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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

OMB No 1545-0052 2009

F	or ca	lendar	year 2009,	or tax year beg	inning	,		, 2009	, and end	ing			, 20
G	Che	ck all t	hat apply:	Initial retu	rn		Initial return	of a former p	oublic cha	rity		Final reti	urn
_				Amended	return		Addre	ess change		1	lame change		
			Name of for								A Employer identif	fication number	er
•		he IRS		MS FOUNDATI	ON								
	lat		C/O CLS						,		73	-1508582	
		rwise, int	Number and	distreet (or PO box	number	f mail is	not delivered to stre	et address)	Room/si	uite	B Telephone number (se	e page 10 of the ma	structions)
	•	ype.	600 6								,,	05) 240	F 4 6 0
5		pecific		KELLY AVENU		JITE	<u></u>		<u> </u>		, -	05) 348-	-5460
1	nstru	ctions.	City or town	n, state, and ZIP co	de						C If exemption applic pending, check her	azuonis 19 • • • • •	··· ▶
			EDMOND	OF 72002.	660						D 1. Foreign organiza		
_				OK 73003-5							2. Foreign organiz 85% test, check		,
H			_	ation X Secti							computation -		▶∟
Ţ				nexempt chantable	1		Other taxable p				E If private foundate		
•				l assets at end	1—	_	g method X (asn Acc	crual		under section 507(b)(1)(A), check he	re . ▶ 🔲
	_	ear (<i>ir</i> o ▶ \$	m Part II, co ז	18,954.			specify) nn (d) must be o	n cash hasis			F If the foundation i		- 1 1
Į.		_		enue and Expens		,	III (a) Mast be e	T Cash Basis.)	<u>'</u>		under section 507(1 .	irsements
	ait	total o	f amounts in o ot necessarily	columns (b), (c), any equal the amount	d (d) s in	(a)) Revenue and expenses per books	(b) Net inve		(c) Adjusted net income	for cha	arıtable xoses
_				ge 11 of the instruc			200.0					(cash ba	asis only)
	1		्रि प्री if the	, etc., received (attach so foundation is not req	uired to			+		-		-	
	2	Check	attach	Sch B		—	1,711		1,711.			ATCH	1
	3		-	temporary cash inve est from securities		1	1,902	1	1,902.			ATCH	
	4	_							_,,,,,,			111011	
			tal income or (lo			<u> </u>							
.			•	sale of assets not on	lme 10		15	1					
Revenue		Gross s	ales price for all		,000.								
8	7		n line 6a gain net inci	ome (from Part IV,	ine 2)				15.				
č	8												
	9	Income	modification	RECEIVI	<u> </u>								
	10 a		lles less retums wances			8I							
	b	Less Co	est of goods sol	NOV 192	<u>010 - 1</u>	Ω							
	Ç	Gross	profit or (loss)	(attach schedule)		8							
	11	Other	ncome (attac	TSCHEQUE EN	114.		-6,565		-6,565.			ATCH	3
_	12	Total.	Add lines 1 th	COMBRA	<u> </u>		-2,937	-	-2,937.			ļ	
	13	Compe	sation of office	ers, directors, trustees,	etc .	<u> </u>						ļ	
8	14	Other	employee sala	anes and wages .									
180	15			loyee benefits			_	-				-	
Ē			ees (attach so			i	3,150		3,150.		0		0
Ď				tach schedule) ATC			3,130	1	3,130.			<u> </u>	
Operating and Administrative Expenses				ees (attach schedul CHMENT 5	e)		154	1	154.				
it ra	17				**	 	401	1	401.				
≝.	18) (see page 14 of the ins				1		<u> </u>			
Ē	19	-	•	n schedule) and de	pieuon.								
₹	20 21	•	-	, and meetings	• • • •							<u> </u>	
and	22			tions								-	
g	23			ach schedule) AT(204	1	204.			-	
퓵	24			d administrative ex				<u>† </u>				1	· · · · · ·
700	-,-			h 23	•		3,909	1	3,909.		0		0
ō	25		_	grants paid			48,503						48,503
	26			rsements. Add lines 2			52,412		3,909.		0	•	48,503
	27		ct line 26 fro				<u> </u>						
	а	Excess o	f revenue over ex	cpenses and disbursem	ents _		-55,349	<u> </u>				<u> </u>	
	ь	Net inv	estment inc	ome (if negative, er	nter -0-)				-0-				
	_	Adina	ad not inco-	o (if posstive onto	٠.٥١			I		1	-0-		

