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Form 990-PF

Department of the Treasury

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0052

Internal Revenue Service For calendar year 2009, or tax year beginning and ending G Check all that apply Initial return Initial return of a former public charity Final return Amended return Name change A Employer Identification number Name of foundation lise the IRS label. STEVEN RUSSELL SMITH FOUNDATION 45-0558764 Otherwise. print Number and street (or P O box number if mail is not delivered to street address) Room/suite **B** Telephone number or type. 918-446-4001 4141 S JACKSON See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions TULSA, OK 74107 D 1. Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation E If private foundation status was terminated X Cash I Fair market value of all assets at end of year | J | Accounting method Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col. (c), line 16) If the foundation is in a 60-month termination 2 , 896 , 454 . (Part I, column (d) must be on cash basis) ▶\$ under section 507(b)(1)(B), check here Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for chantable purposes (cash basis only) expenses per books income income 1,698,312. N/A Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 3 Dividends and interest from securities 14,550 14,550 STATEMENT 5a Gross rents b Net rental income or (loss) SCANNED NOV 0 1 207 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 90,000. 0 STATEMENT 11 Other income 1,802,862. 14,550. 12 Total. Add lines 1 through 11 Õ 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees ४ c Other professional fees 2 1 201 Operating and Administrative 17 Interest STMT 3 17,509 0 . 17,509 18 19 Depreciation and depletion OGDEN 40,345 0. 40,345. 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications Ō. 2,205. 2,205 23 STMT 4 Other expenses Total operating and administrative 60,059 0 60,059. expenses Add lines 13 through 23 33,175 33,175. Contributions, gifts, grants paid 26 Total expenses and disbursements. 93,234 0 93,234. Add lines 24 and 25 27 Subtract line 26 from line 12 1,709,628 3 Excess of revenue over expenses and disbursements 14,550. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions

| For | m 99 | 0-PF(2009) STEVEN RUSSELL SMITH FOU | JNDATION | 45-0 | 558764 Page 2 |
|-----------------------------|---------------|--|-------------------|---------------------------------------|---------------------------------------|
| - | - | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of y | |
| Ľ | art | Column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 10,034. | 74,525. | 74,525. |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable | | | |
| | | Less allowance for doubtful accounts | | | |
| | 4 | Pledges receivable ► | | | |
| | | Less allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| ø, | 8 | Inventories for sale or use | | | |
| Assets | _ | Prepaid expenses and deferred charges | | | · · · · |
| As | | Investments - U S and state government obligations | | | |
| | | Investments - corporate stock | | | · · · · · · · · · · · · · · · · · · · |
| | l | Investments - corporate bonds | | | · |
| | | Investments - land, buildings, and equipment basis | | | |
| | '' | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other | | | · |
| | - | Land, buildings, and equipment basis ► 4, 463, 232. | | | |
| | 14 | Less accumulated deprecation | 2.817.420. | 4,463,232. | 2,821,929. |
| | 15 | Other assets (describe) | 2,01,,1200 | 1,100,2020 | 2/022/0250 |
| | 10 | Other assets (describe | | | |
| | 46 | Tatal assets (to be completed by all filers) | 2.827.454. | 4,537,757. | 2.896.454. |
| _ | $\overline{}$ | Total assets (to be completed by all filers) | 2/02//1311 | 1/33///3/6 | 270307131. |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| Liabilities | 19 | Deferred revenue | | | |
| Ħ | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| <u>Lial</u> | 21 | Mortgages and other notes payable | 0. | 675. | |
| _ | 22 | Other liabilities (describe ► <u>DEPOSITS</u>) | | 073. | |
| | | | 0. | 675. | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 0. | 073. | |
| | | Foundations that follow SFAS 117, check here | | | |
| ç | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| Net Assets or Fund Balances | 24 | Unrestricted | | | |
| alaı | 25 | Temporarily restricted | | | |
| ä | 26 | Permanently restricted | | | |
| Š | | Foundations that do not follow SFAS 117, check here | | | |
| ř | | and complete lines 27 through 31. | | | |
| ts | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| sse | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | 0. | | |
| ţ | 29 | Retained earnings, accumulated income, endowment, or other funds | 2,827,454. | 4,537,082. | |
| Š | 30 | Total net assets or fund balances | 2,827,454. | 4,537,082. | |
| | | | 2 027 454 | 1 527 757 | |
| _ | 31 | Total liabilities and net assets/fund balances | 2,827,454. | 4,537,757. | |
| P | art | Analysis of Changes in Net Assets or Fund Ba | alances | | |
| | | | | · · · · · · · · · · · · · · · · · · · | |
| 1 | Tota | l net assets or fund balances at beginning of year - Part II, column (a), line : | 30 | | 2 027 454 |
| | (mu | 1 2 | 2,827,454. | | |
| | Ente | 1,709,628. | | | |
| 3 | Othe | 3 | 0. | | |
| | | lines 1, 2, and 3 | | 4 | 4,537,082. |
| | | eases not included in line 2 (itemize) | | 5 | 0. |
| 6 | Tota | I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | lumn (b), line 30 | 6 | 4,537,082. |
| | | | | | Form 990-PF (2009) |

