORGANIZATION REQUESTING FUNDS.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE