|                         |        | 90-PF                                   |  | or See<br>Do not enter s | TENDED TO MA<br><b>Ceturn of Private</b><br>cton 4947(a)(1) Trust Treat<br>social security numbers on | ed as Private Foundation<br>this form as it may be ma | ade public: /          | DIO                                | B 0 0 3 0 0 8                                |
|-------------------------|--------|---|--|--------------------------|---|---|------------------------|------------------------------------|--|
| Internal                | Re     | t of the Treasury<br>fenue Service      |  |                          | m 990-PF and its separate i   |   |                        |                                    | Open to Public Inspection                    |
|                         | _      |   | or tax year beginning  | JUL                      | 1, 2016   | , and ending  | JUN 30                 |                                    |  |
|                         |        | foundation                              | KT.AHOMA ME  | ΜΟΡΤΔΤ.                  | FOUNDATION,   |   | A Employer             | identificatio                      | n number                                     |
| IN                      |        |   | KURIOMA ME   | MORIAN                   | FOORDATION,   |   | 73-1                   | 300662                             | 2  |
|                         | _      |   | box number if mail is not de                                 | elivered to street       | address)  | Room/suite  | B Telephone            |                                    | ······································       |
| Ρ.                      | 0      | . BOX 1                                 | 409  |                          |   |   |                        | )226-0                             | 0700   |
|                         | _      |   | ovince, country, and Z                                       | IP or foreign p          | ostal code  |   | +                      |                                    | pending, check here                          |
|                         |        | MORE, O                                 |  |                          |   |   |                        |                                    |  |
| G Ch                    | eck    | all that apply:                         | initial retur  | n                        | initial return of a fo  | rmer public charity                                   | D 1. Foreigr           | organizati <b>o</b> n              | s, check here 🕨 🗔                            |
|                         |        |   | Final returr   |                          | Amended return  |   | 2 Eoreign              |                                    | eating the 85% tect                          |
|                         |        |   | Address ct   |                          | Name change   | i   | check he               | re and attach C                    | eeting the 85% test, point ation             |
| H_Ch                    |        | type of organiz                         |  |                          | empt private foundation   | DU  |                        |                                    | atus was terminated                          |
|                         |        |   | ) nonexempt charitable                                       |                          | Other taxable private founda  |   | 7                      | • • •                              | )(A), check here                             |
|                         |        |   | assets at end of year  | J Accounti               | ng method: L Cash<br>her (specify) <b>MODIFI</b>  | ED CASH   | 1                      |                                    | 60-month termination                         |
| (froi                   |        | ,Part II, col. (c)<br>1 0               |  |                          | mer (specify) MODIFI<br>mn (d) must be on cash b  |   | under sec              | ר )(D) יוטט ווטוו<br>ווטוו בעי (D) | )(B), check here                             |
| Par                     | _      |   | evenue and Expenses  |                          | (a) Revenue and   | (b) Net investment                                    | (a) Adu                | isted net                          | (d) Disbursements                            |
|                         |        | The total of ame                        | ounts in columns (b), (c), ar<br>al the amounts in column (i | nd (d) may not<br>a) )   | expenses per books  | income  |                        | ome                                | for charitable purposes<br>(cash basis only) |
| 1                       | 1      | Contributions,                          | gifts, grants, etc., rece                                    | ived                     | 21,012.   |   | N/                     | A                                  |  |
| 5                       | 2      |   | if the foundation is not required i                          | to attach Sch. B         |   |   |                        |                                    | 1  |
|                         | 3      | Interest on saving<br>cash investments  | and temporary  |                          | 221,209.  | 221,209.  |                        |                                    | STATEMENT 1                                  |
| 1 4 1                   | 4      | Dividends and                           | interest from securities                                     | S                        | 931,811.  | 931,811.  | ļ                      |                                    | STATEMENT 2                                  |
|                         | 5a     | Gross rents                             |  |                          | 1,025,380.  | 1,025,380.  |                        |                                    | STATEMENT 3                                  |
| -11                     | b      | Net rentai income                       | or (loss)591   | ,403.                    | 2 100 5 60  |   |                        |                                    | STATEMENT 4                                  |
| e                       | 6a     | Net gain or (loss)<br>Gross sales price | from sale of assets not on                                   |                          | 3,402,562.  |   | <b>├</b> ── <b>┌</b> ─ | RECI                               | INED   |
| Revenue                 | 0      | assets on line 6a                       | for all <u>22,227</u><br>ncome (from Part IV, line 2)        |                          |   | 3,402,562.  |                        |                                    |  |
| Be                      | /<br>8 | Net short-term                          |  |                          |   | 5,402,502.  |                        | 1A M 0                             | 6 2018 9                                     |
|                         | 9      | Income modifi                           |  |                          |   |   | 1                      | JAN_Z                              | 0-2010-101                                   |
|                         | -      | Gross sales less and allowances         |  |                          |   |   | <u>├</u>               |                                    |  |
|                         |        | Less Cost of goo                        | ds sold  |                          |   |   |                        | OGDE                               | N, UT  |
| N                       | C      | Gross profit or                         | (loss)   |                          |   |   |                        |                                    |  |
| ¥  1                    | 1      | Other income                            |  |                          | 22,623.   | 22,623.   | ļ                      |                                    | STATEMENT 5                                  |
|                         | 2      | Total. Add line                         | s 1 through 11   |                          | 5,624,597.  | <u>5,603,585</u>                                      | <u> </u>               |                                    |  |
|                         | 3      |   | officers, directors, trustee                                 | s, etc                   | 162,027.  | 48,608.   | <u> </u>               |                                    | 113,419.                                     |
| 빌 []                    | 4      |   | e salaries and wages   |                          |   |   | +                      |                                    | <b> </b>                                     |
| Z                       |        | Legal fees                              | employee benefits  |                          |   | · · · · · · · · · · · · · · · · · · ·                 | <u> </u>               |                                    | <u> </u>                                     |
| Administration Expenses |        | Accounting fee                          | s ST   | мт 6                     | 15,468.   | 0.  | +                      |                                    | 15,468.                                      |
| <u>v</u> ě              |        | Other profession                        |  | 'MT 7                    | 323,317.  | 323,317.  | +                      |                                    | 0.   |
| 5                       |        | Interest                                |  |                          | 10,071.   | 10,071.   |                        |                                    | 0.   |
| La l                    | 8      | Taxes                                   | SI   | MT 8                     | 167,506.  | 6,450.  |                        |                                    | 0.   |
|                         | 9      | Depreciation a                          | nd depletion   |                          | 436,542.  | 433,977.  |                        |                                    |  |
|                         |        | Occupancy                               |  |                          | 14,580.   | 3,645.  | <u> </u>               |                                    | 10,935.                                      |
|                         |        |   | nces, and meetings   |                          | 413.  | 0.  |                        |                                    | 413.   |
|                         |        | Printing and pi                         |  |                          | 147 605   | 21 000  | ╂────                  |                                    | 115 700                                      |
|                         | 23     | Other expenses                          |  | 'MT 9                    | 147,695.  | 31,986.   | +                      |                                    | 115,709.                                     |
| 19 Batcheo Antonia      |        | -                                       | g and administrative<br>I lines 13 through 23                |                          | 1,277,619.  | 858,054.  |                        |                                    | 255,944.                                     |
| B, B                    | 15     | •                                       | gifts, grants paid   |                          | 4,549,763.  | 000,004.  |                        |                                    | 4,549,763.                                   |
|                         | 26     |   | s and disbursements.   |                          |   |   | 1                      |                                    |  |
|                         |        | Add lines 24 a                          |  |                          | 5,827,382.  | 858,054.  |                        |                                    | 4,805,707.                                   |
| 2                       | 27     | Subtract line 2                         |  |                          |   |   |                        |                                    |  |
|                         | a      | Excess of revenue                       | e over expenses and disbu                                    | irsements                | -202,785.   |   | ļ                      |                                    |  |
|                         |        |   | t income (if negative, en                                    |                          |   | 4,745,531.  |                        |                                    |  |
|                         |        |   | ncome (if negative, enter                                    |                          | L   |   | <u>N/</u>              | A                                  |  |
| 623501                  | 11     | -23-16 LHA                              | For Paperwork Reduc  | tion Act Notic           | e, see instructions.  |   | - (                    |                                    | Form 990-PF (2016)                           |

Form **990-PF** (2016)

| For                         | <u>m 99</u> | 0-PF (2016) INC.   |                    | 73-            | 1300662 Page 2           |
|-----------------------------|-------------|--|--------------------|----------------|--------------------------|
|                             | art         | Balance Sheets Attached schedules and amounts in the description               | Beginning of year  | End of         | i year                   |
|                             |             | Cash - non-interest-bearing  | (a) Book Value     | (b) Book Value | (c) Fair Market Value    |
|                             |             | Savings and temporary cash investments   | 954,102.           | 570,716.       | 570,716.                 |
|                             |             |  | 554,102.           | 570,710.       | 570,710.                 |
|                             | 3           |  |                    |                |                          |
|                             |             | Less: allowance for doubtful accounts  |                    |                |                          |
|                             | 4           | Pledges receivable   |                    |                |                          |
|                             | -           | Less: allowance for doubtful accounts  |                    |                |                          |
|                             | -           | Grants receivable  |                    |                |                          |
|                             | 6           | Receivables due from officers, directors, trustees, and other                  |                    |                |                          |
|                             | _           | disqualified persons   |                    |                |                          |
|                             | 7           | Other notes and loans receivable   | ******             |                | المتحدة برصم منصب المربر |
|                             | .           | Less: allowance for doubtful accounts  |                    |                |                          |
| ets                         | 1           | Inventories for sale or use  |                    |                |                          |
| Assets                      | 1           | Prepaid expenses and deferred charges  | 1 256 252          | 1 200 042      | 1 200 042                |
|                             |             | Investments - U.S. and state government obligations STMT 10                    |                    |                | 1,328,043.               |
|                             | (           | Investments - corporate stock STMT 11  |                    | 80,089,816.    |                          |
|                             | 1           | Investments - corporate bonds STMT 12  | 7,266,053.         | 5,991,413.     | 5,991,413.               |
|                             | 11          | Investments - land, buildings, and equipment basis • 14,007,514.               |                    |                |                          |
|                             | }           | Less accumulated depreciation STMT 13 3, 187, 864.                             | 6,418,129.         | 10,819,650.    | 14,159,561.              |
|                             | 12          | Investments - mortgage loans   |                    |                |                          |
|                             | 13          | Investments - other  |                    |                |                          |
|                             | 14          | Land, buildings, and equipment: basis <b>58,831</b> .                          | 9,173.             |                |                          |
|                             |             | Less accumulated depreciation STMT 14 52,217.                                  | 9,173.             | 6,614.         | 6,614.                   |
|                             |             | Other assets (describe)  |                    |                |                          |
|                             | 16          | Total assets (to be completed by all filers - see the                          |                    |                |                          |
|                             | ļ           | instructions. Also, see page 1, item i)  | <u>91,577,594.</u> | 98,806,252.    | 102,146,163.             |
|                             | 1           | Accounts payable and accrued expenses  |                    |                | 1                        |
|                             | 18          | Grants payable   |                    |                |                          |
| es                          | 1           | Deferred revenue   |                    |                |                          |
| Liabilíties                 | (           | Loans from officers, directors, trustees, and other disqualified persons       |                    |                |                          |
| iab.                        | 1           | Mortgages and other notes payable  |                    |                |                          |
| -                           | 22          | Other liabilities (describe )  |                    |                |                          |
|                             | }           |  |                    |                |                          |
|                             | 23          | Total liabilities (add lines 17 through 22)                                    | 0.                 | 0.             |                          |
|                             | Į           | Foundations that follow SFAS 117, check here                                   |                    |                |                          |
| ŝ                           | ł           | and complete lines 24 through 26 and lines 30 and 31.                          |                    |                |                          |
| 2Ce                         | 24          | Unrestricted   | 89,767,493.        | 96,847,730.    |                          |
| alaı                        | 25          | Temporarily restricted   | 11,480.            | 12,558.        |                          |
| Net Assets or Fund Balances | 26          | Permanently restricted   | 1,798,621.         | 1,945,964.     | 1                        |
| ŝ                           | }           | Foundations that do not follow SFAS 117, check here                            |                    |                |                          |
| г<br>Г                      | }           | and complete lines 27 through 31.  | 1                  |                |                          |
| ets (                       | 27          | Capital stock, trust principal, or current funds                               |                    |                |                          |
| SSE                         | 28          | Paid-in or capital surplus, or land, bldg., and equipment fund                 |                    |                |                          |
| μĂ                          | 29          | Retained earnings, accumulated income, endowment, or other funds               | 01 555 504         |                |                          |
| ž                           | 30          | Total net assets or fund balances  | 91,577,594.        | 98,806,252.    |                          |
|                             |             |  | 01 599 504         | 00 000 050     |                          |
|                             | 131         | Total liabilities and net assets/fund balances                                 | 91,577,594.        | 98,806,252.    |                          |
| P                           | art         | III Analysis of Changes in Net Assets or Fund Ba                               | alances            |                |                          |
| 1                           | Tota        | net assets or fund balances at beginning of year - Part II, column (a), line   | 30                 |                |                          |
|                             | (mus        | at agree with end-of-year figure reported on prior year's return)              |                    | 1              | 91,577,594.              |
| 2                           | Ente        | amount from Part I, line 27a   |                    | 2              | -202,785.                |
| 3                           | Othe        | r increases not included in line 2 (itemize)  UNREALIZED                       | GAIN ON INVEST     |                | 7,431,443.               |
|                             |             | lines 1, 2, and 3  |                    | 4              | 98,806,252.              |
| 5                           | Decr        | eases not included in line 2 (itemize)   |                    | 5              | 0.                       |
| <u>6</u>                    | Tota        | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 30 | 6              | 98,806,252.              |