923511 02-02-10

| Part IV Capital Gains a | ind Losses for Tax on In | vestment | Income | | | | | |
|---|--|-----------------------|------------------------------------|----------|--|--|-----------------------------|---|
| (a) List and descri | be the kind(s) of property sold (e g ehouse, or common stock, 200 shs | | | (b) P | How acquired - Purchase - Donation | (c) Date a (mo , da | | (d) Date sold (mo , day, yr) |
| 1a · | | | | | | | | |
| b NON | <u> </u> | | | | | | | |
| C | | | | ╬ | | | | |
| <u>d</u> | · · · · · · · · · · · · · · · · · · · | | | ├ | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | at or other basis | | | | in or (loss) (f) minus (| |
| a | · · · · · · · · · · · · · · · · · · · | | | | | | | _ |
| b | | _ | | | | | | |
| C | | | | | | | | |
| d | | | | | | | | <u> </u> |
| <u>e</u> | | | 10/04/00 | | | | | |
| Complete only for assets showing | gain in column (h) and owned by t | | | | |) Gains (Co k), but no | | |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col (i) col (j), if any | | | Losses (| from col (| h)) |
| a | | | | | | · | | |
| <u>b</u> | <u>- · · · · · · · · · · · · · · · · · · ·</u> | _ | | | | | | |
| d d | | | | | | | | |
| e | | | | | | | | |
| Capital gain net income or (net cap Net short-term capital gain or (loss | , , , , , , , , , , , , , , , , , , , | · ın Part I, line | | } | 2 | | | |
| If gain, also enter in Part I, line 8, c If (loss), enter -0- in Part I, line 8 | column (c) | | Tour on No. | } | 3 | | | |
| Part V Qualification Ur | | | | | | ome | | . |
| (For optional use by domestic private If section 4940(d)(2) applies, leave thi | is part blank | , , | | | | | | |
| Was the foundation liable for the secti if "Yes," the foundation does not qualit | fy under section 4940(e). Do not co | mplete this pa | rt | | | | | Yes X No |
| 1 Enter the appropriate amount in ea | ach column for each year, see instru | uctions before | making any entri | es | | | | 74\ |
| (a) Base period years Calendar year (or tax year beginnin | | | Net value of no | | ritable-use assets | | | (d) oution ratio ided by col (c)) |
| 2008 | | $\frac{3,964}{6,500}$ | | | ,379,861 | | | .01427 |
| 2007 | | 6,500. 0. | | | ,378,775 | • | | .01114 |
| 2006 | | 0. | | | | ' • | | .00000 |
| 2005 | | | | | | | | |
| 2004 | | L | | | - | | | |
| 2 Total of line 1, column (d) | was been seved, doude the total | on line 2 by E | or by the number | r of w | nore. | 2 | | .02541 |
| 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 | | | | | 3 | | .00847 | |
| 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 | | | | 4 | | 2,775,159 | | |
| 5 Multiply line 4 by line 3 | | | | | | 5 | | 23,506 |
| 6 Enter 1% of net investment incom | e (1% of Part I, line 27b) | | | | | 6 | | 146 |
| 7 Add lines 5 and 6 | | | | | | 7 | | 23,652 |
| 8 Enter qualifying distributions from | Part XII, line 4 | | | | | 8 | | 93,234 |
| If line 8 is equal to or greater than See the Part VI instructions | line 7, check the box in Part VI, line | 1b, and comp | olete that part usin | ng a 1 | % tax rate | | | |

