Department of the Treasur Internal Revenue Service

## Return of Private Foundation

## or Section 4947(a)(1) Trust Treated as Private Foundation

- Do not enter social security numbers on this form as it may be made public. - Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.
, and ending 06-30-2018


## For calendar year 2017, or tax year beginning 07-01-2017

| Name of foundation |
| :--- |
| SOUTHERN OKLAHOMA MEMORIAL FOUNDATION |
| INC |
| Number and street (or P O box number if mall is not delivered to street address) <br> PO BOX 1409 |

City or town, state or province, country, and ZIP or foreıgn postal code ARDMORE, OK 734021409

G Check all that applyIntial return $\square$ Initial return of a former public charity $\square$ Final return $\square$ Amended return $\square$ Address changeName change
$\square$ section 501(c)(3) exempt private foundation $\square$ section 4947(a)(1) nonexempt charitable trust
$\square$ other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c),
line 16) $\$ 108,667,193$
J Accounting method $\quad \square$ Cash $\quad \square$ Accrual
$\square$ other (specify)
(Part $I_{\text {, column (d) must be on cash basis) }}$

A Employer identification number
73-1300662
B Telephone number (see instructions)
(580) 226-0700

C If exemption application is pending, check here

D 1. Foreign organizations, check here
2 Foreign organizations meeting the 85\% test, check here and attach computation

E If private foundation status was terminated under section $507(b)(1)(A)$, check here
$F$ If the foundation is in a 60 -month termination under section $507(b)(1)(B)$, check here

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

## Contributions, gifts, grants, etc, receIved (attach

 schedule)2 Check $\checkmark$ If the foundation is not required to attach Sch B
Interest on savings and temporary cash investments
4 Dividends and interest from securities
5a Nos rental

Net gaın or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6 a

Capital gaın net income (from Part IV, line 2)
8 Net short-term capital gain

10a Gross sales less returns and allowances
Less Cost of goods sold
Gross profit or (loss) (attach schedule)
11 Other income (attach schedule)
Total. Add lines 1 through 11
Compensation of officers, directors, trustees, etc
Other employee salaries and wages
Pension plans, employee benefits
16a Legal fees (attach schedule)
b Accounting fees (attach schedule)
Other professional fees (attach schedule)
17 Interest
18 Taxes (attach schedule) (see instructions)
19 Depreciation (attach schedule) and depletion
20 Occupancy
21 Travel, conferences, and meetings
22 Printing and publications .
23 Other expenses (attach schedule)
24 Total operating and administrative expenses.
Add lines 13 through 23
25 Contributions, gifts, grants paid
26 Total expenses and disbursements. Add lines 24 and 25
27 Subtract line 26 from line 12
a Excess of revenue over expenses and disbursements
b Net investment income (If negative, enter -0-)
c Adjusted net income(If negative, enter -0-)

Cash-non-Interest-bearing
2 Savings and temporary cash investments

| 570,716 |
| ---: |


| End of year |  |
| :---: | :---: |
| (b) Book Value | (c) Far |

Page 2
Part II Balance Sheets
. . . .
investments

- . . . . . . . .

3 Accounts receivable $\qquad$
Less allowance for doubtful accounts $\qquad$
4 Pledges receivable $\qquad$
Less allowance for doubtful accounts

## 5 Grants receIvable

6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).
7 Other notes and loans receivable (attach schedule) 426,526 Less allowance for doubtful accounts Inventories for sale or use s

Prepard expenses and deferred charges
10a Investments-U $S$ and state government obligations (attach schedule)
b Investments-corporate stock (attach schedule)
c Investments-corporate bonds (attach schedule)
11 Investments-land, buildıngs, and equipment basıs $\begin{aligned} & \text { Less accumulated depreciation (attach schedule) }\end{aligned}$
12 Investments-mortgage loans
13 Investments-other (attach schedule)
14 Land, buildings, and equipment basis $\quad$ 59,569 Less accumulated depreciation (attach schedule) 52,353
15 Other assets (describe
16 Total assets (to be completed by all filers-see the instructions Also, see page 1 , item I)
17 Accounts payable and accrued expenses.

19 Deferred revenue
20 Loans from officers, directors, trustees, and other disqualified persons
21 Mortgages and other notes payable (attach schedule).
22 Other liabilities (describe
23 Total liabilities(add lines 17 through 22)

## Foundations that follow SFAS 117, check here $\quad \square$

24 Unrestricted
25 Temporarily restricted
26 Permanently restricted
$\square$

Foundations that do not follow SFAS 117, check here $\quad \square$
and complete lines 27 through 31.
27 Capital stock, trust principal, or current funds
28 Paid-ın or capital surplus, or land, bldg, and equipment fund
29 Retained earnings, accumulated income, endowment, or other funds
30 Total net assets or fund balances (see instructions)
31 Total liabilities and net assets/fund balances (see instructions).

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)
2 Enter amount from Part I, line 27a
3 Other increases not included in line 2 (itemize)
4 Add lines 1, 2, and 3
5 Decreases not included in line 2 (itemize)
6 Total net assets or fund balances at end of year (line 4 mınus line 5) - Part II, column (b), line 30

| 1 |  |
| ---: | ---: |
| 2 | $98,806,252$ |
| 3 | $2,282,337$ |
| 4 | $3,336,654$ |
| 5 | $104,425,243$ |
| 6 | 0 |



## Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )
If section 4940 (d)(2) applies, leave this part blank
Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

| (a) <br> Base period years Calendar year (or tax year beginning in) | (b) <br> Adjusted qualifying distributions | (c) <br> Net value of noncharitable-use assets |  |  |
| :---: | :---: | :---: | :---: | :---: |
| 2016 | 4,758,252 | 96,655,695 |  | 0049229 |
| 2015 | 5,438,234 | 99,127,759 |  | 0054861 |
| 2014 | 5,154,828 | 107,955,671 |  | 0047749 |
| 2013 | 4,807,287 | 106,306,333 |  | 0045221 |
| 2012 | 4,505,233 | 95,632,465 |  | 0047110 |
| 3 Average distribution ratio for the 5 -year base period-divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years <br> 4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 |  |  | 2 | 0244170 |
|  |  |  | 3 | 0048834 |
|  |  |  | 4 | 103,150,597 |
| 5 Multiply line 4 by line 3 | . . . . . . . . . . | - . . . . . . . | 5 | 5,037,256 |
| 6 Enter 1\% of net inve <br> 7 Add lines 5 and 6 | income (1\% of Part I, line 27b) | - . . . . . . . . . | 6 | 70,619 |
|  | . . . . . . . . . . | - . . . . . . . | 7 | 5,107,875 |
| 8 Enter qualifyıng distributions from Part XII, line 4 |  |  | 8 | 4,608,077 | If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1\% tax rate See the Part VI instructions

1a Exempt operating foundations described in section $4940(d)(2)$, check here $\square$ and enter "N/A" on line 1 Date of ruling or determination letter $\qquad$ (attach copy of letter if necessary-see instructions)
b Domestic foundations that meet the section 4940 (e) requirements in Part $V$, check here $\quad \square$ and enter $1 \%$ of Part I, line 27b
c All other domestıc foundations enter $2 \%$ of line 27 b Exempt foreıgn organızations 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-)
3 Add lines 1 and 2 .
4 Subtitle A (ıncome) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-
6 Credits/Payments
a 2017 estımated tax payments and 2016 overpayment credited to 2017
b Exempt foreign organizations-tax withheld at source
c Tax paid with application for extension of time to file (Form 8868).
d Backup withholding erroneously withheld.
7 Total credits and payments Add lines 6a through 6d.
8 Enter any penalty for underpayment of estımated tax Check here $\square$ If Form 2220 is attached
9 Tax due. If the total of lines 5 and 8 is more than line 7 , enter amount owed
10 Overpayment. If line 7 is more than the total of lines 5 and 8 , enter the amount overpaid.
11

## Part VII-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?
b Did it spend more than $\$ 100$ during the year (either directly or indirectly) for political purposes (see Instructions for definition)?

> If the answer is "Yes" to 1 a or $\mathbf{1 b}$, attach a detalled 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?.
d Enter the amount (if any) of tax on political expenditures (section 4955) ımposed during the year
(1) On the foundation
\$
0 (2) On foundation managers
$\$$ $\qquad$
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers $p$ $\qquad$ 0
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 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 simılar instruments? If "Yes," attach a conformed copy of the changes
4a Did the foundation have unrelated business gross income of $\$ 1,000$ or more during the year? .
b If "Yes," has it filed a tax return on Form 990-T for this year".
5 Was there a liquidation, termınation, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction $T$
6 Are the requirements of section 508 (e) (relating to sections 4941 through 4945) satisfied either

- By language in the governing instrument, or
- By state legislation that effectively amends the governing instrument so that no mandatory directions
that conflict with the state law remain in the governing instrument?
7 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

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

- OK
b 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.
9 Is the foundation claımıng status as a private operating foundation within the meaning of section 4942(J)(3) or $4942(\mathrm{~J})(5)$ for calendar year 2017 or the taxable year beginning in 2017 (see instructıons for Part XIV)? If "Yes," complete Part XIV
10 Did any persons become substantial contributors during the tax year" If "Yes," attach a schedule listing their names and addresses

|  | Yes | No |
| :---: | :---: | :---: |
| 1a |  | No |
| 1b |  | No |
| 1c |  | No |
| 2 |  | No |
| 3 |  | No |
| 4a | Yes |  |
| 4b | Yes |  |
| 5 |  | No |
| 6 | Yes |  |
| 7 | Yes |  |
| 8b | Yes |  |
| 9 |  | No |
| 10 |  | No |

## Part VII-A Statements Regarding Activities (contınued)

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).
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)
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?

| 11 |  | No |
| :---: | :---: | :---: |
| 12 |  | No |
| 13 | Yes |  | Website address WWW SOMFARDMORE ORG

14 The books are in care of Foundation Telephone no (580) 226-0700

Located at 333 W MAIN ST STE 220 ARDMORE OK ZIP+4 73401
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.
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country

## Part VII-B $\quad$ Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.
1a During the year did the foundation (either directly or indirectly)
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?.
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reımburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?.
(6) Agree to pay money or property to a government official? (Exception. Check "No" If the foundation agreed to make a grant to or to employ the official for a period after termination of government service, If termınating within 90 days ).

b If any answer is "Yes" to $1 \mathrm{a}(1)-(6)$, did any of the acts fall to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?. Organızations relying on a current notice regarding disaster assistance check here.
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017 ?
2 Taxes on fallure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(J)(3) or 4942(J)(5))
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017 ? If "Yes," list the years 20 $\qquad$ 20 $\qquad$ 20 $\qquad$ 20 $\square$ Yes No
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer " No " and attach statement-see instructions ).
c If the provisions of section $4942(a)(2)$ are being applied to any of the years listed in 2a, list the years here - 20 $\qquad$ 20 $\qquad$ 20 $\qquad$ 20 $\qquad$
3a Did the foundation hold more than a $2 \%$ direct or indirect interest in any business enterprise at any time during the year?.
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5 -year period (or longer period approved by the Commissioner under section $4943(c)(7)$ ) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017 ).
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
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 20172

|  | Yes | No |
| :--- | :--- | :--- |
|  |  |  |
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| 1b |  |  |
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| 1c |  |  |
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## Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Contınued)

5a During the year did the foundation pay or incur any amount to
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?.
(3) Provide a grant to an individual for travel, study, or other similar purposes?
(4) Provide a grant to an organization other than a charitable, etc, organization described in section 4945(d)(4)(A)? (see instructions).
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or anımals?.Yes


No
0

In

$\square$

## , 



b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 534945 or in a current notice regarding disaster assistance (see instructions)? .
 Organizations relying on a current notice regarding disaster assistance check here.
c If the answer is "Yes" to question 5 a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?. $\qquad$ If "Yes," attach the statement required by Regulations section 53 4945-5(d)
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If "Yes" to 6b, file Form 8870
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? .Yes ( No

Page 7
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

| 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
| (a) Name and address | Title, and average <br> hours per week <br> (b) devoted to position | (c) Compensation (If <br> not paid, enter <br> -0-) | Contributions to employee <br> benefit plans and deferred <br> compensation | Expense account, <br> (e) other allowances |
| See Additional Data Table |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 2 |  |  |  |  |

2 Compensation of five highest-paid employees (other than those included on line 1-see instructions). If none, enter "NONE."

## (a)

Name and address of each employee paid more than $\$ 50,000$

Title, and average hours per week (b) devoted to position
(c) Compensation

Contributions to employee benefit plans and deferred Expense account, (e) other allowances compensation
NONE
$\longrightarrow$
$\square$
$\longrightarrow$
-

Total number of other employees paid over \$50,000.
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

| (a) Name and address of each person pard more than \$50,000 | (b) Type of service | (c) Compensation |
| :---: | :---: | :---: |
| ERCY MEMORIAL HEALTH CENTER | CONTRACT LEASED EMPLOYEES | 106,476 |
| 111 14TH AVENUE NW RDMORE, OK 73401 |  |  |
| ARROW HANLEY MEWHINNEY \& STRAUSS INC | INVESTMENT ADVSIOR | 95,455 |
| 322 MCKINNEY 15TH FLOOR ALLAS, TX 75204 |  |  |
| AACKSTONE REAL ESTATE PARTNERS EUROPE V | INVESTMENT ADVSIOR | 88,089 |
| 35 PARK AVENUE EW YORK, NY 10154 |  |  |
| LWOOD ASSOCIATES | INVESTMENT ADVSIOR | 79,654 |
| W MONROE SUITE 1850 HICAGO,IL 60603 |  |  |
| BANK OF OKLAHOMA | INVESTMENT ADVSIOR | 51,480 |
| $\begin{aligned} & \text { OBOX } 2300 \\ & \text { ULSA, OK } 74192 \end{aligned}$ |  |  |
| tal number of others receiving over $\$ 50,000$ for professional servis | . . . . . . . . . . | 0 |

## Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

Expenses

3

- $\square$

2

4

Part IX-B
Summary of Program-Related Investments (see instructıons)
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2
Amount
1
2
2

All other program-related investments See instructions
3

## Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations,see instructions)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes
a Average monthly farr market value of securities.
90,252,829
Average of monthly cash balances.

|  |  |
| :---: | ---: |
| 1a |  |
| 1b | $90,252,829$ |
| 1c | 76,891 |
| 1d | $14,391,698$ |
|  | $104,721,418$ |
|  |  |
| $\mathbf{2}$ |  |
| $\mathbf{3}$ |  |
|  | $104,721,418$ |
| $\mathbf{4}$ | $1,570,821$ |
| $\mathbf{5}$ | $103,150,597$ |
| $\mathbf{6}$ | $5,157,530$ |

Fair market value of all other assets (see instructions).
d Total (add lines 1a, b, and c).
$14,391,698$
$104,721,418$
e Reduction claımed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).
2 Acquisition indebtedness applicable to line 1 assets.
3 Subtract line 2 from line 1 d .
4 Cash deemed held for charitable activities Enter $11 / 2 \%$ of line 3 (for greater amount, see instructions).
Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4