Form 990-PF (2016)

623511 11-23-16

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13091215 756851 5555-000

2016.04020 SOUTHERN OKLAHOMA MEMORIAL 5555-001

| SOU?<br>Form 990-PF (2016) INC  | THERN OKLAHOMA M  | EMORIA                         | L FOUNDA                             | TION,                                 |   | 73-                           | 13006                               | 62                    | Page 3              |
|---|---|--------------------------------|--------------------------------------|---------------------------------------|---|-------------------------------|-------------------------------------|-----------------------|---------------------|
|   | and Losses for Tax on Ir  | nvestment                      | Income                               | ,                                     |   |                               |                                     |                       |                     |
| (a) List and descr<br>2-story brick wat   | ibe the kind(s) of property sold (e.g<br>rehouse; or common stock, 200 sh | ., real estate,<br>s. MLC Co.) |                                      | (b) How acc<br>P - Purch<br>D - Donat | quired (<br>lase (<br>tion                | ;) Date acqu<br>(mo., day, y  | urred<br>yr.)                       | (d) Date<br>(mo., day |                     |
| 1a SALE OF PUBLICI  | LY TRADED SECURI  | TIES                           | ·······                              |                                       |   |                               |                                     |                       |                     |
| <b>b</b> CAPITAL GAIN D   |   |                                |                                      |                                       |   |                               |                                     |                       |                     |
| CAPITAL GAINS (   |   | Y SECU                         | RITIES                               |                                       | <u>P</u>                                  |                               |                                     |                       |                     |
| d GAINS FROM PAR  | <u>INERSHIPS</u>  |                                |                                      | <u>1</u>                              | <u>P</u>                                  |                               |                                     |                       |                     |
| e (e) Gross sales price   | (f) Depreciation allowed<br>(or allowable)                                |                                | t or other basis xpense of sale      | L                                     |   | (h) Gain (<br>(e) plus (f)    |                                     |                       |                     |
| a 20,854,768.   |   |                                | 8,825,39                             | 2.                                    |   |                               |                                     | 029,                  | 376.                |
| b 594,121.  |   |                                |                                      |                                       |   |                               |                                     |                       | 121.                |
| c <u>393,225</u> .  |   |                                |                                      |                                       |   |                               |                                     |                       | 225.                |
| d 385,840.  |   |                                |                                      |                                       |   |                               |                                     |                       | 840.                |
| e   |   | <u> </u>                       |                                      |                                       |   |                               |                                     |                       |                     |
| Complete only for assets showing  | g gain in column (h) and owned by   | 1                              |                                      |                                       | (1) (                                     | iains (Col. (                 | h) gain min                         | ius                   |                     |
| (i) F.M.V. as of 12/31/69 -   | (j) Adjusted basis<br>as of 12/31/69                                      |                                | cess of col. (i)<br>col. (j), if any |                                       | رن المن المن المن المن المن المن المن الم | <), but not li<br>_osses (fro | m col. (h))                         |                       |                     |
| _ <b>a</b>  |   |                                |                                      |                                       |   |                               | <u> </u>                            | 029,                  |                     |
| _b  |   | <u> </u>                       |                                      |                                       |   |                               |                                     | 594,                  |                     |
| - <u>c</u>  | <del> </del>  |                                |                                      |                                       |   |                               |                                     |                       | 225.                |
| <u>d</u>  |   |                                |                                      |                                       |   |                               |                                     | 385,                  | 840.                |
| <u>e</u>  | ∫ If gain, also enter   | r in Part I, line              | 7                                    | 2                                     |   |                               |                                     |                       |                     |
| 2 Capital gain net income or (net cap   | pital loss) (If (loss), enter -0  | - in Part I, line              | 7                                    | J 2                                   | <u></u> .                                 |                               | 3,                                  | 402,                  | 562.                |
| 3 Net short-term capital gain or (los:<br>If gain, also enter in Part I, line 8, or<br>(f(lase) enter 0, in Part I, line 8, |   | nd (6):                        |                                      | 3                                     |   |                               | N/A                                 |                       |                     |
| If (loss), enter -0- in Part I, line 8<br>Part V Qualification U  | nder Section 4940(e) for  | Reduced                        | Tax on Net                           | lnvestm                               | ent Inco                                  | me                            | IV/A                                |                       |                     |
| (For optional use by domestic private   |   |                                |                                      |                                       |   |                               |                                     |                       |                     |
|   |   |                                |                                      | ,                                     |   |                               |                                     |                       |                     |
| If section 4940(d)(2) applies, leave th   | is part blank.  |                                |                                      |                                       |   |                               |                                     |                       |                     |
| Was the foundation liable for the section   | ion 4942 tax on the distributable arr                                     | nount of any ye                | ar in the base pe                    | riod?                                 |   |                               |                                     | ] Yes [               | X No                |
| If Yes, the foundation does not quali   |   |                                |                                      |                                       |   |                               |                                     |                       |                     |
|   | ach column for each year; see the in                                      | nstructions bei                | fore making any e                    |                                       |   | r                             |                                     |                       |                     |
| <b>(a)</b><br>Base period years<br>Calendar year (or tax year beginnin  |   |                                | Net value of no                      |                                       |   | (col.                         | (d)<br>Distributio<br>. (b) divideo | by col. (             |                     |
| 2015  |   | 8,234.                         |                                      | 99,12                                 |   |                               |                                     |                       | <u>4861</u>         |
| 2014  |   | 4,828.                         | 1                                    | 07,95                                 | 5,671.                                    | ļ                             |                                     |                       | 7749                |
| 2013  |   | 7,287.                         | 1                                    | .06,300                               |   |                               |                                     |                       | 5221                |
| 2012  |   | 5,233.                         |                                      | <u>95,63</u>                          |   |                               |                                     |                       | $\frac{7110}{6400}$ |
| 2011  | <u> </u>  | 8,062.                         |                                      | 91,53                                 | 5,1/5.                                    | <u>}</u>                      |                                     | .04                   | 6409                |
| 2 Total of line 1, column (d)   |   |                                |                                      |                                       |   | 2                             |                                     | .24                   | 1350                |
| 3 Average distribution ratio for the 5 the foundation has been in existen   |   | on line 2 by 5,                | or by the number                     | of years                              |   | 3                             |                                     | .04                   | 8270                |
| 4 Enter the net value of noncharitabl   | e-use assets for 2016 from Part X,  | line 5                         |                                      |                                       |   | 4                             | 96,                                 | 655,                  | 695.                |
| 5 Multiply line 4 by line 3   |   |                                |                                      |                                       |   | 5                             |                                     | 665,                  |                     |
| 6 Enter 1% of net investment incom  | e (1% of Part I line 27h)   |                                |                                      |                                       |   |                               |                                     |                       | 455.                |
|   |   |                                |                                      |                                       |   | 6                             |                                     |                       |                     |
| 7 Add lines 5 and 6   |   |                                |                                      |                                       |   | 7                             |                                     | <u>713,</u>           |                     |
| 8 Enter qualifying distributions from<br>If line 8 is equal to or greater than  | Part XII, line 4<br>line 7, check the box in Part VI, line                | 1b. and comp                   | lete that part usin                  | o a 1% tax ra                         | ate.                                      | 8                             | 4,                                  | 805,                  | <u>707.</u>         |
| See the Part VI instructions.   |   |                                |                                      | .g.u., /o tux it                      |   |                               | <u>.</u>                            |                       | <u> </u>            |
| 623521 11-23-16   |   |                                | 3                                    |                                       |   |                               | Form                                | 1 990-P               | P <b>F</b> (2016)   |

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13091215 756851 5555-000 2016.04020 SOUTHERN OKLAHOMA MEMORIAL 5555-001

|      | <br>З   |                 |          |                  |
|------|---|-----------------|----------|------------------|
|      | SOUTHERN OKLAHOMA MEMORIAL FOUNDATION,  |                 |          |                  |
| Form |   | 00662           | F        | Page <b>4</b>    |
|      | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se  |                 |          |                  |
| 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 <b>X</b> and enter 1%   | 4               | 7,4      | <u>55.</u>       |
|      | of Part I, line 27b   |                 |          |                  |
| 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-)   |                 |          | <u> </u>         |
| -    | Add lines 1 and 2   | 4               | 7,4      | <u>55.</u>       |
|      | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)   |                 |          | <u>0.</u>        |
| 5    | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-   | 4               | 7,4      | <u>55.</u>       |
| 6    | Credits/Payments:   |                 |          |                  |
|      | 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 100, 302.  |                 |          |                  |
|      | Exempt foreign organizations - tax withheld at source 6b  |                 |          |                  |
|      | Tax paid with application for extension of time to file (Form 8868)   |                 |          |                  |
|      | Backup withholding erroneously withheld 6d  |                 | ດໍ່າ     | ~ ^ <sup>-</sup> |
|      | Total credits and payments. Add lines 6a through 6d   | 10              | 0,3      | 02.              |
|      | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  |                 |          |                  |
|      | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed         9   | E <sup>·</sup>  | 2 0      | <u></u>          |
|      | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid       10         Enter the amount of line 10 to be: Credited to 2017 estimated tax       52,847. Refunded | 5               | 2,8      | <u>4/.</u><br>0. |
|      | Enter the amount of line 10 to be: Credited to 2017 estimated tax  52,847. Refunded 11 rt VII-A Statements Regarding Activities   |                 |          | <u> </u>         |
|      | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in  |                 | Yes      | No               |
| 10   | 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              |          | X                |
| -    | If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or   |                 |          |                  |
|      | distributed by the foundation in connection with the activities.  |                 |          | ,                |
| C    | Did the foundation file Form 1120-POL for this year?  | 10              |          | X                |
|      | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  |                 |          |                  |
|      | (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.  |                 |          |                  |
| e    | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation   |                 |          |                  |
|      | managers. ► \$ 0 .  |                 |          |                  |
| 2    | Has the foundation engaged in any activities that have not previously been reported to the IRS?   | 2               |          | <u>X</u>         |
|      | If "Yes," attach a detailed description of the activities.  |                 |          | •                |
| 3    | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or   |                 |          |                  |
|      | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  | 3               |          | X                |
|      | Did the foundation have unrelated business gross income of \$1,000 or more during the year?   | 4a              | <u>X</u> | <u></u>          |
|      | If "Yes," has it filed a tax return on Form 990-T for this year?  | 4b              | X        |                  |
| 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:   |                 |          |                  |
|      | <ul> <li>By language in the governing instrument, or</li> <li>Du state legislation that effect with the state law</li> </ul>  |                 |          |                  |
|      | • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law  | 6               | x        | -                |
| 7    | remain in the governing instrument?<br>Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV                            | 7               | X        |                  |
| '    |   |                 |          |                  |
| 82   | Enter the states to which the foundation reports or with which it is registered (see instructions)  |                 |          |                  |
| Ua   | OK  | -               |          |                  |
| h    | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)   | -               |          |                  |
|      | of each state as required by General Instruction G? If "No," attach explanation   | 8b              | x        |                  |
| 9    | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar   |                 |          | = 7              |
|      | year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV  | 9               |          | <u>x</u> d       |
| 10   | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  | 10              |          | X                |
|      |   | Form <b>990</b> | )-PF     | (2016)           |