923521 02-02-10

| Pa | rt VII-A Statements Regarding Activities (continued) | | | |
|----------|---|--|------|-------------|
| | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | _X_ |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | |
| | August 17, 2008? | 12 | | <u>X</u> |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | _X_ | |
| | Website address ► N/A | <u>- </u> | 001 | |
| 14 | The books are in care of ► STEVE R SMITH Telephone no ► 918-44 | | 001 | |
| | Located at ► 4141 S JACKSON, TULSA, OK ZIP+4 ►74 | 107 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | NT. | /A | Ш |
| <u> </u> | and enter the amount of tax-exempt interest received or accrued during the year | IN | / A | |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | 7 | Yes | No |
| 4. | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | 162 | 140 |
| 18 | During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | | |
| | (1) Independ on the second of | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No | | | |
| | a disqualified person? Yes X No Yes X No Yes X No Yes X No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | for the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | If the foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days) Yes X No | | | |
| h | 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 page 20 of the instructions)? N/A | 16 | 1 | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | |
| • | before the first day of the tax year beginning in 2009? | 1c | 1 | Х |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | |
| _ | defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| а | At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| | before 2009? | | | |
| | If "Yes," list the years | | | |
| 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) N/A | 2b | | |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| | > | | | |
| 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 2009 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 2009.) | 3b | | |
| | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | v |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2009? | 4b m 990 | DE (| X_ |

| OHI 350-11 (2005) SIEVER ROBBELLE BITTI TOONBATTON | 45 0550 | 7704 |
|---|---------|---------------------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highl Paid Employees, and Contractors (continued) | У | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of sen | /ICe | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | 0 |
| Part IX-A Summary of Direct Charitable Activities | | 1 |
| 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 |
| THE FIRST TEE OF TULSA | | |
| | | |
| | | 0. |
| TULSA S.P.C.A. | | |
| | | |
| | | 0. |
| 3 FRAMP | | |
| | | |
| | | 0. |
| 4 PHILBROOK ART MUSEUM | | |
| | | |
| | | 0. |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | | Amount |
| 1 N/A | | |
| | | |
| | | · · · · · · · · · · · · · · · · · · · |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | | 0. |
| | For | m 990-PF (2009) |

Page 8

| P | Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations, | , see instructions.) |
|----|--|--------------|----------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| а | Average monthly fair market value of securities | 1a | 0. |
| | Average of monthly cash balances | 1b | |
| | Fair market value of all other assets | 16 | 2,817,420. |
| d | Total (add lines 1a, b, and c) | 1d | 2,817,420. |
| | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| Ī | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 2,817,420. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 42,261. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 2,775,159. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 138,758. |
| = | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part) | id certain | · |
| 1 | Minimum investment return from Part X, line 6 | 1 | 138,758. |
| 2a | Tax on investment income for 2009 from Part VI, line 5 | | |
| b | Income tax for 2009 (This does not include the tax from Part VI) | | |
| C | Add lines 2a and 2b | 2c | 146. 138,612. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 138,612. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 138,612. |
| 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 | 138,612. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | 00.004 |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 93,234. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | · |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 93,234. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | Income Enter 1% of Part I, line 27b | 5 | 93,088. |
| 6 | Adjusted qualifying distributions Subtract line 5 from line 4 | 6 | 93,088. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | qualifies fo | or the section |
| | 4040/a) reduction of tay in those years | | |

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
|---|---------------|--|--|--|
| 1 Distributable amount for 2009 from Part XI, line 7 | | | | 138,612. |
| 2 Undistributed income, if any, as of the end of 2009 | | | | |
| a Enter amount for 2008 only | | | 84,957. | |
| b Total for prior years | | | | |
| | | 0. | | |
| 3 Excess distributions carryover, if any, to 2009 | | | | |
| a From 2004 | | | | |
| b From 2005 | | | | |
| c From 2006 | | | | |
| d From 2007 | | | | |
| e From 2008 | 0. | | | |
| f Total of lines 3a through e 4 Qualifying distributions for 2009 from | | | | |
| Part XII, line 4 ► \$ 93, 234. | | | | |
| a Applied to 2008, but not more than line 2a | | | 84,957. | |
| b Applied to undistributed income of prior | | ., ., ., ., ., ., ., ., ., ., ., ., ., . | | ···· |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | <u></u> | | , | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2009 distributable amount | | | | 8,277. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| 2 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' | | | | |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2008 Subtract line | | | | |
| 4a from line 2a Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2009 Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | 120 225 |
| be distributed in 2010 | | | Introduces - 1110'ro or ' i 10'rt 11'to | 130,335. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | 0. | | | |
| section 170(b)(1)(F) or 4942(g)(3) | · · | | | |
| 8 Excess distributions carryover from 2004 | 0. | | | |
| not applied on line 5 or line 7 | | | | |
| 9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2005 | | | | |
| b Excess from 2006 | | | | |
| © Excess from 2007 | | | | |
| d Excess from 2008 | | | | |
| e Excess from 2009 | | | | · |
| | | | <u> </u> | Form 990-PF (2009) |