Form 990-PF (2009) PAGE 1

** ATCH 6

	- K	Ralance Shoots Atta	ached schedules and amounts in the	Beginning of year	End of	f year
<u> </u>			cription column should be for end-of-year ounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
\exists	1	Cash - non-interest-bearing		85,865.	127,005.	127,005.
			investments	62,614.	37,555.	38,088.
-						
-		Less: allowance for doubtful	accounts >			
ĺ	4					
- 1	-	Less allowance for doubtful	accounts >)	
	5					
- 1	6		rs, directors, trustees, and other			
-	•		chedule) (see page 16 of the instructions)			
1	7	, ,	vable (attach schedule)			
	•		accounts			
	8					
Assets	9		red charges			
88			·	1	· · · · · · · · · · · · · · · · · · ·	
٦			vemment obligations (attach schedule) ck (attach schedule)			
-			ids (attach schedule)			
	11	Investments - land, buildings, and equipment basis Less accumulated depreciation	>		<u></u>	
-	12	(attach schedule) Investments - mortgage loan	s			
1	13	Investments - other (attach s	schedule) ATCH 8	228,700.	157,270.	153,861.
- 1	14	Land, buildings, and	•			
- (Less accumulated depreciation			ĺ	
	15	Other assets (describe)			
- 1	16	Total assets (to be complete				
- {			1, item I)	377,179.	321,830.	318,954.
ヿ	17		ued expenses			
Ì	18			1		
8	19					
흺	20		ustees, and other disqualified persons	I		
=	21		payable (attach schedule)			
۳	22)	 _		
l		Other habilities (sees to)	/			
	23	Total liabilities (add lines 1	7 through 22)			
┪			SFAS 117, check here ▶			
			hrough 26 and lines 30 and 31.			
88	24	•				
일	25					
뛢	26					
삘	24 25 26 27	Foundations that do not				
틧			te lines 27 through 31.			
5	27	Capital stock, trust principal				
ts	28		f, bldg , and equipment fund			
88	29	• •	ncome endowment or other funds	377,179.	321,830.	
-	30	Total net assets or fund ba	· · · · · · · · · · · · · · · · · · ·			
ş				377,179.	321,830.	
	31		ets/fund balances (see page 17			
]				377,179.	321,830.	
Р	art I	Analysis of Chance	es in Net Assets or Fund			
1	Tota	net assets or fund balan	ces at beginning of year - Part II	, column (a), line 30 (mus	t agree with	
			prior year's return)			377,179.
		r amount from Part I, line				-55,349.
			n line 2 (rtemize) ▶		3	
						321,830.
_	_				·····	
6	Tota	I net assets or fund balan	ces at end of year (line 4 minus	line 5) - Part II. column (b), line 30 6	321,830.