## Part XI

Distributable Amount (see instructıons) (Sectıon 4942(J)(3) and (J)(5) private operatıng foundatıons and certaın foreıgn organızations check here $\square$ and do not complete this part)

| 1 | Minımum investment return from Part $X$, line 6. | 1 | 5,157,530 |
| :---: | :---: | :---: | :---: |
| 2a | Tax on investment income for 2017 from Part VI, line 5. . . . . . $\mathbf{2 a}^{\text {a }}$ (141,237 |  |  |
| b |  |  |  |
| c | Add lines 2a and 2 b . | 2c | 153,167 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1. | 3 | 5,004,363 |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | 0 |
| 5 | Add lines 3 and 4. | 5 | 5,004,363 |
| 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 | 5,004,363 |

Part XII Qualifying Distributions (see instructıons)
1 Amounts paid (Including admınıstrative expenses) to accomplish charitable, etc, purposes
a Expenses, contributions, gifts, etc -total from Part I, column (d), line 26.
b Program-related investments-total from Part IX-B.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.
3 Amounts set aside for specific charitable projects that satisfy the
a Suitability test (prior IRS approval required).
b Cash distribution test (attach the required schedule).
Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1\% of Part I, line 27b (see instructions).
6 Adjusted qualifying distributions. Subtract line 5 from line 4.

| 1a |  |
| :---: | ---: |
| 1b |  |
|  |  |
| 2 |  |
|  |  |
| 3a |  |
| 3b |  |
| $\mathbf{4}$ |  |
|  | $4,608,077$ |
| $\mathbf{5}$ |  |
| $\mathbf{6}$ |  |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

1 Distributable amount for 2017 from Part XI, line 7
2 Undistributed income, if any, as of the end of 2017
a Enter amount for 2016 only.
b Total for prior years $20 \_$_ $20 \ldots, 20 \_$
3 Excess distributions carryover, if any, to 2017
a From 2012.
b From 2013.
c From 2014.
d From 2015.
e From 2016.
f Total of lines 3a through e.
4 Qualifying distributions for 2017 from Part XII, line 4 \$ 4,608,077
a Applied to 2016, but not more than line 2a
b Applied to undistributed income of prior years (Election required-see instructions).
c Treated as distributions out of corpus (Election required-see instructions).
d Applied to 2017 distributable amount. . . .
e Remaining amount distributed out of corpus
5 Excess distributions carryover applied to 2017
(If an amount appears in column (d), the same amount must be shown in column (a) )
6 Enter the net total of each column as indicated below:
a Corpus Add lines $3 f, 4 c$, and 4 e Subtract line 5
b Prior years' undistributed income Subtract line 4 b from line $2 b$.
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.
d Subtract line $6 c$ from line $6 b$ Taxable amount -see instructions.
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount-see instructions.
f Undıstributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018.

| (a) <br> Corpus | (b) <br> Years prior to 2016 | (c) <br> 2016 | (d) <br> 2017 |
| :--- | ---: | ---: | ---: |
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Form 990-PF (2017)

## Part XIV Private Operating Foundations (see instructıons and Part VII-A, questıon 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling.
b Check box to indicate whether the organization is a private operating foundation described in section $\square$ 4942(J)(3) or $\square$ 4942(J)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part $X$ for each year listed.
c Qualifying distributions from Part XII, line 4 for each year listed.
d Amounts included in line 2 c not used directly for active conduct of exempt activities
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c.
3 Complete 3a, b, or c for the alternative test relied upon
a "Assets" alternative test-enter
(1) Value of all assets.
(2) Value of assets qualifying under section 4942(J)(3)(B)(1)
b "Endowment" alternative test- enter $2 / 3$ of minimum investment return shown in Part X, line 6 for each year listed. . .
c "Support" alternative test-enter
(1) Total support other than gross investment income (Interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(J)(3)(B)(III).
(3) Largest amount of support from an exempt organization
(4) Gross investment income

| Tax year | Prior 3 years |  |  | (e) Total |
| :--- | :--- | :---: | :---: | :---: |
| (a) 2017 | (b) 2016 | (c) 2015 | (d) 2014 |  |
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## Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year-see instructions.)

## Part XV

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than $2 \%$ of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $\$ 5,000$ ) (See section 507(d)(2))
b List any managers of the foundation who own $10 \%$ or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a $10 \%$ or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here $\square$ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds if the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete tems $2 a, b, c$, and $d$
a The name, address, and telephone number or e-mall address of the person to whom applications should be addressed MARY KATE WILSON PRESIDENT
333 W MAIN SUITE 220
ARDMORE, OK 73401
(580) 226-0700
b The form in which applications should be submitted and information and materials they should include
APPLICATION SHOULD INCLUDE A DESCRIPTION AND AMOUNT OF THE REQUEST, FINANCIAL STATEMENTS, AND THE PUBLIC CHARITY STATUS OF THE REQUESTING ENTITY
c Any submıssıon deadlınes
MARCH 1 , JUNE 1 , SEPTEMBER 1 , DECEMBER 1
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
GENERALLY RESTRICTED TO GEOGRAPHICAL AREA OF 50 MILE RADIUS OF ARDMORE, OK WITHIN THE STATE OF OKLAHOMA

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Reciplent | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  | recipient |  |  |
| a Pard during the year See Additional Data Table |  |  |  |  |
| Total . . . . . | . . . . . . . . . | . . . . | . . . . ${ }^{\text {a }}$ | 4,367,782 |
| b Approved for future payment See Additional Data Table |  |  |  |  |
| Total . . . . . . . . | . ${ }^{\text {, }}$ | . . . . | . . . . - 3b | 1,420,029 |

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

Unrelated business income

| (a) <br> Business code | (b) <br> Amount | (c) <br> Exclusion code | (d) <br> Amount |
| :---: | :---: | :---: | :---: |
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|  |  | 14 |  |
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|  |  | 14 |  |
|  |  |  | 10,521 |$|$

(e)

Related or exempt function income (See instructions)

2

Enter gross amounts unless otherwise indicated

g Fees and contracts from government agencies
2 Membership dues and assessments.
3 Interest on savings and temporary cash investments
4 Dividends and interest from securities. . .
5 Net rental income or (loss) from real estate a Debt-financed property.
b Not debt-financed property.
6 Net rental income or (loss) from personal property
7 Other investment income.
8 Gain or (loss) from sales of assets other than inventory
9 Net income or (loss) from special events
10 Gross profit or (loss) from sales of inventory
11 Other revenue 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)

## Part XVI-B $\quad$ Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. $\quad$ Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions )

## Part XVII

## Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of
(1) Cash.
(2) Other assets.
b Other transactions
(1) Sales of assets to a noncharıtable exempt organızatıon.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reımbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.
c Sharing of facilities, equipment, malling lists, other assets, or paid employees.

|  | Yes | No |
| :---: | :---: | :---: |
| $1 a(1)$ |  | No |
| $1 a(2)$ |  | No |
|  |  |  |
| $1 b(1)$ |  | No |
| $1 b(2)$ |  | No |
| $1 b(3)$ |  | No |
| $1 b(4)$ |  | No |
| $1 b(5)$ |  | No |
| $1 b(6)$ |  | No |
| $1 c$ |  | No |

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

| (a) Line No | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
| :--- | :--- | :--- | :--- |
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2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527 ?.
b If "Yes," complete the following schedule
(a) Name of organization
(b) Type of organization
(c) Description of relationship

Under penalties of perjury, I declare that I have examıned this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Signature of officer or trustee
Date

Prınt/Type preparer's name
Preparer's Signature

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
| :--- | :---: | :---: |
|  |  |  |
|  |  |  |
|  |  |  |
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KEVIN D HOWARD CPA
Firm's name SMITH CARNEY \& CO PC
Firm's address 5 S COMMERCE AVE SUITE 33
ARDMORE, OK 734013924