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|    |   | 1300662        | 2        | Page 5          |
|----|---|----------------|----------|-----------------|
| Pa | art VII-A Statements Regarding Activities (continued)   | <u> </u>       |          | <del></del>     |
|    | ·   |                | 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             | ļ        | 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             | ļ        | X               |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?   | 13             | X        | <u> </u>        |
|    | Website address  WWW.SOMFARDMORE.ORG  |                |          |                 |
| 14 | The books are in care of ► FOUNDATION Telephone no. ► (58   |                |          | )0              |
|    |   | ▶ <u>73401</u> | <u> </u> | - <del></del> - |
| 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   | <u>N</u>       | [/A      | <del></del>     |
| 16 | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,  | ·              | Yes      | ſ               |
|    | securities, or other financial account in a foreign country?  | 16             | L        | <u>X</u>        |
|    | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the  |                |          |                 |
| -  | foreign country   | <u> </u>       |          | 1               |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required   |                |          | T               |
|    | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.   |                | Yes      | No              |
| 18 | During the year did the foundation (either directly or indirectly):   | (**            | 1. A.    |                 |
|    | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  | No -           | -        | 1 .1            |
|    | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)   | 1              |          |                 |
|    | a disqualified person?  |                | · ·      | 1               |
|    | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  | - )            | {        |                 |
|    |   | No             | 1        |                 |
|    | (5) Transfer any income or assets to a disqualified person (or make any of either available   | 1              |          |                 |
|    | for the benefit or use of a disqualified person)?   | NO .           |          |                 |
|    | (6) Agree to pay money or property to a government official? (Exception. Check "No"   |                | [        |                 |
|    | If the foundation agreed to make a grant to or to employ the official for a period after  | 1              |          |                 |
|    | termination of government service, if terminating within 90 days.)  | NO -           |          |                 |
| 0  | 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)?   |                | <u>├</u> | <u>X</u>        |
| _  | • • • • • •   | نـــا ا        | -        |                 |
| 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   |                |          | v               |
| n  | before the first day of the tax year beginning in 2016?<br>Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | 10             |          | X               |
| 2  | defined in section 4942(j)(3) or 4942(j)(5)):   |                |          |                 |
| a  | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning  |                |          |                 |
| 4  | before 2016?  | No             |          | { ;             |
|    |   | NU             |          |                 |
| h  | If "Yes," list the years<br>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  |                |          |                 |
|    |   | A 2b           |          |                 |
| c  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.   |                |          | <u> </u>        |
|    |   |                |          |                 |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time   |                |          |                 |
|    | during the year?  | No             |          | {               |
| b  | If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after  |                | {        | 1               |
|    | 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  |                |          | 1               |
|    | 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,  |                |          |                 |
|    |   | /A 3b          |          | [               |
| 48 | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?   | 48             |          | X               |
| b  | 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 2016?  | 4b             |          | X               |
| _  |   | Form <b>99</b> | )-PF     | (2016)          |

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| SOUTHERN OKLAHOMA MEMOR   | IAL FOUNDATION                                   | J,                          |  |                     |                 |
|---|--|-----------------------------|--|---------------------|-----------------|
| Form 990-PF (2016) INC.   | Farm 4700 Mar Da 1                               |                             | 73-13006   | 62                  | Page <b>6</b>   |
| Part VII-B Statements Regarding Activities for Which  | Form 4/20 May Be I                               | Required (contin            | nued)  |                     |                 |
| 5a During the year did the foundation pay or incur any amount to:   | - 4045(-))0                                      |                             |  |                     |                 |
| (1). Carry on propaganda, or otherwise attempt to influence legislation (section (2)).  |  |                             | es X No  |                     |                 |
| <ul> <li>(2) Influence the outcome of any specific public election (see section 4955);</li> </ul>   | or to carry on, directly or indir                |                             | <b>TV</b>  |                     | l               |
| any voter registration drive?   | -0   |                             | es X No  |                     |                 |
| (3) Provide a grant to an individual for travel, study, or other similar purpose  |  | L Y                         | es 🔀 No 🖡  | • • •               |                 |
| (4) Provide a grant to an organization other than a charitable, etc., organization other than a charitable, etc., organization  | on described in section                          | []                          |  | •                   |                 |
| 4945(d)(4)(A)? (see instructions)   |  |                             | es 🛛 No  |                     | 4               |
| (5) Provide for any purpose other than religious, charitable, scientific, literary  | , or educational purposes, or                    |                             | es X No  |                     | 1               |
| the prevention of cruelty to children or animals?   | - d  |                             | es La Ino  |                     | · · ·           |
| <b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify up   | •  | in Regulations              | NT / 7   | Eh                  |                 |
| section 53.4945 or in a current notice regarding disaster assistance (see instr   | •  |                             | N/A  | 5b                  |                 |
| Organizations relying on a current notice regarding disaster assistance check   |  |                             |  |                     |                 |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption   |  |                             |  |                     | 1               |
| expenditure responsibility for the grant?   |  |                             |  | .                   |                 |
| If "Yes," attach the statement required by Regulations section 53.494   | .,   |                             |  | -                   |                 |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to<br>a personal benefit contract?   | pay premiums on                                  | [v                          | s X No   | -                   |                 |
| • • • •   | normanal basefut another st0                     |                             |  |                     |                 |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a<br>If "Yes" to 6b, file Form 8870.  | personal benefit contract?                       |                             | ··· ·  -   | 6b                  | X               |
|   | obaltar tractaration 2                           | [] v.                       | s X No   |                     |                 |
| <ul> <li>7a At any time during the tax year, was the foundation a party to a prohibited tax</li> <li>b If "Yes," did the foundation receive any proceeds or have any net income attrit</li> </ul> |  | (] ¥6                       | N/A  | 7b                  |                 |
| Part VIII Information About Officers, Directors, Trus   |  | nagers Highly               |  | //                  | L               |
| Paid Employees, and Contractors   |  | magers, mgmg                |  |                     |                 |
| 1 List all officers, directors, trustees, foundation managers and their   | compensation.                                    |                             |  |                     |                 |
| <u> </u>  | (b) Title, and average<br>hours per week devoted | (c) Compensation            | (d) Contributions to<br>employee benefit plans<br>and deferred | (e) Exp<br>account  | ense            |
| (a) Name and address  | hours per week devoted<br>to position            | (If not paid,<br>enter -0-} | and deferred<br>compensation                                   | account             | , other<br>nces |
|   |  |                             |  | 1                   |                 |
|   | -  | }                           |  | }                   |                 |
| SEE STATEMENT 15  | -  | 162,027.                    | 0.   | 1,2                 | 47.             |
|   |  |                             |  | 1                   |                 |
|   | 7  |                             |  |                     |                 |
|   | 7  |                             |  | Ì                   |                 |
|   |  | {                           |  | 1                   |                 |
|   |  |                             |  |                     |                 |
|   | 7  |                             |  | }                   |                 |
|   |  |                             |  | 1                   |                 |
|   | ]  |                             |  | {                   |                 |
|   |  |                             |  |                     |                 |
| 2 Compensation of five highest-paid employees (other than those in  | ~~~~~~~~~~~~~~~                                  | enter "NONE."               |  |                     |                 |
| (a) Name and address of each employee paid more than \$50,000   | (b) Title, and average<br>hours per week         | (c) Compensation            | (d) Contributions to<br>employee benefit plans                 | (e) Exp<br>account, | ense<br>other   |
|   | devoted to position                              | (c) compensation            | and deferred<br>compensation                                   | allowa              | nces            |
| NONE  | 4  | }                           |  |                     |                 |
|   |  |                             |  | <u> </u>            |                 |
|   | 4  | } 1                         |  |                     |                 |
|   | <u> </u>   |                             |  |                     |                 |
|   | 4  | ]                           |  | }                   |                 |
|   | 4  |                             |  | +                   |                 |
|   | 4  |                             |  | 1                   |                 |
|   | +  |                             |  |                     |                 |
|   | 4  | }                           |  |                     |                 |
|   | 1  | J                           |  |                     | <u> </u>        |
| Total number of other employees paid over \$50,000  |  |                             |  |                     | 0               |

Form **990-PF** (2016)

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| Form 990-PF (2016) INC.   |  | 300662 Page 7        |
|---|--|----------------------|
| Part VIII Information About Officers, Directors, Trustees, Founda<br>Paid Employees, and Contractors (continued)  | ation Managers, Highly                     | <u>300662 Page 7</u> |
| 3 Five highest-paid independent contractors for professional services. If none, ente  | r "NONE."                                  |                      |
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service                        | (c) Compensation     |
| MERCY MEMORIAL HEALTH CENTER  | CONTRACT LEASED                            |                      |
| 1011 14TH AVENUE NW, ARDMORE, OK 73401  | EMPLOYEES                                  | 103,423              |
| BARROW, HANLEY, MEWHINNEY & STRAUSS, INC.<br>3232 MCKINNEY, 15TH FLOOR, DALLAS, TX 75204  | INVESTMENT ADVSIO                          | R 93,496             |
| ELLWOOD ASSOCIATES  |  |                      |
| 33 W. MONROE, SUITE 1850, CHICAGO, IL 60603   | INVESTMENT ADVSIO                          | <u>R 76,266</u>      |
|   |  |                      |
| Total number of others receiving over \$50,000 for professional services           Part IX-A         Summary of Direct Charitable Activities  |  | • (                  |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro- | itical information such as the duced, etc. | Expenses             |
| N/A   |  |                      |
| 2   |  |                      |
| 3   |  |                      |
| 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               |
| N/A   |  |                      |
| 2   |  |                      |
| All other program-related investments. See instructions.  |  |                      |
|   |  |                      |
|   |  |                      |
| Total. Add lines 1 through 3  | ►  | 0.                   |
|   |  | Earm 000-PE (201     |

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| Ρ        | art X Minimum Investment Return (All domestic foundations m  | nust complet      | e this part. Foreign fou               | ndations,  | see instructions.)               |
|----------|--|-------------------|--|------------|----------------------------------|
| 1        | Fair market value of assets not used (or held for use) directly in carrying out charitable   | e. etc., purpos   |  |            |                                  |
| a        | Average monthly fair market value of securities  | -,, F F           |  | 1a         | 85,419,741.                      |
| b        | Average of monthly cash balances   |                   |  | 1b         | 728,917.                         |
|          | Fair market value of all other assets  |                   |  | 10         | 11,978,951.                      |
| -        | Total (add lines 1a, b, and c)   |                   |  | 10         | 98,127,609.                      |
|          | 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          | 98,127,609.                      |
| 4        | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,  | see instructio    | ns)                                    | 4          | 1,471,914.                       |
| 5        | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on  |                   |  | 5          | 96,655,695.                      |
| 6        | Minimum investment return. Enter 5% of line 5  |                   |  | 6          | 4,832,785.                       |
| P        | art XI Distributable Amount (see instructions) (Section 4942(1)(3) and   | nd (i)(5) private | e 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          | 4,832,785.                       |
| 2a       | Tax on investment income for 2016 from Part VI, line 5   | 2a                | 47,455.                                | -          |                                  |
| b        | Income tax for 2016. (This does not include the tax from Part VI.)   | 2b                | 54,012.                                |            |                                  |
| C        | Add lines 2a and 2b  |                   |  | 2c         | 101,467.                         |
| 3        | Distributable amount before adjustments. Subtract line 2c from line 1  |                   |  | 3          | 4,731,318.                       |
| 4        | Recoveries of amounts treated as qualifying distributions  |                   |  | 4          | 0.                               |
| 5        | Add lines 3 and 4  |                   |  | 5          | 4,731,318.                       |
| 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          | 4,731,318.                       |
| <b>P</b> | art XII Qualifying Distributions (see instructions)<br>Amounts paid (including administrative expenses) to accomplish charitable, etc., purp |                   |  |            |                                  |
| ı<br>a   | Expenses, contributions, gifts, etc total from Part I, column (d), line 26   | 00565.            |  | 1a         | 4,805,707.                       |
| a<br>b   | Program-related investments - total from Part IX-B   |                   |  | 18<br>1b   | <u> </u>                         |
| 2        | Amounts paid to acquire assets used (or held for use) directly in carrying out charitab  | la ato nurno      | P00                                    | 2          | <u>v</u> .                       |
| 2        | Amounts set aside for specific charitable projects that satisfy the:   | ne, ew., purpu    | 363                                    |            |                                  |
| -        | Suitability test (prior IRS approval required)   |                   |  | 3a         |                                  |
|          | Cash distribution test (attach the required schedule)  |                   |  | 3b         |                                  |
| 4        | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, an  | nd Dart XIII lin  | ٩.                                     | 4          | 4,805,707.                       |
| 5        | Foundations that qualify under section 4940(e) for the reduced rate of tax on net invest   |                   |  |            | /_////////////////////////////// |
| J        | income. Enter 1% of Part I, line 27b   | 5(1151)           |  | 5          | 47,455.                          |
| 6        | Adjusted qualifying distributions. Subtract line 5 from line 4   |                   |  | 6          | 4,758,252.                       |
| v        | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years w 4940(e) reduction of tax in those years.                | hen calculatin    | g whether the foundation c             |            |                                  |

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# Form 990-PF (2016) INC.