P		s and Losses for Tax on In d describe the kind(s) of property solo		(b) How acquired	(c) Date acquired	(d) Date sold
		rick warehouse; or common stock, 20	0 shs MLC Co.)	P-Purchase D-Donation	(mo, day, yr)	(mo., day, yr.)
<u>1a</u>	SEE PART IV SCHE	DULE		ļ		
b			······································	-	-	
_ <u>c</u>				 -	-	
<u>d</u>				 	-	
<u>e</u>		(8.8)	(a) Cost or other begin	 	#100-i	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
<u>a</u>						
b				 		 -
c d				 -	<u> </u>	
e			 		• • • • • • • • • • • • • • • • • • • •	
	omniete only for assets s	howing gain in column (h) and ov	wned by the foundation on 12/31/69	(1)	Oning (Onl. (b)	
<u> </u>		(i) Adjusted basis	(k) Excess of col (i)	1 \ ''	Gains (Col (h) g (k), but not less	
	(i) F.M V. as of 12/31/69	as of 12/31/69	over col. (j), if any		Losses (from co	
a			· · · - · · · · · · · · · · · · · · · · 			
b	· · · · · · · · · · · · · · · · · · ·					
c						
d						
e						
<u> </u>	Conital sain not manma or	(not contollege)	If gain, also enter in Part I, line 7			
۷	Capital gain net income or	(net capital loss)	If (loss), enter -0- in Part I, line 7	2		15.
	, ,	n or (loss) as defined in sections 1				
	- ·	line 8, column (c) (see pages 1				
		line 8		3		
			duced Tax on Net Investment Inc he section 4940(a) tax on net invest			
Wa		·	ributable amount of any year in the b	ase peno	do [Yes No
	·		ar, see page 18 of the instructions be	efore mak	ing any entries	
•••	(a)	(b)	(c)		(d)	•
C	Base period years alendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution in (col (b) divided by	
	2008			-	(()	
	2007					
	2006					
	2005					
	2004					
2	Total of line 1, column (d)			2		
3	Average distribution ratio	for the 5-year base period - divid	de the total on line 2 by 5, or by the			
	number of years the found	dation has been in existence if le	ss than 5 years	3		
1	Enter the net value of nor	ncharitable-use assets for 2009 fr	rom Part X, line 5	4		
5	Multiply line 4 by line 3			5		
_						
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		
_				_		
7	Add lines 5 and 6			7		
	Estas qualificas distaltinis	one from Dort VIII lime 4				
В	Enter qualifying distribution of the line 8 is equal to or great VI instructions on page	eater than line 7, check the box the 18.	in Part VI, line 1b, and complete t	hat part	using a 1% ta	x rate See the

Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of	the ins	structi	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here ▶ X and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			
	of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2		_	
3	Add lines 1 and 2		_	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6	Credits/Payments:			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 300.			
b	Exempt foreign organizations-tax withheld at source 6b 0.			
C	Tax paid with application for extension of time to file (Form 8868) 6c 400.			•
d	Backup withholding erroneously withheld			•
7	Total credits and payments. Add lines 6a through 6d			700.
8	Enter any penalty for underpayment of estimated tax. Check here 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			700.
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ 0 · Refunded ▶ 11			700.
	t 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		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation \$\Bigsim \\$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities.			Ì
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			l
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_4a		Х
ь	If "Yes," has it filed a tax return on Form 990-T for this year?			37
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T	1		
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			l v
_	conflict with the state law remain in the governing instrument?	6	Х	X
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.	7	^	<u> </u>
ва	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) \triangleright 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	8ь	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	_9_		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		х

orm	990-PF (2009) 73-1508582			Page :
	rt VII-A. Statements Regarding Activities (continued)		•	aye.
	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 page 20 of the instructions)	11		x
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	· · · · · · · · · · · · · · · · · · ·	42		x
12	August 17, 2008?	13		
	N/A			L
4.4	The books are in care of DEBRA L. ADAMS	8-54	50	
	The books are in care of ▶ DEBRA L. ADAMS Located at ▶ 1664 SARATOGA WAY EDMOND, OK ZIP+4 ▶ 73003-	3551		
4 5	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	• • •		ш
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			_
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Τ	Yes	No
12	During the year did the foundation (either directly or indirectly):	-	163	140
ıa	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
		1		
	(a) Furnish goods, services, or facilities to (or accept triain from) a disqualified person?			
	(i, i i) conference of the property of the pro	-		
	(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)?	1		
			l î	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	145	1	Х
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			Х
	were not corrected before the first day of the tax year beginning in 2009?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		1	
	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?			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	Ì		
	(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 page 20 of the instructions.)	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?			
ь	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	-		

Х

Х

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 2009?