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

| (a) Name and address | Title, and average hours per week <br> (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) <br> Contributions to employee benefit plans and deferred compensation | Expense account, <br> (e) other allowances |
| :---: | :---: | :---: | :---: | :---: |
| MARY KATE WILSON | $\begin{aligned} & \text { PRESIDENT } \\ & 3000 \end{aligned}$ | 101,800 | 0 | 0 |
| PO BOX 1409 <br> ARDMORE, OK 73402 |  |  |  |  |
| T A BRANDT | $\begin{aligned} & \text { DIRECTOR } \\ & 040 \end{aligned}$ | 0 | 0 | 0 |
| 471 MAJESTIC HILLS ROAD ARDMORE, OK 73401 |  |  |  |  |
| DEBRA FIELDS | $\begin{aligned} & \text { DIRECTOR } \\ & 040 \end{aligned}$ | 0 | 0 | 0 |
| 1912 RED OAK DRIVE ARDMORE, OK 73401 |  |  |  |  |
| BILL GODDARD | $\begin{aligned} & \text { DIRECTOR } \\ & 040 \end{aligned}$ | 0 | 0 | 0 |
| 1505 N COMMERCE STE 102 ARDMORE, OK 73401 |  |  |  |  |
| RON GRAVES | $\begin{aligned} & \text { DIRECTOR } \\ & 040 \end{aligned}$ | 0 | 0 | 0 |
| 1119 WALNUT DRIVE ARDMORE, OK 73401 |  |  |  |  |
| PHIL MCANALLY | $\begin{aligned} & \text { DIRECTOR } \\ & 040 \end{aligned}$ | 0 | 0 | 0 |
| 320 A ST NE <br> ARDMORE, OK 73401 |  |  |  |  |
| MIKE MORDY | $\begin{aligned} & \text { DIRECTOR } \\ & 040 \end{aligned}$ | 0 | 0 | 0 |
| 110 WEST MAIN ARDMORE, OK 73401 |  |  |  |  |
| KEVIN REED | $\begin{aligned} & \text { DIRECTOR } \\ & 040 \end{aligned}$ | 0 | 0 | 0 |
| 256 CLUB LAKE ROAD ARDMORE, OK 73402 |  |  |  |  |
| HENRY ROBERTS | $\begin{aligned} & \text { DIRECTOR } \\ & 040 \end{aligned}$ | 0 | 0 | 0 |
| 1316 12TH AVE NW ARDMORE, OK 73401 |  |  |  |  |
| SALLIE WALKER | $\begin{aligned} & \text { DIRECTOR } \\ & 040 \end{aligned}$ | 0 | 0 | 0 |
| 5695 MT WASHINGTON ROAD ARDMORE, OK 73401 |  |  |  |  |
| LARRY PULLIAM | FORMER PRESIDENT 3000 | 40,293 | 0 | 0 |
| PO BOX 38 <br> SPRINGER,OK 73458 |  |  |  |  |


| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Pard during the year |  |  |  |  |
| A PLUS READING ROOM INC 1717 WINCHESTER ARDMORE, OK 73401 |  | PC | GRANT - FY19 READING THERAPIST SALARIES | 65,000 |
| ARBUCKLE AREA COUNCIL \#468-BOY SCOUTS <br> PO BOX 5309 <br> ARDMORE, OK 73403 |  | PC | FOR CAMP SIMPSON MAINTENANCE EQUIPMENT | 1,000 |
| ARBUCKLE LIFE SOLUTIONS INC 9 10TH AVENUE NW ARDMORE, OK 73401 |  | PC | OPERATING SUPPORT | 100,000 |
| $\begin{aligned} & \text { Total . . . . . . . . . . } \\ & \text { 3a } \end{aligned}$ |  | - • • | . . . . . . . . - | 4,367,782 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Pard during the year |  |  |  |  |
| ARDMORE DAY NURSERY INC 320 D STREET NW ARDMORE, OK 73401 |  | PC | MATCHING CONTRIBUTION FOR MIKE MORDY CK\#2408 4/18/18 | 500 |
| ARDMORE FAMILY LITERACY INC 1405 4TH AVE NW 104 ARDMORE, OK 73401 |  | PC | GRANT - OPERATING SUPPORT 2018 | 15,000 |
| ARDMORE HABITAT FOR HUMANITY INC PO BOX 2412 <br> ARDMORE, OK 734022412 |  | PC | GRANT - HOME CONSTRUCTION FOR LOW-INCOME FAMILY | 30,000 |
| Total. 3a |  |  | . . . . . . . . P | 4,367,782 |


| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Pard during the year |  |  |  |  |
| ARDMORE SCHOOL DISTRICT I-19 PO BOX 1709 ARDMORE, OK 734021709 |  | PC | GRANT - ACS ADVANCE PLACEMENT INCENTIVE PRGM | 5,782 |
| ARDMORE SCHOOL DISTRICT I-19 PO BOX 1709 ARDMORE, OK 734021709 |  | PC | GRANT - ACS EMPOWERING THE ARTS PRGMS | 222,816 |
| ARDMORE SCHOOL DISTRICT I-19 PO BOX 1709 <br> ARDMORE, OK 734021709 |  | PC | SCHOOL NURSES | 265,307 |
| ```Total . . . . . . . . . .``` | . . . . . | - | . . . . . . . . | 4,367,782 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Pard during the year |  |  |  |  |
| ARDMORE SCHOOL DISTRICT I-19 PO BOX 1709 <br> ARDMORE, OK 734021709 |  | PC | GRANT - SCHOOL RESOURCE OFFICERS FY18 | 60,000 |
| ARDMORE SCHOOL DISTRICT I-19 PO BOX 1709 <br> ARDMORE, OK 734021709 |  | PC | GRANT - ACS EMPOWERING THE ARTS PRGMS | 59,551 |
| BIG FIVE COMMUNITY SERVICES INC 1502 NORTH 1ST AVENUE <br> DURANT, OK 74701 |  | PC | GRANT - VEHICLE PURCHASE MATCHING GRANT FUNDS | 73,470 |
| Total. 3a |  |  | . . . . . . . . - | 4,367,782 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Reciplent | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Paid during the year |  |  |  |  |
| BROADWAY HOUSE INC 221 2ND AVENUE NW ARDMORE, OK 73401 |  | PC | GRANT - 2017 OPERATING SUPPORT | 10,000 |
| CAMP FIRE3309 EAST HEFNER ROAD OKLAHOMA CITY, OK 73131 |  | PC | GRANT - ARDMORE OFFICE FACILTY REPAIRS | 7,300 |
| CARTER COUNTY CASA INC <br> CARTER COUNTY COURTHOUSE ROOM <br> 401 <br> 20 B ST SW <br> ARDMORE, OK 73401 |  | PC | GRANT - 2018 OPERATING SUPPORT | 40,000 |
|  |  |  |  |  |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundatıon manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Pard during the year |  |  |  |  |
| CHILDREN'S MEDICAL RESEARCH INC 901 N LINCOLN BLVD SUITE 305 OKLAHOMA CITY,OK 73104 |  | PC | GRANT - ARDMORE CARDIOLOGY CLINIC THROUGH 8/31/18 | 12,000 |
| CITIES IN SCHOOLS INC 825 GRAND AVENUE ARDMORE, OK 73401 |  | PC | GRANT - OPERATING SUPPORT THROUGH MAY 2018 | 84,000 |
| CITIES IN SCHOOLS INC 825 GRAND AVENUE ARDMORE, OK 73401 |  | PC | GRANT - OPR SUPPORT 2018 SUMMER CAMP | 50,000 |
| ```Motal . . . . . . . . . .``` |  | - • | . . . . . . . . | 4,367,782 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Reciplent | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Paid during the year |  |  |  |  |
|  <br> FAMILY SRV <br> PO BOX 246 <br> ARDMORE, OK 734020246 |  | PC | GRANT - COUNSELING PROGRAM REIMB FOR $1 / 1 / 17-6 / 30 / 17$ | 42,223 |
| FAMILY SHELTER OF SO OK - SRV FOR <br> VICTIMS <br> PO BOX 1408 <br> ARDMORE, OK 73401 |  | PC | GRANT - SHELTER PROGRAM \& ADVOCATE FY18 | 40,000 |
| ```FIRST UNITED METHODIST CHURCH PRESCHOOL 501 W MAIN STREET ARDMORE,OK }7340``` |  | PC | GRANT - PRESCHOOL SCHOLARSHIPS FY18 | 10,000 |
| $\begin{aligned} & \text { Total . . . . . . . . . . } \\ & \text { 3a } \end{aligned}$ |  | - ' $\cdot$ | . . . . . . . . | 4,367,782 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Reciplent | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of reciplent | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Pald during the year |  |  |  |  |
| FOOD \& RESOURCE CNTR OF SO CNTRL OKLA INC <br> 801 HAILEY STREET SW <br> ARDMORE, OK 73402 |  | PC | GRANT - 2018 OPERATING SUPPORT | 50,000 |
| GIRLS ON THE RUN OF SO OKLAHOMA INC <br> 911 WEST BROADWAY SUITE 110 ARDMORE, OK 73401 |  | PC | GRANT - PROGRAM SUPPORT FALL '17, SPRING '18 | 10,000 |
| GIRLS ON THE RUN OF SO OKLAHOMA INC <br> 911 WEST BROADWAY SUITE 110 ARDMORE, OK 73401 |  | PC | MATCHING CONTRIBUTION FOR PARTICIPANT SCHOLARSHIPS | 250 |
| Total. 3a | - . . . . . . | - • | . . . . . . . . | 4,367,782 |


| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of reciplent | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Paid during the year |  |  |  |  |
| GIRLS ON THE RUN OF SO OKLAHOMA INC <br> 911 WEST BROADWAY SUITE 110 ARDMORE, OK 73401 |  | PC | MATCHING CONTRIBUTION FOR PROGRAM EXPENSE | 100 |
| GLORIA AINSWORTH CHILD <br> CARELEARNING CNTR <br> 502 G STREET NE <br> ARDMORE, OK 73401 |  | PC | GRANT - SCHOLARSHIP PROGRAM | 75,000 |
| GODDARD CENTER FOR VISUAL AND PERFORMING ARTS <br> PO BOX 1624 <br> ARDMORE, OK 73402 |  | PC | GRANT - MASTER PLAN DEVELOPMENT | 35,000 |
| Total . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4, <br> 3a  |  |  |  |  |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Reciplent | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of reciplent | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Paid during the year |  |  |  |  |
| GOOD SHEPHERD COMMUNITY CLINIC inc <br> 20 12TH AVE NW <br> ARDMORE, OK 73401 |  | PC | MAMMOGRAM PROGRAM | 19,547 |
| GOOD SHEPHERD COMMUNITY CLINIC INC <br> 20 12TH AVE NW <br> ARDMORE, OK 73401 |  | PC | GRANT - 2018 OPERATING SUPPORT | 525,000 |
| GRACE CENTER OF SOUTHERN OKLAHOMA <br> 11 A STREET NW <br> ARDMORE, OK 73401 |  | PC | GRANT - 2018 OPERATING SUPPORT | 25,000 |
| $\begin{array}{ll} \hline \begin{array}{l} \text { Total . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . P } \end{array} \text { 4,367,782 } \\ \hline \end{array}$ |  |  |  |  |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Pard during the year |  |  |  |  |
| HFV WILSON COMMUNITY CENTER PO BOX 502 <br> ARDMORE, OK 73402 |  | PC | GRANT - 7/1/17-6/30/18 OPR SUPPORT | 60,000 |
| HICKORY CREEK CHILD CENTER INC 1408 4TH AVE NW ARDMORE, OK 73401 |  | PC | GRANT - 3-STAR <br> ACCREDITATION COSTS | 13,192 |
| INTEGRIS HEALTH FOUNDATION INC 3030 NORTHWEST EXPRESSWAY SUITE 1600 <br> OKLAHOMA CITY, OK 73112 |  | PC | GRANT - ARCADIA TRAILS CAPITAL CAMPAIGN | 250,000 |
| $\begin{aligned} & \text { Total . . . . . . . . . . } \\ & \text { 3a } \end{aligned}$ | - . . . . | - . . | . . . . . . . . $\quad$ - | 4,367,782 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Pard during the year |  |  |  |  |
| MEDICAL EQUIPMENT ASSISTANCE PROGRAM INC <br> 2525 3RD AVENUE NE <br> ARDMORE, OK 73401 |  | PC | OPERATING SUPPORT | 64,350 |
| MERCY HEALTH FOUNDATION ARDMORE 1011 14TH AVENUE NW ARDMORE, OK 73401 |  | PC | IMAGING EQUIPMENT 11 MATCH | 539,148 |
| MERCY HEALTH FOUNDATION ARDMORE 1011 14TH AVENUE NW ARDMORE, OK 73401 |  | PC | FACILITY RENOVATIONS 13 MATCH | 30,659 |
| Total. 3a |  | - • • | . . . . . . . . | 4,367,782 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Pard during the year |  |  |  |  |
| MERCY HEALTH FOUNDATION ARDMORE 1011 14TH AVENUE NW ARDMORE, OK 73401 |  | PC | GRANT - CAPITAL PROJECTS | 450,000 |
| MERCY HOSPITAL ARD LYNCH PYMT 1011 14TH AVENUE NW ARDMORE, OK 73401 |  | PC | INDIGENT CARE REIMBURSEMEMT | 12,558 |
| MORE FOUNDATION 301 W MAIN SUITE 210 ARDMORE, OK 73401 |  | PC | SCHOLARSHIPS | 135,000 |
| Total. 3a |  |  | . . . . . . . . | 4,367,782 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundatıon manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Paid during the year |  |  |  |  |
| OKLA ASSN FOR RETARDED CITIZENS 49 HERITAGE STREET ARDMORE, OK 73401 |  | PC | GRANT - FY18 OPERATING SUPPORT | 48,000 |
| OKLA ASSN FOR RETARDED CITIZENS 49 HERITAGE STREET ARDMORE, OK 73401 |  | PC | GRANT - BAL OF FUNDS NEEDED FOR VAN PURCHASE | 22,764 |
| OKLA ASSN FOR RETARDED CITIZENS 49 HERITAGE STREET ARDMORE, OK 73401 |  | PC | GRANT - EQUIP FOR GROUP HOMES 1-4, VEHICLES | 84,032 |
| Total. 3a | - . . . . . . | - • . | . . . . . . . . | 4,367,782 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Reciplent | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of reciplent | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Paid during the year |  |  |  |  |
| OKLAHOMA ARTS INSTITUTE 111 NW 9TH STREET OKLAHOMA CITY, OK 73102 |  | PC | ARTS INSTITUTE EDUCATOR SCHOLARSHIPS | 11,000 |
| OKLAHOMA BAPTIST HOMES FOR CHILDREN INC 225 WEST MAIN MADILL, OK 73446 |  | PC | MATCHING CONTRIBUTION FOR BAPITST HOME FOR GIRLS, MADILL | 5,000 |
| OUTCASTS UNDER TRANSFORMATION INC <br> 177 E STREET NW <br> ARDMORE, OK 73401 |  | PC | OPERATING SUPPORT | 1,000 |
| ```Total. 3a``` | - . . . . . . | - • | . . . . . . . . - | 4,367,782 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Pard during the year |  |  |  |  |
| OUTCASTS UNDER TRANSFORMATION INC <br> 177 E STREET NW <br> ARDMORE, OK 73401 |  | PC | GRANT - REPLACEMENT WINDOWS, COOK STOVE W/EXHAUST | 35,000 |
| PLAINVIEW SCHOOL DIST I-27 1140 S PLAINVIEW ROAD ARDMORE, OK 73401 |  | PC | MATCHING CONTRIBUTION FOR PLAINVIEW ELEMENTARY PHYSICAL EDUCATION | 100 |
| PLAINVIEW SCHOOL DIST I-27 1140 S PLAINVIEW ROAD ARDMORE, OK 73401 |  | PC | GRANT - INTERMEDIATE ELEMENTARY SAFE ROOM CONSTRUCTION | 200,000 |
| Total. 3a |  | - . . . | . . . . . . . . | 4,367,782 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Pard during the year |  |  |  |  |
| REGIONAL FOOD BANK OF OKLAHOMA PO BOX 270968 OKLAHOMA CITY, OK 731370968 |  | PC | GRANT - CARTER COUNTY SCHOOL PANTRY PROGRAM | 15,000 |
| SALVATION ARMYPO BOX 1483 ARDMORE, OK 73402 |  | PC | GRANT - FY18 SHELTER, FEEDING PROGRAMS, KITCHEN EQUIPMENT | 125,000 |
| SARA'S PROJECT INCPO BOX 1396 ARDMORE, OK 73402 |  | PC | GRANT - 2018 CRISIS ED SPECIALIST'S SAL \& TRAINING | 25,000 |
| ```Total . . . . . . . . . .``` |  | . . . . | . . . . . . . . | 4,367,782 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Reciplent | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of reciplent | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Paid during the year |  |  |  |  |
| SO OKLAHOMA HIGHER EDUCATION FOUNDATION <br> 2901 MT WASHINGTON ROAD <br> ARDMORE, OK 73401 |  | PC | GRANT - SIM LAB FOR ECU <br> SCHOOL OF NURSING AT UCSCO | 5,088 |
| SO OKLAHOMA HIGHER EDUCATION FOUNDATION <br> 2901 MT WASHINGTON ROAD <br> ARDMORE, OK 73401 |  | PC | SIM LAB EQUIPMENT | 50,268 |
| SO OKLAHOMA HIGHER EDUCATION FOUNDATION <br> 2901 MT WASHINGTON ROAD <br> ARDMORE, OK 73401 |  | PC | SIM LAB COORDINATOR SALARY | 2,500 |
| $\begin{array}{ll} \hline \begin{array}{l} \text { Total . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . P } \end{array} \text { 4,367,782 } \\ \hline \end{array}$ |  |  |  |  |


| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Pard during the year |  |  |  |  |
| SO OKLAHOMA HIGHER EDUCATION FOUNDATION <br> 2901 MT WASHINGTON ROAD <br> ARDMORE, OK 73401 |  | PC | GRANT - ITV SUPPORT SPECIALIST FY19 (YR 1) | 12,721 |
| SO OKLAHOMA HIGHER EDUCATION FOUNDATION <br> 2901 MT WASHINGTON ROAD <br> ARDMORE, OK 73401 |  | PC | TRAINING | 2,425 |
| SOUTHERN OKLAHOMA AMBULANCE <br> SERVICE INC <br> PO BOX 1387 <br> ARDMORE, OK 73402 |  | PC | GRANT - AMBULANCE PURCHASE | 108,881 |
|  |  |  |  |  |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Paid during the year |  |  |  |  |
| TRAVELIN TIGERS FUND INC PO BOX 306 ARDMORE, OK 73402 |  | PC | MATCHING CONTRIBUTION MEALS FOR STUDENT ATHLETES | 400 |
| YMCA OF ARDMORE OKLAHOMA 920 15TH AVE NW ARDMORE, OK 73401 |  | PC | MATCHING CONTRIBUTION MIKE MORDY | 4,850 |
| YMCA OF ARDMORE OKLAHOMA 920 15TH AVE NW ARDMORE, OK 73401 |  | PC | GRANT - 2018 OPERATING SUPPORT | 100,000 |
| ```Total . . . . . . . . . .``` | - . . . . . . | - ' $\cdot$ | . . . . . . . . - | 4,367,782 |


| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| :---: | :---: | :---: | :---: | :---: |
| Name and address (home or business) |  |  |  |  |
| a Pard during the year |  |  |  |  |
| YW8 INC <br> 2502 CROSSROADS DRIVE SUITE C ARDMORE, OK 73401 |  | PC | GRANT - OPERATING SUPPORT FYE 6/30/18 | 20,000 |
| $\begin{aligned} & \text { Total . . . . . . . . . . } \\ & \text { 3a } \end{aligned}$ |  | - • . | . . . . . . . . | 4,367,782 |

Name: SOUTHERN OKLAHOMA MEMORIAL FOUNDATION INC
EIN: 73-1300662
Accounting Fees Schedule

| Category | Amount | Net Investment <br> Income | Adjusted Net <br> Income | Disbursements <br> for Charitable <br> Purposes |
| :--- | ---: | ---: | ---: | :---: |
| AUDIT \& TAX PREP | 14,767 | 0 | 14,767 |  |

## Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2017 Depreciation Schedule

Name: SOUTHERN OKLAHOMA MEMORIAL FOUNDATION
INC
EIN: 73-1300662

| Description of Property | Date Acquired | Cost or Other Basis | Prior Years ${ }^{\text {' }}$ Depreciation | Computation Method | ```Rate / Life (# of years)``` | Current Year's Depreciation Expense | Net Investment Income | Adjusted Net Income | Cost of Goods Sold Not Included |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| MEDICAL OFFICE BUILDING | 2008-07-01 | 5,280,876 | 1,207,393 | SL | 39000000000000 | 135,407 | 135,407 |  |  |
| IMPROVEMENTS UROLOGY CENTER | 2008-07-01 | 283,991 | 283,991 | SL | 7000000000000 | 0 | 0 |  |  |
| IMPROVEMENTS HEART \& VASCULAR | 2008-12-01 | 74,826 | 74,826 | SL | 7000000000000 | 0 | 0 |  |  |
| IMPROVEMENTS - OLVR | 2008-12-01 | 136,191 | 136,191 | SL | 7000000000000 | 0 | 0 |  |  |
| IMPROVEMENTS SUNGA | 2008-12-01 | 104,288 | 104,288 | SL | 7000000000000 | 0 | 0 |  |  |
| IMPROVEMENTS - PAPIN | 2008-12-01 | 64,308 | 64,308 | SL | 7000000000000 | 0 | 0 |  |  |
| IMPROVEMENTS GILMORE | 2008-12-01 | 119,806 | 119,806 | SL | 7000000000000 | 0 | 0 |  |  |
| IMPROVEMENTS ARDMORE SURGICAL | 2008-12-01 | 298,151 | 298,151 | SL | 7000000000000 | 0 | 0 |  |  |
| IMPROVEMENTS TENANT X | 2009-06-30 | 23,185 | 5,348 | SL | 39000000000000 | 594 | 594 |  |  |
| IMPROVEMENTS MELTON | 2008-12-01 | 369,513 | 369,513 | SL | 7000000000000 | 0 | 0 |  |  |
| IMPROVEMENTS BENSON | 2011-10-06 | 123,500 | 101,447 | SL | 7000000000000 | 17,643 | 17,643 |  |  |
| TELEPHONE SYSTEM | 1996-09-20 | 1,363 | 1,363 | SL | 10000000000000 | 0 | 0 |  |  |
| ADDITIONAL LNES | 1997-01-22 | 310 | 310 | SL | 10000000000000 | 0 | 0 |  |  |
| LOCKING FILE CABINET | 1996-09-20 | 266 | 266 | SL | 10000000000000 | 0 | 0 |  |  |
| METAL SHELVING | 1996-10-03 | 119 | 119 | SL | 10000000000000 | 0 | 0 |  |  |
| USED COMPUTER TABLE | 1996-11-06 | 51 | 51 | SL | 10000000000000 | 0 | 0 |  |  |
| LOCKING FILE CABINET | 1999-02-17 | 224 | 224 | SL | 10000000000000 | 0 | 0 |  |  |
| 4 FILE SHELVES | 2004-11-23 | 1,698 | 1,698 | SL | 10000000000000 | 0 | 0 |  |  |
| AVAYA ACS UNTT \& 18 DISPLAY SET | 2005-01-12 | 1,679 | 1,679 | SL | 10000000000000 | 0 | 0 |  |  |
| OFFICE FURNTURE ACCOUNTANT | 2005-02-16 | 4,700 | 4,700 | SL | 10000000000000 | 0 | 0 |  |  |