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| SOUTHERN | OKLAHOMA | MEMORIAL | FOUNDATION, |
|----------|----------|----------|-------------|
|          |          |          |             |

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Part XIII Undistributed Income (see instructions)

|   | (a)           | (b)                        | (0)         | (4)                          |
|---|---------------|----------------------------|-------------|------------------------------|
|   | (a)<br>Corpus | (b)<br>Years prior to 2015 | (c)<br>2015 | ( <b>d</b> )<br>2016         |
| 1 Distributable amount for 2016 from Part XI,   |               |                            |             |                              |
| line 7  |               |                            |             | 4,731,318.                   |
| 2 Undistributed income, if any, as of the end of 2016   |               | -                          | 1 162 700   | 1                            |
| a Enter amount for 2015 only  |               |                            | 4,463,799.  |                              |
| b Total for prior years:  |               | 0.                         |             |                              |
| 3 Excess distributions carryover, if any, to 2016:  |               | <b>U</b> •                 |             |                              |
| a From 2011   |               |                            |             |                              |
| b From 2012   |               |                            |             |                              |
| c From 2013   |               |                            |             |                              |
| d From 2014   |               |                            |             |                              |
| e From 2015   |               |                            |             |                              |
| f Total of lines 3a through e   | 0.            |                            |             | t                            |
| 4 Qualifying distributions for 2016 from  |               |                            |             |                              |
| Part XII, line 4: ► \$4,805,707.  |               |                            |             | ,                            |
| a Applied to 2015, but not more than line 2a  |               |                            | 4,463,799.  | i                            |
| b Applied to undistributed income of prior  |               |                            |             |                              |
| years (Election required - see instructions)  |               | 0.                         |             |                              |
| c Treated as distributions out of corpus  |               |                            |             |                              |
| (Election required - see instructions)  | 0.            |                            |             |                              |
| d Applied to 2016 distributable amount  |               |                            |             | 341,908.                     |
| e Remaining amount distributed out of corpus  | 0.            |                            |             |                              |
| 5 Excess distributions carryover applied to 2016<br>(If an amount appears in column (d), the same amount<br>must be shown in column (a) ) | 0.            |                            |             | <u>0.</u>                    |
| <ul> <li>6 Enter the net total of each column as indicated below:</li> </ul>  |               |                            |             |                              |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5   | 0.            |                            |             |                              |
| b Prior years' undistributed income. Subtract   |               |                            |             |                              |
| line 4b from line 2b  |               | 0.                         |             |                              |
| c Enter the amount of prior years'<br>undistributed income for which a notice of<br>deficiency has been issued, or on which               |               |                            |             | <br>                         |
| the section 4942(a) tax has been previously assessed  |               | 0.                         |             | ł                            |
| d Subtract line 6c from line 6b. Taxable  |               |                            |             |                              |
| amount - see instructions   |               | 0.                         |             |                              |
| e Undistributed income for 2015. Subtract line  |               |                            |             |                              |
| 4a from line 2a. Taxable amount - see instr.  |               |                            | 0.          |                              |
| f Undistributed income for 2016. Subtract   |               |                            |             |                              |
| lines 4d and 5 from line 1. This amount must  |               |                            |             |                              |
| be distributed in 2017  |               |                            |             | 4,389,410.                   |
| 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)   | 0.            |                            |             |                              |
| 8 Excess distributions carryover from 2011  |               |                            |             |                              |
| not applied on line 5 or line 7   | 0.            |                            |             |                              |
| 9 Excess distributions carryover to 2017.   |               |                            |             |                              |
| Subtract lines 7 and 8 from line 6a   | 0.            |                            |             |                              |
| 10 Analysis of line 9:  | 1             |                            |             |                              |
| a Excess from 2012<br>b Excess from 2013  |               |                            |             |                              |
| c Excess from 2013  |               |                            |             |                              |
| d Excess from 2015  |               |                            |             |                              |
| e Excess from 2016  |               |                            |             |                              |
| 023581 11-23-16   |               |                            | L           | Form <b>990-PF</b> (2016)    |
| 923301 11-23-10   |               | 9                          |             | i unii <b>∪ou−r r</b> (2010) |

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| n 990-PF (2016) INC.<br>art XIV Private Operating Fou  | Indations (see in         | structions and Part VII               | A, question 9)        | N/A                             | <u>00662 / Pa</u> |
|--|---------------------------|---------------------------------------|-----------------------|---------------------------------|-------------------|
| If the foundation has received a ruling or de  | etermination letter that  | t it is a private operating           |                       |                                 |                   |
| foundation, and the ruling is effective for 20   | ) 16, enter the date of 1 | the ruling                            |                       |                                 |                   |
| Check box to indicate whether the foundation   | on is a private operatii  | ng foundation described i             | n section             | 4942(j)(3) or 4942(j)           | 942())(5)         |
| a Enter the lesser of the adjusted net   | Tax year                  |                                       | Prior 3 years         | /                               | }                 |
| income from Part I or the minimum  | (a) 2016                  | (b) 2015                              | (c) 2014              | (d) 2013                        | (e) Total         |
| investment return from Part X for  |                           |                                       | {                     |                                 | Į                 |
| each year listed   |                           |                                       |                       |                                 |                   |
| 85% of line 2a   |                           |                                       |                       |                                 |                   |
| Qualifying distributions from Part XII,  |                           |                                       |                       |                                 | {                 |
| line 4 for each year listed  |                           |                                       | <b> </b>              |                                 |                   |
| Amounts included in line 2c not  |                           |                                       |                       |                                 |                   |
| used directly for active conduct of  |                           |                                       |                       |                                 | {                 |
| exempt activities  |                           | <u> </u>                              | /                     |                                 | <u> </u>          |
| Qualifying distributions made directly   |                           | {                                     | 1                     |                                 | {                 |
| for active conduct of exempt activities.   |                           |                                       |                       |                                 | {                 |
| Subtract line 2d from line 2c<br>Complete 3a, b, or c for the  |                           | <u> </u>                              |                       |                                 | <u> </u>          |
| alternative test relied upon:  |                           |                                       |                       |                                 |                   |
| "Assets" alternative test - enter:<br>(1) Value of all assets  |                           |                                       |                       |                                 | }                 |
| (2) Value of assets qualifying   |                           | /                                     |                       |                                 |                   |
| under section 4942(j)(3)(B)(i)<br>"Endowment" alternative test - enter   |                           |                                       |                       |                                 |                   |
| 2/3 of minimum investment return<br>shown in Part X, line 6 for each year<br>listed  |                           |                                       |                       |                                 |                   |
| "Support" alternative test - enter:  |                           |                                       |                       |                                 |                   |
| (1) Total support other than gross<br>investment income (interest,<br>dividends, rents, payments on<br>securities loans (section | ľ                         |                                       |                       |                                 |                   |
| 512(a)(5)), or royalties)  |                           | <u> </u>                              |                       |                                 |                   |
| (2) Support from general public<br>and 5 or more exempt<br>organizations as provided in<br>section 4942(j)(3)(B)(iii)            |                           |                                       |                       |                                 |                   |
| (3) Largest amount of support from   | 1                         |                                       |                       |                                 |                   |
| an exempt organization   |                           |                                       | [                     |                                 |                   |
| (4) Gross investment income  | /                         |                                       |                       |                                 |                   |
| rt XV Supplementary Inform<br>at any time during the   |                           |                                       | if the foundat        | ion had \$5,000 or m            | ore in assets     |
| Information Regarding Foundation   | Managers:                 |                                       |                       |                                 |                   |
| List any managers of the foundation who have contributed more  | ave contributed more      |                                       | ributions received by | / the foundation before the clo | se of any tax     |
| NE   |                           |                                       |                       |                                 |                   |
| List any managers of the foundation who or other entity) of which the foundation has a   |                           |                                       | or an equally large p | portion of the ownership of a p | artnership or     |
| NE   |                           |                                       |                       |                                 |                   |
| Information Regarding Contribution   | , Grant. Gift. Loan       | Scholarship. etc., Pr                 | ograms:               |                                 |                   |
| Check here ► If the foundation only the foundation makes gifts, grants, etc. (see  | makes contributions       | to preselected charitable             | organizations and do  |                                 |                   |
| The name, address, and telephone number  |                           |                                       |                       |                                 |                   |
| E STATEMENT 16   |                           | · · · · · · · · · · · · · · · · · · · |                       |                                 |                   |
| -  |                           | tion and materials they sh            |                       |                                 |                   |

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

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Form 990-PF (2016)

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| Part XV Supplementary Information (            | continued)   |                         |  |                |
|--|--|-------------------------|--|----------------|
| 3 Grants and Contributions Paid During the Yea | ar or Approved for Future  | Payment                 |  |                |
| Recipient                                      | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation<br>status of | Purpose of grant or contribution         | Amount         |
| Name and address (home or business)            | or substantial contributor   | recipient               |  |                |
| a Paid during the year                         |  |                         |  |                |
| RBUCKLE AREA COUNCIL #468-BOY SCOUTS           |  | PC                      | GRANT - CAMP SIMPSON                     |                |
| F AMERICA                                      |  |                         | STORM DAMAGE REPAIR                      |                |
| O BOX 5309                                     |  |                         |  |                |
| RDMORE, OK 73403                               |  | +                       |  | 5,000          |
| RBUCKLE AREA COUNCIL #468-BOY SCOUTS           |  | PC                      | MATCHING CONTRIBUTION                    |                |
| F AMERICA                                      |  |                         | - THOMAS BRANDT                          |                |
| O BOX 5309                                     |  | - j                     | CK#3282 2/9/17                           |                |
| RDMORE, OK 73403                               |  | +                       |  | 600            |
|  |  |                         |  |                |
| RBUCKLE LIFE SOLUTIONS, INC.                   |  | ₽C                      | OPERATING SUPPORT 2017                   |                |
| 9 10TH AVENUE NW                               |  |                         |  |                |
| RDMORE OK 73401                                |  |                         |  | 50,000         |
|  |  |                         |  |                |
| RBUCKLE LIFE SOLUTIONS, INC.                   |  | PC                      | L PULLIAM CK#1706                        |                |
| 9 10TH AVENUE NW                               |  |                         | 10/20/16 - GENERAL                       |                |
| RDMORE_ OK 73401                               |  |                         | DPERATIONS                               | 250            |
|  |  |                         |  |                |
| RDMORE DAY NURSERY, INC                        |  | PC                      | MATCHING CONTRIBUTION                    |                |
| 20 D STREET NW<br>RDMORE OK 73401              |  |                         | - MIKE MORDY CK#2307                     | 200            |
|  | FINUATION SHEE   | ET(S)                   | ▶ 3a                                     | 4.549.763      |
| <b>b</b> Approved for future payment           |  |                         |  |                |
|  |  |                         |  |                |
| RBUCKLE LIFE SOLUTIONS, INC.                   |  | PC                      | FUTURE GENERAL SUPPORT                   |                |
| 9 10TH AVENUE NW                               |  |                         |  |                |
| RDMORE, OK 73401                               |  | +                       |  | 50,000         |
|  |  |                         |  |                |
| RDMORE HABITAT FOR HUMANITY, INC.              |  | PC                      | HOME CONSTRUCTION                        |                |
| O BOX 2412<br>RDMORE OK 73402-2412             |  |                         |  | 30,000         |
|  |  |                         |  | 50_000         |
| PDMORE SCHOOT, DISMPICE I 19                   |  | PC                      |  |                |
| RDMORE SCHOOL DISTRICT I-19<br>O BOX 1709      |  | ₽C                      | 2017-18 SCHOOL<br>RESOURCE OFFICERS/ A/P |                |
| RDMORE_ OK 73402-1709                          |  |                         | INCENTIVE PROGRAM                        | <u>98</u> ,687 |
|  | TINUATION SHE  | ET(S)                   |  | <u> </u>       |
|  |  |                         |  | n 990-PF (201  |

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| Part XV Supplementary Information            |  |                         |                                  |          |
|--|--|-------------------------|----------------------------------|----------|
| 3 Grants and Contributions Paid During the Y | ear (Continuation)   |                         |                                  |          |
| Recipient                                    | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation<br>status of | Purpose of grant or contribution | Amount   |
| Name and address (home or business)          | or substantial contributor   | recipient               |                                  |          |
| ARDMORE HABITAT FOR HUMANITY, INC.           |  | PC                      | MATCHING CONTRIBUTION            |          |
| PO BOX 2412                                  |  |                         | M MORDY CK#2283                  |          |
| ARDMORE, OK 73402-2412                       |  |                         | 6/28/16, CK#2346                 |          |
|  |  | +                       | 5/10/17                          | 42       |
|  |  |                         |                                  |          |
| ARDMORE HABITAT FOR HUMANITY, INC.           |  | ₽C                      | MATCHING CONTRIBUTION            |          |
| PO BOX 2412                                  |  |                         | - R CROSBY CK#10987              |          |
| ARDMORE OK 73402-2412                        |  | +                       | 8/1/16                           | 50       |
| ARDMORE HABITAT FOR HUMANITY, INC.           |  | PC                      | MATCHING CONTRIBUTIONS           |          |
| PO BOX 2412                                  |  |                         | L PULLIAM CK#1720                |          |
| ARDMORE, OK_73402-2412                       |  | <u> </u>                | 1/24/17                          | 20       |
|  |  |                         |                                  |          |
| ARDMORE FAMILY LITERACY INC.                 |  | PC                      | GRANT - 2017 OPERATING           |          |
| 1405 4TH AVE NW, #104                        |  | 1                       | SUPPORT                          |          |
| ARDMORE, OK_73401                            | +  | +                       |                                  | 15,00    |
| ARDMORE PARKS AND REC DEPT                   |  | PC                      | MATCHING CONTRIBUTION            |          |
| о вох 249                                    |  |                         | M MORDY CK#2312                  |          |
| ARDMORE, OK 73402                            |  |                         | 11/8/16                          | 35       |
|  |  |                         |                                  |          |
| ARDMORE SCHOOL DISTRICT I-19                 |  | PC                      | GRANT - 16/17 SCHOOL             |          |
| O BOX 1709<br>ARDMORE OK 73402-1709          |  | }                       | NURSES                           | 134 60   |
| RDMORE, OK /3402-1709                        |  | +                       |                                  | 134,50   |
| ARDMORE SCHOOL DISTRICT 1-19                 |  | PC                      | GRANT - 2016-17 SCHOOL           | ,        |
| PO BOX 1709                                  |  |                         | YEAR SCHOOL RESOURCE             |          |
| RDMORE, OK 73402-1709                        | +  | <u> </u>                | OFFICERS                         | 107,44   |
| RDMORE SCHOOLS TURF ASSOCIATION              |  | PC                      | GRANT - TURF                     |          |
| 22 2ND AVE., NW                              |  | [                       | REPLACEMENT PROJECT              |          |
| RDMORE, OK 73401                             |  | <u> </u>                |                                  | 400,00   |
|  |  |                         |                                  |          |
| C/SARA FOUNDATION, INC.                      |  | PC                      | GRANT - 2017 CRISIS ED           |          |
| O BOX 1396                                   |  |                         | SPECIALIST'S SAL &               |          |
| RDMORE, OK 73402                             | +  |                         | _TRAINING                        | 25,00    |
| ARTER COUNTY JUNIOR LIVESTOCK SHOW           |  | PC                      | MATCHING CONTRIBUTION            |          |
| PO BOX 1089                                  |  | ł                       | - M MORDY CK# 2324               |          |
| ARDMORE, OK 73402                            | <u> </u>   |                         | 1/11/17                          | 25       |
| Total from continuation sheets               |  |                         |                                  | 4.493.71 |