	<u>``</u>					Page 0
Part VII-B	Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		
5a During	the year did the foundation pay or incur any amou	nt to				
	irry on propaganda, or otherwise attempt to influer		4945(e))?	Yes X No	,	
	fluence the outcome of any specific public election	-			1 1	Ì
	ectly or indirectly, any voter registration drive?	•	•	Yes X No	,	
	ovide a grant to an individual for travel, study, or of				.	
	ovide a grant to an organization other than a chari					
	_	-		Yes X No		
	ction 509(a)(1), (2), or (3), or section 4940(d)(2)?		,	Tes NO	'	
٠.	ovide for any purpose other than religious, charita			Yes X No		
þu	rposes, or for the prevention of cruelty to children o	r animals?		. Yes X No	'	-
b If any	answer is "Yes" to 5a(1)-(5), did any of the trans	actions fail to qualify	under the exceptions	described in		
Regula	ations section 53 4945 or in a current notice regard	ling disaster assistanc	e (see page 22 of the	nstructions)?	· . 5b	<u>X</u>
Organi	zations relying on a current notice regarding disast	ter assistance check h	ere	▶∟		
c If the a	answer is "Yes" to question 5a(4), does the foundation	ation claim exemption t	rom the tax			
becaus	se it maintained expenditure responsibility for the g	rant?		. Yes X No	,	
# "Yes	," attach the statement required by Regulations sec	tion 53 4945-5(d).				
6a Did the	e foundation, during the year, receive any funds, o	lirectly or indirectly, to	pay premiums			
	ersonal benefit contract?	-		Yes X No	,	
	e foundation, during the year, pay premiums, direc				[6ь]	X
	" to 6b. file Form 8870.	ony or manoody, on a p	orderial benefit dendal	~		
	time during the tax year, was the foundation a pa	rty to a prohibited tay	shelter transaction?	Yes X No		
_	did the foundation receive any proceeds or have a		-	- —		
Part VIII	Information About Officers, Directors					
	and Contractors					
1 List all	officers, directors, trustees, foundation m					
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expense other allo	
	. , ,	devoted to position	-0-)	and deferred compensation		
		devoted to position		and deferred compensation		
ATTACH	MENT 9	devoted to position	-0-) -0-	and deférred compénsation - 0 -	-(
ATTACH	IMENT 9	devoted to position		and deferred compensation		
ATTACH		devoted to position		and deferred compensation		
ATTACH		devoted to position		and deferred compensation		
ATTACH		devoted to position		and deferred compensation		
ATTACH		devoted to position		and deferred compensation		
ATTACH		devoted to position		and deferred compensation		
			-0-	and deferred compensation - 0 -	-(
2 Compe			-0-	e page 23 of the inst	-(
2 Compe	ensation of five highest-paid employees (ot ,, enter "NONE."	her than those inc	-0-	e page 23 of the inst	-()-
2 Compe	ensation of five highest-paid employees (ot	her than those inc	-0-	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	- (account,
2 Compe	ensation of five highest-paid employees (ot ,, enter "NONE."	her than those inc	-0-	e page 23 of the inst (d) Contributions to employee benefit	ructions).	account,
2 Compe If none	ensation of five highest-paid employees (ot e, enter "NONE." and address of each employee paid more than \$50,000	her than those inc	-0-	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	account,
2 Compe	ensation of five highest-paid employees (ot e, enter "NONE." and address of each employee paid more than \$50,000	her than those inc	-0-	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	account,
2 Compe If none	ensation of five highest-paid employees (ot e, enter "NONE." and address of each employee paid more than \$50,000	her than those inc	-0-	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	account,
2 Compe If none	ensation of five highest-paid employees (ot e, enter "NONE." and address of each employee paid more than \$50,000	her than those inc	-0-	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	account,
2 Compe If none	ensation of five highest-paid employees (ot e, enter "NONE." and address of each employee paid more than \$50,000	her than those inc	-0-	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	account,
2 Compe If none	ensation of five highest-paid employees (ot e, enter "NONE." and address of each employee paid more than \$50,000	her than those inc	-0-	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	account,
2 Compe If none	ensation of five highest-paid employees (ot e, enter "NONE." and address of each employee paid more than \$50,000	her than those inc	-0-	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	account,
2 Compe If none	ensation of five highest-paid employees (ot e, enter "NONE." and address of each employee paid more than \$50,000	her than those inc	-0-	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	account,
2 Compe If none	ensation of five highest-paid employees (ot e, enter "NONE." and address of each employee paid more than \$50,000	her than those inc	-0-	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	account,
2 Compe If none	ensation of five highest-paid employees (ot e, enter "NONE." and address of each employee paid more than \$50,000	her than those inc	-0-	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	account,