| Description of Property | Date Acquired | Cost or Other Basis | Prior Years' Depreciation | Computation Method | ```Rate / Life (# of years)``` | Current Year's <br> Depreciation Expense | Net Investment Income | Adjusted Net Income | Cost of Goods Sold Not Included |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| OFFICE FURNTURE RECEPTIONIST | 2005-02-16 | 3,351 | 3,351 | SL | 10000000000000 | 0 | 0 |  |  |
| OFFICE FURNTURE RECEPTIONIST CHAIR | 2005-02-18 | 167 | 167 | SL | 10000000000000 | 0 | 0 |  |  |
| 16 HON BOARD ROOM CHAIRS | 2005-02-24 | 6,480 | 6,480 | SL | 10000000000000 | 0 | 0 |  |  |
| PAOL EXECUTIVE FURNTURE | 2005-03-21 | 6,995 | 6,995 | SL | 10000000000000 | 0 | 0 |  |  |
| HON EXEC HIGHBACK CHAIR | 2005-03-25 | 415 | 415 | SL | 10000000000000 | 0 | 0 |  |  |
| PAOL 16' CONFERENCE TABLE | 2005-04-04 | 5,562 | 5,557 | SL | 10000000000000 | 0 | 0 |  |  |
| PAOL BUFFET CREDENZA | 2005-04-04 | 3,294 | 3,290 | SL | 10000000000000 | 0 | 0 |  |  |
| HON KEYBOARD TRAY | 2005-04-04 | 54 | 50 | SL | 10000000000000 | 0 | 0 |  |  |
| WORK ROOM CABINETS | 2005-05-05 | 2,950 | 2,950 | SL | 10000000000000 | 0 | 0 |  |  |
| HoN Storage cabinet | 2006-08-24 | 932 | 932 | SL | 10000000000000 | 0 | 0 |  |  |
| PROJECTOR \& SCREEN | 2006-07-28 | 1,463 | 1,463 | SL | 5000000000000 | 0 | 0 |  |  |
| HP LASER PRINTER 2420D | 2006-09-12 | 573 | 573 | SL | 5000000000000 | 0 | 0 |  |  |
| DELL OPTIX 780 COMPUTER | 2010-05-10 | 1,793 | 1,793 | SL | 5000000000000 | 0 | 0 |  |  |
| HP COLOR LASER JET CP2025 PRINTER | 2010-10-05 | 408 | 408 | SL | 5000000000000 | 0 | 0 |  |  |
| REFRIGERATOR W/ ICEMAKER 14CU | 2012-02-08 | 563 | 303 | SL | 10000000000000 | 56 | 0 |  |  |
| DELL OPTIPLEX 790 MINTOOWER COMPUTER | 2011-12-01 | 1,280 | 1,280 | SL | 5000000000000 | 0 | 0 |  |  |
| HON EXEC HIGHBACK CHAIR | 2014-05-30 | 436 | 136 | SL | 10000000000000 | 44 | 0 |  |  |
| SAVIN MP2501SP B/W COPIER | 2015-01-29 | 3,465 | 1,675 | SL | 5000000000000 | 693 | 0 |  |  |
| IPAD AIR2 QTY 11 | 2015-01-14 | 7,553 | 3,675 | SL | 5000000000000 | 1,511 | 0 |  |  |
| IPAD AIR2 | 2015-02-17 | 687 | 320 | SL | 5000000000000 | 137 | 0 |  |  |


| Description of Property | Date Acquired | Cost or Other Basis | Prior Years' Depreciation | Computation Method | $\begin{gathered} \text { Rate / } \\ \text { Life (\# of years) } \end{gathered}$ | Current Year's Depreciation Expense | Net Investment Income | Adjusted Net Income | Cost of Goods Sold Not Included |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| IMPROVEMENTS SAVAGE | 2015-09-22 | 1,195,038 | 312,986 | SL | 7000000000000 | 170,720 | 170,720 |  |  |
| IMPROVEMENTS ARDMORE PEDIATRICS (LANDIS) | 2016-10-05 | 474,280 | 50,816 | SL | 7000000000000 | 67,754 | 67,754 |  |  |
| MEDICAL CLINIC BUILDING | 2017-01-01 | 4,645,824 | 58,797 | SL | 39000000000000 | 119,124 | 119,124 |  |  |
| DELL OPTIPLEX 7050 MFF COMPUTERS W ACCESSORIES | 2017-07-07 | 3,811 |  | SL | 5000000000000 | 762 | 0 |  |  |
| LAND |  | 873,375 |  | L |  | 0 | 0 |  |  |

TY 2017 General Explanation Attachment

Name: SOUTHERN OKLAHOMA MEMORIAL FOUNDATION INC

EIN: 73-1300662

## General Explanation Attachment

| Identifier | Return Reference | Explanation |  |
| :---: | :---: | :---: | :---: |
| 1 | OWNERSHIPOF ENTITIES WTH CERTAIN FOREGN REPORTING REQUIREMENTS | FORM 990- <br> PF | THE FOUNDATION OWNS AN INTEREST IN THE FOLLOWING PASSTHROUGH ENTITIES WITH CERTAIN FOREGN REPORTING REQUIREMENTS LEXINGTON CAPTAL PARTNERS VI-A, LP (EIN 34-2047994)PIV AN LP (EN 61-1734218)PORTFOLIO ADVISORS PRNATEEQUITY FUND V LP (EIN 01-0895788)EACH OF THESE ENTITIES HAS MADEA TIME Y QUALIFIED ELECTING FUND ("QEF") ELECTION WTH RESPECT TO TS INVESTMENT IN UNDERLYING PASSIVE FOREGN INVESTMENT COMPANIES ("PFIC"), EFFECTVE FOR EACH YEAR OF OWNERSHIP, AND HAS FILED THE REQUIRED FORMS 8621 ACCORDINGLY, THE FOUNDATION HAS NOT FURTHER REPORTED THE FOREGN ACTVIIES FROM THESE INVESTMENTS ON AN ADDTIONAL FORM 8621, AS IT DOES NOT BELIEVEIT TO BE NECESSARY |

## TY 2017 Investments Corporate Bonds Schedule

```
Name: SOUTHERN OKLAHOMA MEMORIAL FOUNDATION INC
EIN: 73-1300662
```

Investments Corporate Bonds Schedule

| Name of Bond | End of Year Book <br> Value | End of Year Fair <br> Market Value |
| :--- | :---: | :---: |
| CORPORATE BONDS \& POOLED INVESTMENTS - FIXED INCOME <br> PORTION | $17,274,069$ | $17,274,069$ |