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| inuation)<br>ent is an individual,<br>any relationship to<br>undation manager<br>status of<br>stantial contributor | Purpose of grant or contribution                      | Amount  |
|--|---|---|
| ent is an individual,<br>any relationship to<br>undation manager status of   | Purpose of grant or contribution                      | Amount  |
| any relationship to Foundation<br>undation manager status of   | Purpose of grant or contribution                      | Amount  |
|  |   |   |
| PC   | GRANT - A/H PHYSICAL<br>ACTIVITY INITIATIVE           | 25,000.   |
| PC   | GRANT - PARTNERS IN<br>EDUCATION 2017 SUPPORT         | 50,000.   |
| PC   | MATCHING CONTRIBUTION<br>- M MORDY CK#2325<br>1/11/17 | 500.  |
| PC   | GRANT - CHILDHOOD<br>OBESITY STUDY                    | 25,000,   |
| PC   | GRANT - PAYROLL AND<br>RENT EXPENSE THRU<br>8/31/17   | 100,000,  |
| PC   | GRANT - COUNSELING                                    | 70,155,   |
| PC   | GRANT - SHELTER<br>PROGRAM & ADVOCATE<br>FY17         | 40,000,   |
| ₽C   | FY 17 FUNDING   | 5,000.  |
| PC   | GRANT - PRESCHOOL                                     |   |
| -  | PC<br>PC<br>PC<br>PC<br>PC<br>PC<br>PC<br>PC          | ACTIVITY INITIATIVE         PC       GRANT - PARTNERS IN         EDUCATION 2017 SUPPORT         PC       MATCHING CONTRIBUTION         - M MORDY CX#2325         L/11/17         PC       GRANT - CHILDHOOD         DBESITY STUDY         PC         GRANT - PAYROLL AND         RENT EXPENSE THRU         8/31/17         PC         GRANT - COUNSELING         PC         BRANT - SHELTER         PC         PC         FC         FC |

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| 3 Grants and Contributions Paid During the Y |   |                        |                        |        |
|--|---|------------------------|------------------------|--------|
| • Recipient                                  | If recipient is an individual, show any relationship to | Foundation             | Purpose of grant or    | Amount |
| Name and address (home or business)          | any foundation manager<br>or substantial contributor    | status of<br>recipient | contribution           |        |
| OOD & RESOURCE CENTER OF SOUTH               |   | PC                     | GRANT - OPERATING      |        |
| ENTRAL OKLAHOMA INC                          |   |                        | SUPPORT 2017           |        |
| PO BOX 756                                   |   | }                      |                        |        |
| RDMORE OK 73402                              | +   |                        |                        | 50,00  |
| SIRLS ON THE RUN OF SO OKLAHOMA INC          |   | PC                     | MATCHING CONTRIBUTION  |        |
| 11 WEST BROADWAY, SUITE 210                  |   | [-                     | - P MCANALLY CK#1900   |        |
| ARDMORE, OK 73401                            |   |                        | 10/31/16               | 25     |
| SIRLS ON THE RUN OF SO OKLAHOMA INC          |   | PC                     | GRANT - 2016/17        |        |
| 11 WEST BROADWAY, SUITE 210                  |   |                        | PROGRAM SUPPORT        |        |
| RDMORE, OK 73401                             |   |                        |                        | 10,000 |
| GLORIA AINSWORTH CHILD CARE/LEARNING         |   | PC                     | MATCHING CONTRIBUTION  |        |
| CENTER, INC                                  |   | 1                      | - L PULLIAM CK#1714    |        |
| 502 G STREET, NE                             |   |                        | 11/21/16               |        |
| RDMORE, OK 73401                             | +   | +                      |                        | 50     |
| SLORIA AINSWORTH CHILD CARE/LEARNING         |   | PC                     | MATCHING CONTRIBUTION  |        |
| CENTER, INC                                  |   | {                      | P MCANALLY CK#1953     |        |
| 502 G STREET, NE                             |   | 1                      | 12/12/16               |        |
| ARDMORE, OK 73401                            | +   |                        |                        | 15(    |
| OOD SHEPHERD COMMUNITY CLINIC, INC.          |   | ₽C                     | 2016 MAMMOGRAMS        |        |
| 20 12TH AVE, NW                              |   |                        |                        |        |
| RDMORE, OK 73401                             | +   |                        |                        | 19,290 |
|  |   |                        |                        |        |
| SOOD SHEPHERD COMMUNITY CLINIC, INC.         |   | PC                     | 2017 MAMMOGRAMS        |        |
| 20 12TH AVE, NW<br>ARDMORE_OK 73401          |   |                        |                        | 34(    |
|  |   |                        |                        |        |
| RACE CENTER OF SOUTHERN OKLAHOMA             |   | PC                     | GRANT - 2017 OPERATING |        |
| 1 A STREET NW                                |   |                        | SUPPORT                |        |
| ARDMORE, OK 73401                            | +   |                        | +                      | 25,00  |
| HV WILSON COMMUNITY CENTER                   |   | PC                     | GRANT - 7/1/16-6/30/17 |        |
| PO BOX 502                                   |   |                        | OPR SUPPORT            |        |
| ARDMORE, OK 73402                            | +   | +                      |                        | 60,00  |
| JOHNSTON COUNTY EMERGENCY MEDICAL            |   | PC                     | GRANT - 1/2 COST       |        |
| SERVICE                                      |   | [                      | AMBULANCE REMOUNT      |        |
| 504 EAST 24TH STREET                         |   |                        |                        |        |
| TISHOMINGO, OK 73460                         | <u> </u>  |                        |                        | 34,04  |
| Total from continuation sheets               |   |                        |                        |        |

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| Part XV Supplementary Information                              |   | · · · · · · · - · - · - · - · · · · · · |  |          |
|--|---|---|--|----------|
| 3 Grants and Contributions Paid During the Ye<br>Recipient     | If recipient is an individual,                  | ·                                       |  |          |
| Name and address (home or business)                            | show any relationship to any foundation manager | Foundation<br>status of                 | Purpose of grant or<br>contribution    | Amount   |
|  | or substantial contributor                      | recipient                               |  |          |
| LIMBS FOR LIFE FOUNDATION                                      |   | PC                                      | GRANT - PROSTHETIC FOR                 |          |
| 9604 N MAY AVE   | ,   |   | ARDMORE AREA RESIDENTS                 |          |
| OKLAHOMA CITY, OK 73120-2714                                   |   |   |  | 4,00     |
| LEGAL ATD GENUTORS OF OWALLOWA INC                             |   | P.C.                                    | GRANT - MED/LEGAL                      |          |
| LEGAL AID SERVICES OF OKALHOMA INC<br>2915 N CLASSEN SUITE 500 |   | PC                                      | PTNSHP W/ MERCY                        |          |
| OKLAHOMA CITY, OK 73106  |   | 1                                       | ARDMORE FY17                           | 10,00    |
| OKLAHOMA CITI, OK 75100  | <u> </u>  | +                                       | ANDMORE FILL                           | 10,00    |
| MEDICAL EQUIPMENT ASSISTANCE PROGRAM                           |   | PC                                      | GRANT - 2016/2017                      |          |
| INC  | 2   |   | OPERATING SUPPORT                      |          |
| 2525 3RD AVENUE, NE  |   |   |  |          |
| ARDMORE, OK 73401  |   |   |  | 61,850   |
|  |   |   |  |          |
| MERCY HEALTH FOUNDATION ADA                                    | Ĩ   | PC                                      | GRANT - ULTRASOUND FOR                 |          |
| 430 N MONTE VISTA  |   |   | TISHOMINGO                             |          |
| ADA, OK 74820  |   |   |  | 9,70     |
| MERCY HEALTH FOUNDATION ARDMORE                                |   | PC                                      | GRANT - CT EQUIPMENT &                 |          |
| 1011 14TH AVENUE NW  |   |   | FACILITY RENOVATION                    |          |
| ARDMORE, OK 73401  |   | +                                       |  | 958,75   |
|  |   |   |  |          |
| MERCY HOSPITAL ARDMORE   |   | PC                                      | INDIGENT CARE                          |          |
| 1011 14TH AVENUE NW  |   | ļ                                       | REIMBURSEMEMT                          |          |
| ARDMORE, OK 73401  |   |   |  | 11,48    |
|  |   |   |  |          |
| MORE FOUNDATION<br>301 W. MAIN, SUITE 210                      |   | PC                                      | MATCHING CONTRIBUTION<br>MORDY CK#2351 |          |
| ARDMORE, OK 73401  |   | }                                       | 5/30/17                                | 10       |
|  |   |   |  |          |
| MORE FOUNDATION  |   | PC                                      | SCHOLARSHIPS                           |          |
| 301 W. MAIN, SUITE 210   |   |   |  |          |
| ARDMORE, OK 73401  | <u> </u>  | +                                       |  | 116,00   |
|  |   |   |  |          |
| OAK HALL   |   | PC                                      | GRANT - SCHOLARSHIPS                   |          |
| PO BOX 1807  |   |   | FYE 6/30/17 & 6/30/18                  | <u> </u> |
| ARDMORE, OK 73402  | +   | +                                       |  | 60_00    |
| OKLAHOMA ARTS INSTITUTE  |   | PC                                      | GRANT - FALL ARTS                      |          |
| 111 NW 9TH STREET  |   | -                                       | INSTITUTE EDUCATOR                     |          |
| OKLAHOMA CITY_OK_73102   |   |   | SCHOLARSHIPS                           | 11,00    |
| Total from continuation sheets                                 |   |   |  |          |

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| Part XV         Supplementary Information           3         Grants and Contributions Paid During the V |  |                        |   |          |
|--|--|------------------------|---|----------|
| • Recipient  | If recipient is an individual,   | Foundation             | Purpose of grant or                           |          |
| Name and address (home or business)  | show any relationship to<br>any foundation manager<br>or substantial contributor | status of<br>recipient | contribution                                  | Amount   |
|  |  |                        |   |          |
| OKLAHOMA BAPTIST HOMES FOR CHILDREN  |  | PC                     | MATCHING CONTRIBTION -                        |          |
| 225 WEST MAIN  |  | [-                     | RON GRAVES                                    |          |
| MADILL, OK 73446   | +  |                        |   | 5,000    |
|  |  |                        |   |          |
| OKLAHOMA BAPTIST HOMES FOR CHILDREN  |  | PC                     | GRANT - HOPE PREGNANCY                        |          |
| 225 WEST MAIN  |  |                        | CENTER OF SO OKLA ED &                        |          |
| MADILL, OK 73446   |  | +                      | MED EXP 2017                                  | 20,000   |
| OKLAHOMA BAPTIST HOMES FOR CHILDREN  |  | PC                     | GRANT - 2ND TWIN                              |          |
| 225 WEST MAIN  |  |                        | COTTAGE AT MADILL                             |          |
| MADILL, OK 73446   |  | +                      | CAMPUS  | 250,000  |
|  |  |                        |   |          |
| OKLAHOMA CENTER OF NONPROFITS INC  |  | PC                     | GRANT - CENTER                                |          |
| 720 W WILLSHIRE BLVD, STE 115<br>DKLAHOMA CITY, OK 73116   |  |                        | PROGRAMS FOR SOUTHERN<br>OKLAHOMA FY 17       | 10,000   |
|  |  | 1                      |   |          |
| OMNIA, INC   |  | PC                     | MATCHING CONTRIBUTION                         |          |
| 1550 KNOX ROAD   |  |                        | M MORDY CK#9001                               |          |
| ARDMORE, OK 73401  |  | +                      | 6/6/17  | 350      |
| DMNIA, INC   |  | PC                     | GRANT - VAN PURCHASE                          |          |
| 1550 KNOX ROAD   |  |                        |   |          |
| ARDMORE OK 73401   |  |                        |   | 59,198,  |
|  |  |                        |   |          |
| OUTCASTS UNDER TRANSFORMATION INC  |  | ₽C                     | GRANT - PURCHASE AND<br>RENOVATE NEW FACILITY |          |
| ARDMORE, OK 73401  |  |                        |   | 250,000  |
|  |  |                        |   |          |
| PROJECT GRADUATION INC   |  | PC                     | MATCHING CONTRIBTUION                         |          |
| 177 E STREET NW  |  | {                      | M MORDY CK#2344                               |          |
| ARDMORE, OK 73401  |  | +                      | 5/9/17  | 150      |
| READING ROOM, INC.   |  | PC                     | GRANT - READING                               |          |
| PO BOX 1807  |  |                        | THERAPISTS FY17/FY18                          |          |
| ARDMORE, OK 73402  | +  | +                      |   | 140,000. |
| SALVATION ARMY   |  | RC .                   |   |          |
| PO BOX 1483  |  | PC                     | GRANT - FY17<br>SHELTER/FEEDING PRGM          |          |
| ARDMORE, OK 73402  |  | L                      |   | 100,000  |
| Total from continuation sheets   |  |                        |   |          |