| 3 Grants and Contributions Paid During the | fear or Approved for Future | Payment | | |
|--|--|-------------------------|----------------------------------|---------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | Contribution | |
| a Paid during the year | any foundation manager or substantial contributor | recipient | Contribution | Allount |
| | | | | |
| | | | | |
| SEE STATEMENT 6 | | | | 22 175 |
| Total | T | Ι | <u>▶ 3a</u> | 33,175. |
| none | | | ▶ 3b | 0. |

| Part XVI-A | Analysis | of Income- | -Producina | Activities |
|----------------------|-----------|------------|------------|---|
| 6 641 4 X4 4 X 1 X 1 | Allulysis | | oudoning | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |

| Enter gross amounts unless otherwise indicated | Unrelated | business income | | ded by section 512, 513, or 514 | (e) |
|---|---|-----------------|---------------|---------------------------------|-------------------|
| , | _ (a) | (b) | (C) Exclu- | (d) | Related or exempt |
| 1 Program service revenue | Business code | Amount | sion code | Amount | function income |
| a | | | | | |
| | _ | · | | | |
| D | _ | | | | |
| C | - - | | | | |
| 0 | — | | | | . |
| e | | | | | |
| 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 | 531110 | 14,550. | | | |
| 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 REFUND OF PRIOR EXPS | | | | | 90,000. |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| 8 | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | 14,550. | | 0. | 90,000. |
| 13 Total Add line 12, columns (b), (d), and (e) | | | | 13 | 104,550. |
| (See worksheet in line 13 instructions to verify calculations | .) | | | _ | |

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. | 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) | | | | | | | | |
|--------------------|--|---|----|----------|-----------|--|----------|--------|----------------------|
| 11 | | | | | DEDUCTION | | WITH | IRS | |
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| 923621 02-02-10 | · | | | | | | | Form 9 | 9 0-PF (2009) |

| Part) | (VII Information R Exempt Organ | | and Transactions ar | nd Relationships With Nonch | naritable | |
|----------------------------|------------------------------------|--|---------------------------------------|---|-------------------------|-------------|
| 1 Did | | rectly engage in any of the follow | wing with any other organization | described in section 501(c) of | Yes | No |
| | | c)(3) organizations) or in section | | | | |
| | | ation to a noncharitable exempt | | | | |
| | Cash | ation to a nononantable exempt | 5.ga <u></u> | | 1a(1) | X |
| ٠,, | Other assets | | | | 1a(2) | X |
| | er transactions | | | | 1 7 | |
| | Sales of assets to a noncharita | able everant organization | | | 15(1) | X |
| | | oncharitable exempt organization | 1 | | 1b(2) | X |
| , , | Rental of facilities, equipment, | | | | 1b(3) | X |
| | Reimbursement arrangements | | | | 1b(4) | X |
| | Loans or loan guarantees | | | | 1b(5) | X |
| | · · | embership or fundraising solicita | ations | | 1b(6) | X |
| | | ailing lists, other assets, or paid (| | | 10 | X |
| | | | | ays show the fair market value of the good | | |
| | | | | in any transaction or sharing arrangemen | | |
| | | other assets, or services receive | | many transaction or onaming arrangemen | , | |
| (a) Line n | | | ble exempt organization | (d) Description of transfers, transactions, a | and shanno arrangeme | ents |
| (d) Line iii | (B) Amount involved | N/A | | (4) 5555 (10) | | |
| | | 11/11 | <u> </u> | | | |
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| | | | | Annual described | | |
| | - | ctly affiliated with, or related to, o | | ations described | | a |
| | • • | er than section 501(c)(3)) or in s | ection 52/7 | | Yes X | □No |
| b_lf * | Yes," complete the following sch | | (h) Turn of a security on | (a) Description of relative | | |
| | (a) Name of or | ganization | (b) Type of organization | (c) Description of relation | onsnip | |
| | N/A | | | | | |
| | | | | | | |
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| | | <u>-</u> . | | | | |
| | | | | | | |
| | | have examined this return, including a ser than taxpayer or fiduciary) is based | | ints, and to the best of my knowledge and belief, it ias any knowledge | it is true, correct, | |
| [| 7/7 | | 1 10 110 120 | | | |
| | | | 10 14/10 | Yustee | | |
| | Signature of officer or trustee | A | Date | Title | | |
| Sign Here | Preparer's | | | To the self- | parer's identifying nui | nber |
| Sig La | ≧ signature ✓ | Sull | N / | U(4)(Uemployed ► L | | |
| S Paid spare | Firm's name (or yours STO | , | PÉTTOS, WHIPPLE | E, `ET` AL EIN ► | | |
| Sign Paid Preparer's | if self-employed), 7645 | | STE 201 | | | _ |
| | address, and ZIP code TULS | SA, OK 74133 | R | PECEIVED Phone no 918 | 254-043 | |
| | | | | | Form 990-PF | (2009) |
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| 923622 | | | | | | |