## TY 2017 Investments Corporate Stock Schedule

Name: SOUTHERN OKLAHOMA MEMORIAL FOUNDATION
INC
EIN: 73-1300662

| Name of Stock | End of Y ear Book <br> Value | End of Year Fair <br> Market Value |
| :--- | :---: | :---: |
| COMMON STOCK \& POOLED INVESTMENTS - EQUITY PORTION | $50,705,341$ | $50,705,341$ |

TY 2017 Investments - Land Schedule

## Name: SOUTHERN OKLAHOMA MEMORIAL FOUNDATION INC

EIN: 73-1300662

| Category/ Item | Cost/Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
| :---: | :---: | :---: | :---: | :---: |
| MEDICAL OFFICE BUILDING | 5,280,876 | 1,342,800 | 3,938,076 |  |
| IMPROVEMENTS - UROLOGY CENTER | 283,991 | 283,991 | 0 |  |
| IMPROVEMENTS - HEART \& VASCULAR | 74,826 | 74,826 | 0 |  |
| IMPROVEMENTS - OLIVR | 136,191 | 136,191 | 0 |  |
| IMPROVEMENTS - SUNGA | 104,288 | 104,288 | 0 |  |
| IMPROVEMENTS - PAPIN | 64,308 | 64,308 | 0 |  |
| IMPROVEMENTS - GILMORE | 119,806 | 119,806 | 0 |  |
| IMPROVEMENTS - ARDMORE SURGICAL | 298,151 | 298,151 | 0 |  |
| IMPROVEMENTS - TENANT X | 23,185 | 5,942 | 17,243 |  |
| IMPROVEMENTS - MELTON | 369,513 | 369,513 | 0 |  |
| IMPROVEMENTS - BENSON | 123,500 | 119,090 | 4,410 |  |
| IMPROVEMENTS - SAVAGE | 1,195,038 | 483,706 | 711,332 |  |
| IMPROVEMENTS - ARDMORE PEDIATRICS (LANDIS) | 474,280 | 118,570 | 355,710 |  |
| MEDICAL CLINIC BUILDING | 4,645,824 | 177,921 | 4,467,903 |  |
| LAND | 873,375 | 0 | 873,375 |  |

## TY 2017 Investments - Other Schedule

Name: SOUTHERN OKLAHOMA MEMORIAL FOUNDATION INC
EIN: 73-1300662
Investments Other Schedule 2

| Category/ Item | Listed at Cost or <br> FMV | Book Value | End of Year Fair <br> Market Value |
| :--- | :--- | :---: | :---: |
| ALTERNATIVE INVESTMENTS | AT COST | $24,848,550$ | $24,848,550$ |

TY 2017 Land, Etc. Schedule

| Category / Item | Cost / Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market 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 | 51 | 0 |  |
| LOCKING FILE CABINET | 224 | 224 | 0 |  |
| 4 FILE SHELVES | 1,698 | 1,698 | 0 |  |
| AVAYA ACS UNIT \& 18 DISPLAY SET | 1,679 | 1,679 | 0 |  |
| OFFICE FURNITURE ACCOUNTANT | 4,700 | 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 | 6,480 | 0 |  |
| PAOLI EXECUTIVE FURNITURE | 6,995 | 6,995 | 0 |  |
| HON EXEC HIGHBACK CHAIR | 415 | 415 | 0 |  |
| PAOLI 16' CONFERENCE TABLE | 5,562 | 5,557 | 5 |  |
| PAOLI BUFFET CREDENZA | 3,294 | 3,290 | 4 |  |
| HON KEYBOARD TRAY | 54 | 50 | 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 |  |
| HP COLOR LASER JET CP2025 PRINTER | 408 | 408 | 0 |  |
| REFRIGERATOR W/ ICEMAKER 14CU | 563 | 359 | 204 |  |
| HON EXEC HIGHBACK CHAIR | 436 | 180 | 256 |  |
| SAVIN MP2501SP B/W COPIER | 3,465 | 2,368 | 1,097 |  |
| IPAD AIR2 QTY 11 | 7,553 | 5,186 | 2,367 |  |
| IPAD AIR2 | 687 | 457 | 230 |  |
| DELL OPTIPLEX 7050 MFF COMPUTERS W ACCESSORIES | 3,811 | 762 | 3,049 |  |

Name: SOUTHERN OKLAHOMA MEMORIAL FOUNDATION INC
EIN: 73-1300662

| Category | Amount | Net Investment <br> Income | Adjusted Net <br> Income | Disbursements <br> for Charitable <br> Purposes |
| :--- | ---: | ---: | ---: | :---: |
| LEGAL FEES | 252 |  | 0 |  |

## TY 2017 Other Expenses Schedule

Name: SOUTHERN OKLAHOMA MEMORIAL FOUNDATION
INC

EIN: 73-1300662
Other Expenses Schedule

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| :---: | :---: | :---: | :---: | :---: |
| DUES \& SUBSCRIPTIONS | 5,610 | 0 |  | 5,610 |
| EDUCATION \& TRAINING | 1,376 | 0 |  | 1,376 |
| CONTRACT EMPLOYEES | 109,504 | 29,251 |  | 80,253 |
| INSURANCE | 16,392 | 0 |  | 16,392 |
| INVESTMENT EXPENSES | 144,753 | 144,753 |  | 0 |
| MISCELLANEOUS | 2,263 | 0 |  | 2,263 |
| POSTAGE \& DELIVERY | 580 | 0 |  | 580 |
| REPAIRS \& MAINTENANCE | 2,814 | 91 |  | 2,723 |
| OFFICE SUPPLIES | 2,626 | 632 |  | 1,994 |

## TY 2017 Other Income Schedule

$$
\begin{aligned}
\text { Name: } & \text { SOUTHERN OKLAHOMA MEMORIAL FOUNDATION } \\
& \text { INC } \\
\text { EIN: } & 73-1300662
\end{aligned}
$$

Other Income Schedule

| Description | Revenue A nd <br> Expenses Per Books | Net Investment <br> Income | Adjusted Net Income |
| :--- | ---: | ---: | ---: |
| MISCELLANEOUS INCOME | 5,852 | 5,852 | 5,852 |
| STATE TAX REFUND | 6,488 | 6,488 |  |

## TY 2017 Other Increases Schedule

Name: SOUTHERN OKLAHOMA MEMORIAL FOUNDATION INC
EIN: 73-1300662

| Description | Amount |
| :--- | ---: |
| UNREALIZED GAIN ON INVESTMENTS | $3,336,654$ |

Name: SOUTHERN OKLAHOMA MEMORIAL FOUNDATION INC

EIN: 73-1300662

| Category | Amount | Net Investment <br> Income | Adjusted Net <br> Income | Disbursements <br> for Charitable <br> Purposes |
| :--- | ---: | ---: | ---: | ---: |
| BANK SERVICES CHARGES | 657 | 657 |  | 0 |
| CUSTODY FEES | 51,480 | 51,480 |  | 0 |
| INVESTMENT CONSULTING | 175,109 | 175,109 |  | 0 |

## TY 2017 Taxes Schedule

Name: SOUTHERN OKLAHOMA MEMORIAL FOUNDATION INC

EIN: 73-1300662

| Category | Amount | Net Investment <br> Income | Adjusted Net <br> Income | Disbursements <br> for Charitable <br> Purposes |
| :--- | ---: | ---: | ---: | ---: |
| FEDERAL EXCISE TAX | 111,000 | 57,025 | 0 |  |
| FEDERAL UBI TAX | 4,410 | 0 | 0 |  |
| FOREIGN TAX | 15,070 | 4,410 | 0 |  |
| STATE UBI TAX | 8,847 | 15,070 | 0 |  |
| STATE TAX | 232 | 8,847 | 0 |  |
| TAX PENALTY | 0 |  | 0 |  |