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| 3 Grants and Contributions Paid During the          |  |                         |  |         |
|---|--|-------------------------|--|---------|
| • Recipient   | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation<br>status of | Purpose of grant or contribution         | Amount  |
| Name and address (home or business)                 | or substantial contributor   | recipient               |  |         |
| COLUMN DATE & BANTLY CERVICED                       |  |                         |  |         |
| SOUTHEASTERN OKLA FAMILY SERVICES,<br>INC           |  | PC                      | GRANT - FOR RINGLING/<br>ZANEIS STUDENTS |         |
| PO BOX 1710   |  | {                       | ARTE STOPATS                             |         |
| KINGSTON, OK 73439                                  |  |                         |  | 14,00   |
|   |  |                         |  |         |
| SOUTHERN OKLAHOMA HIGHER EDUCATION<br>FOUNDATION    |  | PC                      | NURSING EQUIPMENT &                      |         |
| 611 VETERANS BOULEVARD                              |  |                         | FURNISHINGS/ SIM LAB                     |         |
| ARDMORE, OK 73401                                   |  | 1                       |  | 280,834 |
|   |  |                         |  |         |
| SUNSHINE INDUSTRIES, INC.                           |  | PC                      | GRANT - ADULT DAY                        |         |
| PO BOX 1729   |  | Ĩ                       | SERVICES FACILITY                        |         |
| ARDMORE OK 73402                                    |  | <u> </u>                |  | 550,000 |
|   |  | 1                       |  |         |
| TRAVELIN TIGERS FUND INC                            |  | PC                      | MATCHING CONTRIBUTION                    |         |
| PO BOX 306  |  |                         | - R CROSBY CK#10986                      |         |
| ARDMORE, OK 73402                                   |  | 1                       | 8/1/16                                   | 500     |
|   |  | }                       |  |         |
| TRAVELIN TIGERS FUND INC                            |  | PC                      | MATCHING CONTRIBUTION                    |         |
| PO BOX 306  |  |                         | - MATCH P MCANALLY                       |         |
| ARDMORE, OK 73402                                   |  |                         | c#1856_9/1/16                            | 25(     |
|   |  |                         |  |         |
| TRAVELIN TIGERS FUND INC                            |  | PC                      | MATCH M MORDY                            |         |
| PO BOX 306  |  | {                       | CONTRIBUTION (CK#2289                    |         |
| ARDMORE, OK 73402                                   |  | +                       | 8/22/16)                                 | 100     |
|   |  |                         |  |         |
| VIZAVANCE INC                                       |  | PC                      | GRANT - 2016/17 VISION                   |         |
| 1900 NW EXPRESSWAY, SUITE R110                      |  | {                       | SCREENING SO CNTRL                       |         |
| OKLAHOMA CITY, OK 73118-7435                        |  | +                       | DKLA                                     | 7,500   |
|   |  |                         |  |         |
| YMCA OF ARDMORE, OKLAHOMA                           |  | PC                      | GRANT - CAPITAL                          |         |
| 920 15TH AVE NW                                     |  |                         | CAMPAIGN FUNDS                           |         |
| ARDMORE, OK 73401                                   |  | +                       |  | 222,300 |
|   |  |                         |  |         |
| YMCA OF ARDMORE, OKLAHOMA                           |  | PC                      | GRANT - 2017 OPERATING                   |         |
| 920 15TH AVE NW                                     |  | 1                       | SUPPORT                                  |         |
| ARDMORE, OK 73401                                   |  | +                       |  | 100,000 |
|   |  |                         |  |         |
| YMCA OF ARDMORE, OKLAHOMA                           |  | PC                      | MATCH M MORDY CK#2394                    |         |
| 920 15TH AVE NW                                     |  |                         | 5/25/17 (BENEVOLENT                      | 1 000   |
| ARDMORE, OK 73401<br>Total from continuation sheets |  |                         | GIFT)                                    | 1,000   |

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| Part XV Supplementary Information             |  |                        | <u>_</u>                         | ,00002   |
|---|--|------------------------|----------------------------------|----------|
| 3 Grants and Contributions Paid During the Ye | ar (Continuation)  |                        |                                  |          |
| · Recipient                                   | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation             | Purpose of grant or contribution | Amount   |
| Name and address (home or business)           | or substantial contributor   | status of<br>recipient | CONTRIBUTION                     | Amount   |
|   |  |                        | 1                                |          |
|   |  |                        |                                  |          |
| YW8, INC.                                     |  | PC                     | GRANT - FYE 6/30/17              |          |
| 7 WEST BROADWAY                               |  |                        | OPERATING SUPPORT                |          |
| ARDMORE, OK 73401                             |  | +                      | +                                | 30,000.  |
|   |  |                        |                                  |          |
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|   | L  | l                      |                                  |          |
| Total from continuation sheets                |  |                        |                                  | <u> </u> |

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| 3 Grants and Contributions Approved for F                            | uture Payment (Continuation)                               | )                      |   |        |
|--|--|------------------------|---|--------|
| • Recipient  | If recipient is an individual,<br>show any relationship to | Foundation             | Purpose of grant or                     | Amount |
| Name and address (home or business)                                  | any foundation manager<br>or substantial contributor       | status of<br>recipient | contribution                            |        |
| FELLOWSHIP OF CHRISTIAN ATHLETES                                     |  | PC                     | FY 17 & 18 COACHES                      |        |
| 1901 ROCK CREEK ROAD ARDMORE, OK 73401                               |  |                        | MINISTRY                                | 5,00   |
| FOOD & RESOURCE CENTER OF SOUTH<br>CENTRAL OKLAHOMA INC              |  | PC                     | OPERATING SUPPORT                       |        |
| PO BOX 756<br>ARDMORE, OK 73402                                      |  |                        |   | 50,00  |
| MURRAY COUNTY EMERGENCY MEDICAL<br>SERVICE<br>2009 w BROADWAY AVE #B |  | PC                     | SULPHUR STATION<br>CONSTRUCTION         |        |
| SULPHUR, OK 73086  |  |                        |   | 50,00  |
| OKLAHOMA ARTS INSTITUTE<br>111 NW 9TH STREET                         |  | ₽C                     | FALL ARTS INSTITUTE<br>SCHOLARSHIPS FOR |        |
| OKLAHOMA CITY, OK 73102  |  |                        | EDUCATORS                               | 22,33  |
|  |  |                        |   |        |
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| Total from continuation sheets                                       |  |                        |   | 127_33 |

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### Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated.   | Unrelated               | business income         |                               | ed by section 512, 513, or 514 | (e)                                  |
|---|-------------------------|-------------------------|-------------------------------|--------------------------------|--------------------------------------|
|   | (a)<br>Business<br>code | (b)<br>Amount           | (C)<br>Exclu-<br>sion<br>code | (d)<br>Amount                  | Related or exempt<br>function income |
| <ul> <li>1 Program service revenue:</li> <li>a</li></ul>  |                         |                         | sion                          |                                |                                      |
| a b c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) |                         | 0                       | •                             | <u>5,169,608</u> .<br>13       | <u>0.</u><br>5,169,608.              |
| Part XVI-B Relationship of Activities to<br>Line No. Explain below how each activity for which income<br>the foundation's exempt purposes (other than<br>             | ime is reported in      | column (e) of Part XVI- |                               |                                |                                      |
|   |                         |                         |                               |                                |                                      |

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Form 990-PF (2016)

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| Form 990-<br>Part X |          |   | egarding Tran                         | sfers To a    | and Transactions a   | and Relations         |                             | 300662<br>charitable           |                        | ige 13    |
|---------------------|----------|---|---------------------------------------|---------------|--|-----------------------|-----------------------------|--------------------------------|------------------------|-----------|
|                     |          | Exempt Organ                                      |                                       |               |  |                       |                             |                                |                        |           |
|                     |          |   |                                       |               | ig with any other organizati                                       |                       | tion 501(c) of              |                                | Yes                    | No        |
|                     |          |   |                                       |               | 27, relating to political organ                                    | nizations?            |                             |                                |                        |           |
|                     |          | from the reporting found                          | ation to a noncharita                 | ble exempt or | ganization of:   |                       |                             | 4.443                          |                        | v         |
| (1)                 |          | assets  |                                       |               |  |                       |                             | <u>1a(1)</u><br>1a(2)          |                        | X<br>X    |
| • •                 |          | assets<br>sactions:                               |                                       |               |  |                       |                             | . 14(2)                        |                        | <b>A</b>  |
|                     |          | of assets to a noncharita                         | ble exempt organiza                   | tion          |  |                       |                             | 1b(1)                          |                        | X         |
| •••                 |          | ases of assets from a no                          | • •                                   |               |  | •                     |                             | 1b(2)                          |                        | X         |
| •••                 |          | l of facilities, equipment,                       | -                                     | -             |  |                       |                             | 1b(3)                          |                        | X         |
| (4)                 | Reimt    | oursement arrangements                            |                                       |               |  |                       |                             | <u>1b(4)</u>                   |                        | X         |
| • •                 |          | or loan guarantees                                |                                       |               |  |                       |                             | <u>1b(5)</u>                   |                        | X         |
| • •                 |          | mance of services or me                           | •                                     | -             |  |                       |                             | <u>1b(6)</u>                   |                        | X         |
|                     | -        | facilities, equipment, ma                         | -                                     |               |  |                       | ···                         |                                | L]                     | X         |
|                     |          |   |                                       |               | edule. Column <b>(b)</b> should al<br>ed less than fair market val |                       |                             |                                | seis,                  |           |
|                     |          | ) the value of the goods,                         |                                       |               |  | ue in any transaction | IT OF SHALLING ALLANGEN     | ioni, show in                  |                        |           |
| (a) Line no         | _        | (b) Amount involved                               |                                       |               | e exempt organization  | (d) Descriptio        | n of transfers, transaction | s, and sharing ar              | rangeme                | nts       |
|                     |          |   |                                       | N/A           |  |                       |                             |                                |                        |           |
|                     |          |   |                                       |               |  |                       |                             |                                |                        |           |
|                     |          |   |                                       |               |  |                       |                             |                                |                        |           |
|                     | <u> </u> |   |                                       |               |  |                       |                             |                                |                        |           |
|                     |          |   |                                       |               |  |                       |                             |                                |                        |           |
|                     | ┼──      |   |                                       |               |  |                       |                             |                                |                        |           |
|                     | +        |   | <u> </u> -                            |               |  |                       |                             | · _ · _ · _ ·                  |                        |           |
|                     | †        |   | {                                     |               |  |                       |                             | ·                              |                        |           |
|                     | 1-       |   |                                       |               |  |                       |                             |                                |                        |           |
|                     |          |   |                                       |               |  |                       |                             |                                |                        |           |
|                     | <u> </u> |   |                                       |               |  |                       |                             |                                |                        |           |
|                     | <u> </u> |   |                                       |               |  |                       |                             |                                |                        |           |
|                     |          |   |                                       |               |  |                       |                             |                                |                        |           |
|                     | +        |   |                                       |               |  |                       |                             |                                |                        |           |
|                     |          |   |                                       |               |  |                       |                             |                                |                        |           |
|                     |          | 501(c) of the Code (other                         |                                       |               | or more tax-exempt organ   | izations described    |                             |                                |                        | No        |
|                     |          | mplete the following sch                          |                                       |               | 101 327  |                       | •• •                        | L Yes                          | LA                     |           |
|                     |          | (a) Name of org                                   |                                       |               | (b) Type of organization   | <u> </u>              | (c) Description of rela     | tionship                       |                        |           |
|                     |          | N/A   |                                       |               |  |                       |                             |                                |                        |           |
|                     |          |   |                                       |               |  |                       |                             |                                |                        |           |
|                     |          | ··· <del>··································</del> | <del>~</del>                          |               |  | <b> </b>              |                             |                                |                        |           |
|                     |          |   |                                       |               | <u> </u>   |                       |                             |                                |                        |           |
|                     | Under    | Denaities of Denium, 1 declare                    | that I have examined the              |               | ng accompanying schedules and                                      |                       | best of my knowledge        |                                |                        |           |
|                     |          |   |                                       |               | n taxpayer) is based on all inform                                 |                       |                             | May the IRS of return with the | tiscuss t<br>e prepare | his<br>er |
| Here                |          | MEAN 155#   | n                                     |               | 12-15-17   | PRESI                 | יייאידר                     | shown below                    | (see inst              | tr)?      |
|                     | Sign     | ature of officer or trustee                       | · · · · · · · · · · · · · · · · · · · |               | Date   | Title                 |                             |                                |                        | J No      |
| L                   |          | Print/Type preparer's na                          | ame                                   | Preparer's s  |  | Date                  | Check If F                  | PTIN                           |                        |           |
|                     |          |   |                                       | V             |  | 1.1-1                 | self- employed              |                                |                        |           |
| Paid                | l        | KEVIN D. H  |                                       | 1 m           | - Howard   | 10115/17              |                             | P00352                         | <u>638</u>             |           |
| Prepa               |          | Firm's name 🕨 SMI                                 | TH, CARNE                             | Ý & CO        | ., P.C.  | -                     | Firm'sEIN ► 73              |                                |                        |           |
| Use O               | niy      | Presta a table a ser                              |                                       |               |  |                       |                             |                                |                        |           |
|                     | ļ        | Firm's address > 5                                | S. COMMER                             |               |  |                       | Phone no (58                |                                |                        | -         |