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

| ST | EVEN RUSSELL SMITH FOUNDATION | 45-0558764 | | | | |
|---|--|--|--|--|--|--|
| Organization type (check o | ne): | - | | | | |
| 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 | X 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| • - | s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru | ile. See instructions. | | | | |
| X For an organization contributor. Comp | n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m lete Parts I and II. | oney or property) from any one | | | | |
| Special Rules | | | | | | |
| 509(a)(1) and 170(l | c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | |
| aggregate contribu | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | |
| contributions for u If this box is check purpose. Do not co | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. | | | | | |
| but it must answer "No" on | hat is not covered by the General Rule and/or the Special Rules does not file Schedule I Part IV, line 2 of its Form 990, or check the box on line H of its Form 990·EZ, or on line and requirements of Schedule B (Form 990, 990·EZ, or 990·PF). | | | | | |
| LHA For Privacy Act and for Form 990, 990-E | • | B (Form 990, 990-EZ, or 990-PF) (2009) | | | | |

Name of organization

Employer identification number

STEVEN RUSSELL SMITH FOUNDATION

45-0558764

| Part I | Contributors (see instructions) | | |
|------------|--|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | STEVE R SMITH 4141 S JACKSON TULSA, OK 74107 | \$1,645,812. | Person Payroll Noncash X (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 2 | STEVE R SMITH 4141 S JACKSON TULSA, OK 74107 | \$\$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Employer identification number

STEVEN RUSSELL SMITH FOUNDATION

45-0558764

| Part II | Noncash Property (see instructions) | | |
|------------------------------|--|--|---------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | REAL ESTATE | | |
| | | | |
| | | \$\$ | 09/04/08 |
| (a) No. from | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| Part I | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | _ | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | s | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| ! | | \$ | 0, 990-EZ, or 990-PF) (2) |

| FORM 990-PF | RENTAL I | NCOME | | STATEMENT 1 |
|-------------------------------|------------------------------|-----------------------------------|-----------------------------------|-------------------------------|
| KIND AND LOCATION OF PROPERTY | | | ACTIVITY NUMBER | GROSS RENTAL INCOME |
| REAL ESTATE, TULSA, OK | - | | 1 | 14,550. |
| TOTAL TO FORM 990-PF, PART I, | LINE 5A | | = | 14,550. |
| FORM 990-PF | OTHER | INCOME | | STATEMENT 2 |
| DESCRIPTION | | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| REFUND OF PRIOR EXPS | _ | 90,000. | 0 | • |
| TOTAL TO FORM 990-PF, PART I, | LINE 11 = | 90,000. | 0 | • |
| FORM 990-PF | ТА | XES | | STATEMENT 3 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| PROPERTY TAXES OTHER | 16,723 786 | | | 16,723. 786. |
| TO FORM 990-PF, PG 1, LN 18 = | 17,509 | . 0 | • | 17,509. |
| FORM 990-PF | OTHER | EXPENSES | | STATEMENT 4 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| | | | | |
| SUPPLIES ACCOUNTING | 755 1,450 | | | 755. 1,450. |