Form **990-PF** (2016)

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| FORM 990-PF INTERE   | ST ON SAVING                                | GS AN                  | ND TEMPOR                   | ARY C         | ASH IN              | VESTMEN'I                 | 'S S' | TATEMENT                      | 1                |
|--|---|------------------------|-----------------------------|---------------|---------------------|---------------------------|-------|-------------------------------|------------------|
| SOURCE   |   |                        | (A)<br>REVENUE<br>PER BOOK; |               |                     | (B)<br>IVESTMENT<br>ICOME |       | (C)<br>ADJUSTED<br>NET INCOMI | E                |
| SAVINGS & TEMPORARY<br>INVESTMENTS   | CASH  | ~                      | 221,2                       | 09.           |                     | 221,209.                  |       |                               |                  |
| TOTAL TO PART I, LI  | NE 3  |                        | 221,2                       | 09.           |                     | 221,209.                  |       |                               |                  |
| FORM 990-PF  | DIVIDENDS                                   | AND                    | INTEREST                    | FROM          | SECUR               | ITIES                     | S     | TATEMENT                      | 2                |
| SOURCE   | GROSS<br>AMOUNT                             | G                      | APITAL<br>GAINS<br>VIDENDS  | REV           | A)<br>ENUE<br>BOOKS | (B)<br>NET INV<br>MENT IN | EST-  | (C)<br>ADJUSTI<br>NET INCO    |                  |
| ACCRETION OF<br>DISCOUNTS<br>AMORTIZATIONS OF  | 3,726.                                      |                        | 0.                          |               | 3,726.              | 3,                        | 726.  |                               |                  |
| PREMIUMS<br>DIVIDENDS FROM   | -29,832.                                    |                        | 0.                          | -2            | 9,832.              | -29,                      | 832.  |                               |                  |
| PARTNERSHIPS<br>DIVIDENDS FROM   | 202,052.                                    |                        | 0.                          | 20            | 2,052.              | 202,                      | 052.  |                               |                  |
| SECURITIES   | 755,865.                                    |                        | 0.                          | 75            | 5,865.              | 755,                      | 865.  |                               |                  |
| TO PART I, LINE 4  | 931,811.                                    |                        | 0.                          | 93            | 1,811.              | 931,                      | 811.  |                               |                  |
| FORM 990-PF  |   | RENI                   | TAL INCOM                   | <del></del> E | <del></del>         |                           | S     | TATEMENT                      | 3                |
| KIND AND LOCATION C  | F PROPERTY                                  |                        |                             |               |                     | ACTIVIT<br>NUMBER         |       | GROSS<br>ENTAL INCO           | OME              |
| MEDICAL OFFICE BUIL<br>LEXINGTON CAPITAL P<br>PORTFOLIO ADVISORS<br>WALTON STREET REAL | ARTNERS VI-A<br>PRIVATE EQUI<br>ESTATE FUND | A, LE<br>(TY E<br>VII, | P<br>FUND V, L<br>, LP      | P             |                     | 1<br>2<br>3<br>4          |       | 7,59                          | 4.<br>37.<br>98. |
| WALTON STREET REAL<br>TOTAL TO FORM 990-P  |   |                        | -                           |               |                     | 5                         |       | -9,30<br><br>1,025,38         |                  |

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| FORM 990-PF   | RENTAL EXP  | ENSES   |                                   | STATEMENT  | 4                      |
|---|---|---|-----------------------------------|--|------------------------|
| DESCRIPTION   |   | CTIVITY<br>NUMBER   | AMOUNT                            | TOTAL  |                        |
| DEPRECIATION - S  | -<br>- LATOTAU  | 1   | 433,977.                          | 433,9  | 17.                    |
| TOTAL RENTAL EXPENSES   |   |   | `,                                | 433,9  | 17.                    |
| NET RENTAL INCOME TO FORM 990   | )-PF, PART I  | , LINE 5B   | =                                 | 591,40   | )3.                    |
| FORM 990-PF   | OTHER I   | NCOME   |                                   | STATEMENT  | 5                      |
| DESCRIPTION   |   | (A)<br>REVENUE<br>PER BOOKS   | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTEI<br>NET INCOM   |                        |
| MISCELLANEOUS INCOME<br>STATE TAX REFUND  |   | 22,104.<br>519.   | 22,104.<br>519.                   |  |                        |
|   |   |   |                                   |  |                        |
| TOTAL TO FORM 990-PF, PART I,   | LINE 11   | 22,623.   | 22,623.                           | ,<br>= <del></del>   |                        |
| TOTAL TO FORM 990-PF, PART I,<br>FORM 990-PF  | LINE 11<br>==<br>ACCOUNTI   |   | 22,623.                           | STATEMENT  | 6                      |
|   |   |   | (C)<br>ADJUSTED<br>NET INCOME     | STATEMENT<br>(D)<br>CHARITAN   | <br>SLE                |
| FORM 990-PF   | ACCOUNTI<br>(A)<br>EXPENSES   | NG FEES<br>(B)<br>NET INVEST-<br>MENT INCOME  | (C)<br>ADJUSTED<br>NET INCOME     | STATEMENT<br>(D)<br>CHARITAN   | BLE                    |
| FORM 990-PF<br>DESCRIPTION  | ACCOUNTI<br>(A)<br>EXPENSES<br>PER BOOKS  | (B)<br>(B)<br>NET INVEST-<br>MENT INCOME<br>0.  | (C)<br>ADJUSTED<br>NET INCOME     | STATEMENT<br>(D)<br>CHARITAI<br>E PURPOSI                                    | BLE<br>SS              |
| FORM 990-PF<br>DESCRIPTION<br>AUDIT & TAX PREP<br>TO FORM 990-PF, PG 1, LN 16B                  | ACCOUNTI<br>(A)<br>EXPENSES<br>PER BOOKS<br>15,468.<br>15,468.                                    | (B)<br>(B)<br>NET INVEST-<br>MENT INCOME<br>0.  | (C)<br>ADJUSTED<br>NET INCOME     | (D)<br>CHARITAN<br>PURPOSE<br>15,46  | BLE<br>SS              |
| FORM 990-PF<br>DESCRIPTION<br>AUDIT & TAX PREP<br>TO FORM 990-PF, PG 1, LN 16B<br>FORM 990-PF C | ACCOUNTI<br>(A)<br>EXPENSES<br>PER BOOKS<br>15,468.<br>15,468.                                    | NG FEES<br>(B)<br>NET INVEST-<br>MENT INCOME<br>0.<br>0.  | (C)<br>ADJUSTED<br>NET INCOME     | (D)<br>CHARITAN<br>PURPOSE<br>15,40<br>15,40<br>STATEMENT<br>(D)<br>CHARITAN | 3LE<br>58.<br>7<br>3LE |
| FORM 990-PF<br>DESCRIPTION<br>AUDIT & TAX PREP<br>TO FORM 990-PF, PG 1, LN 16B                  | ACCOUNTI<br>(A)<br>EXPENSES<br>PER BOOKS<br>15,468.<br>15,468.<br>0THER PROFES<br>(A)<br>EXPENSES | (B)<br>NET INVEST-<br>MENT INCOME<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0. | (C)<br>ADJUSTED<br>NET INCOME     | (D)<br>CHARITAN<br>PURPOSE<br>15,40<br>15,40<br>STATEMENT<br>(D)<br>CHARITAN | 3LE<br>58.<br>7<br>3LE |

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| FORM 990-PF   | TAX                                     | ES                                | S                             | ratement 8                    |
|---|---|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS            | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
| FEDERAL EXCISE TAX<br>FEDERAL UBI TAX<br>FOREIGN TAX<br>STATE UBI TAX | 51,000.<br>101,924.<br>6,450.<br>8,132. | 0.                                |                               | 0.<br>0.<br>0.<br>0.          |
| TO FORM 990-PF, PG 1, LN 18   | 167,506.                                | 6,450.                            |                               | 0.                            |

| FORM 990-PF                                | OTHER E                      | XPENSES                           | S'                            | TATEMENT 9                    |
|--|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                                | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
| DUES & SUBSCRIPTIONS                       | 4,546.                       |                                   |                               | 4,546.                        |
| EDUCATION & TRAINING<br>CONTRACT EMPLOYEES | 107,998.                     |                                   |                               | 1,472.<br>81,898.             |
| INSURANCE                                  | 17,076.                      | -                                 |                               | 17,076.                       |
| INVESTMENT EXPENSES                        | 3,906.                       |                                   |                               | 0.                            |
| MISCELLANEOUS                              | 7,413.                       | 1,379.                            |                               | 6,034.                        |
| POSTAGE & DELIVERY                         | 585.                         | 0.                                |                               | 585.                          |
| REPAIRS & MAINTENANCE                      | 2,633.                       | 85.                               |                               | 2,548.                        |
| OFFICE SUPPLIES                            | 2,066.                       | 516.                              |                               | 1,550.                        |
| TO FORM 990-PF, PG 1, LN 23                | 147,695.                     | 31,986.                           |                               | 115,709.                      |

FORM 990-PF

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U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 10

| DESCRIPTION                         | U.S.<br>GOV'T | OTHER<br>GOV ' T | BOOK VALUE | FAIR MARKET<br>VALUE |
|-------------------------------------|---------------|------------------|------------|----------------------|
| U.S. TREASURIES                     | x             |                  | 1,328,043. | 1,328,043.           |
| TOTAL U.S. GOVERNMENT OBLIGATIONS   |               | -                | 1,328,043. | 1,328,043.           |
| TOTAL STATE AND MUNICIPAL GOVERNMEN | T OBLIG       | ATIONS           |            |                      |
| TOTAL TO FORM 990-PF, PART II, LINE | 10A           | -                | 1,328,043. | 1,328,043.           |

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|  | DRPORATE STOCK  |  | STATEMENT 11   |
|--|---|--|--|
| DESCRIPTION  |   | BOOK VALUE   | FAIR MARKET<br>VALUE   |
| COMMON STOCK   | -   | 80,089,816.  | 80,089,816.  |
| TOTAL TO FORM 990-PF, PART II, LIN   | TE 10B =  | 80,089,816.  | 80,089,816.  |
| FORM 990-PF CC   | DRPORATE BONDS  |  | STATEMENT 12   |
| DESCRIPTION  |   | BOOK VALUE   | FAIR MARKET<br>VALUE   |
| CORPORATE BONDS & CERTIFICATES OF  | DEPOSIT   | 5,991,413.   | 5,991,413.   |
| TOTAL TO FORM 990-PF, PART II, LIN   | -<br>ЛЕ 10С   | 5,991,413.   | 5,991,413.   |
|  | =   |  |  |
| FORM 990-PF DEPRECIATION OF ASS  | ETS HELD FOR INV  | /ESTMENT   | STATEMENT 13   |
| DESCRIPTION  | COST OR<br>OTHER BASIS  | ACCUMULATED<br>DEPRECIATION  | BOOK VALUE   |
| MEDICAL OFFICE BUILDING  |   |  |  |
| IMPROVEMENTS - UROLOGY CENTER  | 5,280,876.<br>283,991.  | 1,207,393.<br>283,991.   | 4,073,483.   |
| IMPROVEMENTS - UROLOGY CENTER<br>IMPROVEMENTS - HEART &<br>VASCULAR<br>IMPROVEMENTS - OLIVR<br>IMPROVEMENTS - SUNGA<br>IMPROVEMENTS - PAPIN<br>IMPROVEMENTS - GILMORE  |   |  | 4,073,483.   |
| IMPROVEMENTS-UROLOGY CENTERIMPROVEMENTS-HEART &VASCULAR-OLIVRIMPROVEMENTS-SUNGAIMPROVEMENTS-PAPINIMPROVEMENTS-GILMOREIMPROVEMENTS-ARDMORESURGICAL-TENANT XIMPROVEMENTS-TENANT XIMPROVEMENTS-MELTONIMPROVEMENTS-BENSONIMPROVEMENTS-SAVAGE | 283,991.<br>74,826.<br>136,191.<br>104,288.<br>64,308.  | 283,991.<br>74,826.<br>136,191.<br>104,288.<br>64,308.   | 4,073,483.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>17,837.<br>0.              |
| IMPROVEMENTS-UROLOGY CENTERIMPROVEMENTS-HEART &VASCULAR-OLIVRIMPROVEMENTS-SUNGAIMPROVEMENTS-PAPINIMPROVEMENTS-GILMOREIMPROVEMENTS-ARDMORESURGICAL-TENANT XIMPROVEMENTS-TENANT XIMPROVEMENTS-MELTONIMPROVEMENTS-BENSON                    | 283,991.<br>74,826.<br>136,191.<br>104,288.<br>64,308.<br>119,806.<br>298,151.<br>23,185.<br>369,513.<br>123,500. | 283,991.<br>74,826.<br>136,191.<br>104,288.<br>64,308.<br>119,806.<br>298,151.<br>5,348.<br>369,513.<br>101,447. | 4,073,483.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0. |

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## 13091215 756851 5555-000 2016.04020 SOUTHERN OKLAHOMA MEMORIAL 5555-001

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| DESCRIPTION                        | OTHER BASIS | DEPRECIATION | BOOK VALUE |
|------------------------------------|-------------|--------------|------------|
| TELEPHONE SYSTEM                   | 1,363.      | 1,363.       | 0.         |
| ADDITIONAL LINES                   | 310.        | 310.         | 0.         |
| LOCKING FILE CABINET               | 266.        | 266.         | 0.         |
| METAL SHELVING                     | 119.        | 119.         | 0.         |
| USED COMPUTER TABLE                | 51.         |              | 0.         |
| LOCKING FILE CABINET               | 224.        |              | 0.         |
| 4 FILE SHELVES                     | 1,698.      |              | 0.         |
| AVAYA ACS UNIT & 18 DISPLAY        |             | •            |            |
| SET                                | 1,679.      | 1,679.       | 0.         |
| OFFICE FURNITURE - ACCOUNTANT      | 4,700.      |              | 0.         |
| OFFICE FURNITURE -                 | • • •       | •            |            |
| RECEPTIONIST                       | 3,351.      | 3,351.       | 0.         |
| OFFICE FURNITURE -                 |             | • • • -      |            |
| RECEPTIONIST CHAIR                 | 167.        | 167.         | 0.         |
| 16 HON BOARD ROOM CHAIRS           | 6,480.      |              | 0.         |
| PAOLI EXECUTIVE FURNITURE          | 6,995.      |              | 0.         |
| HON EXEC HIGHBACK CHAIR            | 415.        | 415.         | 0.         |
| PAOLI 16' CONFERENCE TABLE         | 5,562.      | 5,557.       |            |
| PAOLI BUFFET CREDENZA              | 3,294.      |              | 4.         |
| HON KEYBOARD TRAY                  | 54.         |              | 4.         |
| WORK ROOM CABINETS                 | 2,950.      | 2,950.       | 0.         |
| HON STORAGE CABINET                | 932.        | 932.         | 0.         |
| PROJECTOR & SCREEN                 | 1,463.      | 1,463.       | 0.         |
| HP LASER PRINTER 2420D             | 573.        | 573.         | 0.         |
| DELL OPTIX 780 COMPUTER            | 1,793.      | 1,793.       | 0.         |
| HP COLOR LASER JET CP2025          |             |              |            |
| PRINTER                            | 408.        | 408.         | 0.         |
| REFRIGERATOR W/ ICEMAKER 14CU      | 563.        | 303.         | 260.       |
| DELL OPTIPLEX 790 MINITOWER        |             |              |            |
| COMPUTER                           | 1,280.      | 1,280.       | 0.         |
| HON EXEC HIGHBACK CHAIR            | 436.        | 136.         | 300.       |
| SAVIN MP2501SP B/W COPIER          | 3,465.      | 1,675.       | 1,790.     |
| IPAD AIR2 QTY 11                   | 7,553.      | 3,675.       | 3,878.     |
| IPAD AIR2                          | 687.        | 320.         | 367.       |
| TOTAL TO FM 990-PF, PART II, LN 14 | 58,831.     | 52,223.      | 6,608.     |

COST OR ACCUMULATED

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

STATEMENT 14

STATEMENT(S) 14

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| FORM 990-PF P   |            | LIST OF OFFICERS,<br>AND FOUNDATION MAN |          | STATI                           | EMENT 15 |
|---|------------|---|----------|---------------------------------|----------|
| NAME AND ADDRESS  |            | TITLE AND<br>AVRG HRS/WK                |          | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE  |
| LARRY PULLIAM<br>P.O. BOX 1409<br>ARDMORE, OK 73402       |            | PRESIDENT<br>30.00                      | 162,027. | 0.                              | 1,247.   |
| DON CHAFFIN<br>P.O. BOX 1766<br>ARDMORE, OK 73402         |            | DIRECTOR<br>0.40                        | 0.       | 0.                              | 0.       |
| MIKE MORDY<br>110 WEST MAIN<br>ARDMORE, OK 73401          |            | DIRECTOR<br>0.40                        | 0.       | 0.                              | 0.       |
| RON CROSBY<br>519 SUNSET<br>ARDMORE, OK 73401             |            | DIRECTOR<br>0.40                        | 0.       | 0.                              | 0.       |
| G. BRIDGER COX<br>P.O. BOX 1689<br>ARDMORE, OK 73402      |            | DIRECTOR<br>0.40                        | 0.       | 0.                              | 0.       |
| PHIL MCANALLY<br>320 A ST NE<br>ARDMORE, OK 73401         |            | DIRECTOR<br>0.40                        | 0.       | 0.                              | 0.       |
| HENRY ROBERTS<br>1316 12TH AVE NW<br>ARDMORE, OK 73401    |            | DIRECTOR<br>0.40                        | 0.       | 0.                              | 0.       |
| RON GRAVES<br>1119 WALNUT DRIVE<br>ARDMORE, OK 73401      |            | DIRECTOR<br>0.40                        | 0.       | 0.                              | 0.       |
| BILL GODDARD<br>1505 N COMMERCE, ST<br>ARDMORE, OK 73401  | TE 102     | DIRECTOR<br>0.40                        | 0.       | 0.                              | 0.       |
| SALLIE WALKER<br>5695 MT. WASHINGTON<br>ARDMORE, OK 73401 | I ROAD     | DIRECTOR<br>0.40                        | 0.       | 0.                              | 0.       |
| TOTALS INCLUDED ON  | 990-PF, PA | GE 6, PART VIII                         | 162,027. | 0.                              | 1,247.   |

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 STATEMENT(S)
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 SOUTHERN OKLAHOMA MEMORIAL
 5555-001

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 16

#### NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MARY KATE WILSON, PRESIDENT 333 W. MAIN, SUITE 220 ARDMORE, OK 73401

TELEPHONE NUMBER

580-226-0700

#### FORM AND CONTENT OF APPLICATIONS

APPLICATION SHOULD INCLUDE A DESCRIPTION AND AMOUNT OF THE REQUEST, FINANCIAL STATEMENTS, AND THE PUBLIC CHARITY STATUS OF THE REQUESTING ENTITY.

ANY SUBMISSION DEADLINES

MARCH 1; JUNE 1; SEPTEMBER 1; DECEMBER 1

#### RESTRICTIONS AND LIMITATIONS ON AWARDS

RESTRICTED TO GEOGRAPHICAL AREA OF 50 MILE RADIUS OF ARDMORE, OK WITHIN THE STATE OF OKLAHOMA.

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GENERAL EXPLANATION

STATEMENT 17

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990-PF - OWNERSHIP OF ENTITIES WITH CERTAIN FOREIGN REPORTING REQUIR

EXPLANATION:

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THE FOUNDATION OWNS AN INTEREST IN THE FOLLOWING PASSTHROUGH ENTITIES WITH CERTAIN FOREIGN REPORTING REOUIREMENTS:

LEXINGTON CAPITAL PARTNERS VI-A, LP (EIN 34-2047994) IP IV AIV LP (EIN 61-1734218) PORTFOLIO ADVISORS PRIVATE EQUITY FUND V LP (EIN 01-0895788)

EACH OF THESE ENTITIES HAS MADE A TIMELY QUALIFIED ELECTING FUND ("QEF") ELECTION WITH RESPECT TO ITS INVESTMENT IN UNDERLYING PASSIVE FOREIGN INVESTMENT COMPANIES ("PFIC"), EFFECTIVE FOR EACH YEAR OF OWNERSHIP, AND HAS FILED THE REQUIRED FORMS 8621. ACCORDINGLY, THE FOUNDATION HAS NOT FURTHER REPORTED THE FOREIGN ACTIVITIES FROM THESE INVESTMENTS ON AN ADDITIONAL FORM 8621, AS IT DOES NOT BELIEVE IT TO BE NECESSARY.

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| FORM 8865                     | AFFILIATION SCHEDULE                                   |                       | STATEMEN                                 | r 20                             |
|-------------------------------|--|-----------------------|--|----------------------------------|
| NAME                          | ADDRESS  | IDENTIFYING<br>NUMBER | TOTAL<br>ORDINARY<br>INCOME<br>OR (LOSS) | CK<br>IF<br>FOR-<br>EIGN<br>P'SH |
| FIR TREE VALUE<br>MASTER FUND | 89 NEXUS WAY, CAMANA BAY                               | 20-1280884            |  |                                  |
| FIR TREE VALUE (RE)<br>MASTER | GRAND CAYMAN, CAYMAN ISLAN<br>89 NEXUS WAY, CAMANA BAY | 98-1083741            |  |                                  |
| VOYAGER CNTYW<br>126685DT0    | GRAND CAYMAN, CAYMAN ISLAN                             | 27-0583511            |  |                                  |
| VOYAGER STICS<br>86801CAA1    |  | 27-0583744            |  |                                  |
| VOYAGER GRNPT<br>39539BAA1    |  | 27-0583379            |  |                                  |
| VOYAGER IDYMC<br>45664UAA3    |  | 27-0583842            |  |                                  |
| CNTYW 12668VAA7 DEL<br>TR 201 |  | 30-0634743            |  |                                  |
| VOYAGER CWABS<br>126685AU0    |  | 27-0583481            |  |                                  |
| CNTYW 12668VAB5 DEL<br>TR 201 |  | 27-2549928            |  |                                  |
| VOYAGER SACO<br>785778QA2     |  | 27-0584771            |  |                                  |

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|------|------|---|

(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.lrs.gov/form990 . OMB No 1545-0047

# 2016

Name of the organization

SOUTHERN OKLAHOMA MEMORIAL FOUNDATION,

Employer identification number

| Organizatio | n time (r | heck ( | ر<br>امتر |
|-------------|-----------|--------|-----------|
| Organizatio |           | HOCK C | 2016)     |

TNC.

| Filers of:         | Section:  |
|--------------------|---|
| Form 990 or 990-EZ | 501(c)( ) (enter number) organization                                     |
|                    | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
|                    | 527 political organization  |
| Form 990-PF        | 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 crueity 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 contribution, 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. Don't 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 for an *exclusively* religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2016)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

.

Employer identification number

noncash contributions.)

| SOUTH      | ERN OKLAHOMA MEMORIAL FOUNDATION,   |                          | 73-1300662   |
|------------|---|--------------------------|--|
| Part I     | Contributors (See instructions). Use duplicate copies of Part I if addition       | al space is needed.      |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio | (d)<br>ons Type of contributio   |
| 1          | MEMORIAL HOSPITAL OF SOUTHERN OKLAHOMA<br>333 W MAIN ST #220<br>ARDMORE, OK 73401 | \$21,0                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio | (d)<br>Type of contributio   |
|            |   | \$                       | Person Payroli Noncash (Complete Part II for noncash contributions               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio | (d)<br>ons Type of contributio   |
|            |   | \$                       | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio | (d)<br>ons Type of contributio   |
|            |   | \$                       | Person Payroll Noncash (Complete Part II for noncash contributions)              |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio | (d)<br>ons Type of contributio   |
|            |   | \$                       | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio | (d)<br>ons Type of contributic   |
|            |   | \$                       | Person Person Payroll Noncash (Complete Part II for                              |

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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