| | Y XV - LINE 1A COUNDATION MANAGERS | STAT | EMENT ! |
|---|--|---------------------|---------|
| NAME OF MANAGER | | | |
| STEVE R SMITH TAMARA SMITH | | | |
| | AND CONTRIBUTIONS DURING THE YEAR | STAT | EMENT (|
| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | RECIPIENT STATUS | AMOUNT |
| ANIMAL AID 3307 E 15TH STREET TULSA, OK 74112 | | PUBLIC CHARITY | 1,000 |
| FLINT RIDGE ANIMAL MEDICAL PROJECT 7115 QUAIL RUN ROAD KANSAS, OK 74347 | | PUBLIC CHARITY | 5,000 |
| DOMESTIC VIOLENCE INTERVENTION SERVICES 4300 S HARVARD, #100 TULSA, OK 74135 | | PUBLIC CHARITY | 1,000 |
| PHILBROOK MUSEUM OF ART 2727 S ROCKFORD RD TULSA, OK 74114 | | PUBLIC CHARITY | 2,000 |
| RONALD MCDONALD HOUSE 6102 S HUDSON AVE TULSA, OK 74136 | | PUBLIC CHARITY | 1,000 |
| THE FIRST TEE OF TULSA | | PUBLIC | 1,000 |

CHARITY

PO BOX 702298 TULSA, OK 74170

| STEVEN RUSSELL SMITH FOUNDATION | | 45-0558764 |
|---|---------------------|------------|
| TULSA S.P.C.A. 2910 MOHAWK BLVD TULSA, OK 74110 | PUBLIC CHARITY | 10,000. |
| EUFAULA AREA ARTS COUNCIL PO BOX 897 EUFALA, OK 74432 | PUBLIC CHARITY | 5,000. |
| MCINTOSH CNTY YOUTH & FAMILY EDUCATION CENTER PO BOX 1332 EUFALA, OK 74432-1332 | PUBLIC CHARITY | 5,000. |
| OTHERS VARIOUS TULSA, OK 74110 | PUBLIC CHARITIES | 2,175. |
| TOTAL TO FORM 990-PF, PART XV, LINE 3A | | 33,175. |

| Form 88 | 68 (Rev 4-2009) | | Page 2 | | |
|--|---|----------|--------------------------------|--|--|
| • If you | u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo | × | ightharpoons (X) | | |
| | Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed | Form | 8868. | | |
| | u are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). | | | | |
| Part | Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co | | | | |
| Туре о | Name of Exempt Organization | Emp | loyer identification number | | |
| print | STEVEN RUSSELL SMITH FOUNDATION | 4 | 5-0558764 | | |
| File by the extended due date to filing the | Number, street, and room or suite no. If a P.O. box, see instructions. | For I | RS use only | | |
| return Se | | | | | |
| F | type of return to be filed (File a separate application for each return): orm 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A orm 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720 | | orm 5227 Form 8870 orm 6069 | | |
| STOP! | Do not complete Part II if you were not already granted an automatic 3-month extension on a previous | sly file | d Form 8868. | | |
| | STEVE R SMITH books are in the care of ► 4141 S JACKSON - TULSA, OK 74107 phone No. ► 918-446-4001 FAX No. ► | | | | |
| | e organization does not have an office or place of business in the United States, check this box | | ▶ □ | | |
| | s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this | s is foi | r the whole group, check this | | |
| box ▶ | . If it is for part of the group, check this box and attach a list with the names and EINs of all i | memb | ers the extension is for. | | |
| | request an additional 3-month extension of time until NOVEMBER 15, 2010. | | | | |
| | For calendar year 2009, or other tax year beginning, and ending | | | | |
| | If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period | | | | |
| P | AWAITING RECEIPT OF ADDITIONAL INFORMATION NECESSARY TO PROPERLY | | | | |
| | COMPLETE RETURN | | | | |
| | this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any onrefundable credits. See instructions. | 8a | \$ 0. | | |
| _ | this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated | Oa | 3 | | |
| | ax payments made Include any prior year overpayment allowed as a credit and any amount paid | | | | |
| | previously with Form 8868. | 8ь | s 0. | | |
| | salance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit | | <u> </u> | | |
| w | oth FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ 0. | | |
| Signature and Verification | | | | | |
| | enalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the , correct, and complete, and that I am authorized to prepare this form | best o | f my knowledge and belief, | | |
| Signatui | e ► Title ► | Date | <u> </u> | | |

Form 8868 (Rev 4-2009)