Part VIII	Information About Officers, Directors, Trustees, Foundation Manand Contractors (continued)	nagers, Highly Paid Employ	/ees,
3 Five high	est-paid independent contractors for professional services (see page 23	of the instructions). If none,	enter "NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
			
NONE			
		_	
Total number	er of others receiving over \$50,000 for professional services		▶ NONE
Part IX-A	Summary of Direct Charitable Activities		
	dation's four largest direct chantable activities during the tax year. Include relevant statistical info ons and other beneficiaries served, conferences convened, research papers produced, etc.	ormation such as the number	Expenses
4 SEE I	DETAIL OF PAGE 1, LINE 25		_
•_=====			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see page 23 of the ins	structions)	
Describe the	two largest program-related investments made by the foundation during the tax year on lines 1 a	nd 2	Amount
1 NONE			
2			
All other pro	gram-related investments See page 24 of the instructions	•	
3 NONE	• •		
-			
Total, Add I	ines 1 through 3		

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. For see page 24 of the instructions.)	eign foundation	ons,
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	175,233.
b	Average of monthly cash balances	_ 1b	156,974.
C	Fair market value of all other assets (see page 24 of the instructions)	. 1c	0.
ď	Total (add lines 1a, b, and c)	. 1d	332,207.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	_	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	332,207.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	. 4	4,983.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	327,224.
6	Minimum investment return. Enter 5% of line 5	. 6	16,361.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) print foundations and certain foreign organizations check here ▶ □ and do not complete this		
1	Minimum investment return from Part X, line 6	. 1	16,361.
2a	Tax on investment income for 2009 from Part VI, line 5		
b		7	
С	Add lines 2a and 2b	2c	0.
3	Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1	3	16,361.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	16,361.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	. 7	16,361.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а		_ 1a	48,503.
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	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b		3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	48,503.
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 page 26 of the instructions)	. 5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4		48,503.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years	whether the fo	undation

Form	n 990-PF (2009)		73-15	08582	Page 9
_	art XIII Undistributed Income (see page	26 of the instruction	ns)		1 240 0
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
2 a	Undistributed income, if any, as of the end of 2009 Enter amount for 2008 only				16,361.
ь 3	07 06 06 1				
b c d e	From 2004 From 2005 From 2006 5, 189. From 2007 30, 651. From 2008 84, 958. Total of lines 3a through e	120,798.			
	Applied to 2008, but not more than line 2a				
	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				16,361.
е	Remaining amount distributed out of corpus Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	32,142.			
а		152,940.			
	Pnor years' undistributed income Subtract line 4b from line 2b 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.				
	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions Undistributed income for 2008. Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions				
f	Undistributed income for 2009. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010.				
8	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions). Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the				
9	instructions)				
10 a b c	Subtract lines 7 and 8 from line 6a Analysis of line 9 Excess from 2005 Excess from 2006 20 651	152,940.			

Pa	Private Oper	rating Foundations ((see page 27 of the	instructions and P	art VII-A, questi	on 9) NOI	APPLICABLE
1 a	If the foundation has foundation, and the ruling	•		· ·	erating		
b	Check box to indicate wh				on	4942(j)(3) or	4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years			(e) Total
	justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006		
b	85% of line 2a						
C	Qualifying distributions from Part XII, line 4 for each year listed						
d	Amounts included in line 2c not used directly for active conduct of exempt activities						
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c						
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter-						
	(1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b	"Endowment" alternative test- enter 2/3 of minimum invest- ment return shown in Part X,						
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 (I)(3)(B)(III)						
	(3) Largest amount of sup- port from an exempt organization		<u> </u>				
	(4) Gross investment income.			1		000	
Pa	rt XV Supplement	ary Information (C during the year - se	omplete this part e nage 28 of the in	only it the toun structions.)	dation nad \$5	UUU or mo	re in assets
1	Information Regardin					•	
а	List any managers of before the close of any ATTACHMI	y tax year (but only if th	nave contributed mor ney have contributed	e than 2% of the to more than \$5,000). (tal contributions (See section 507(received by th d)(2))	ne foundation
b	List any managers of	the foundation who				equally large p	ortion of the
	ownership of a partner	rsnip or other entity) o	which the loundation	n nasa 10% or great	er interest.		
2	N/A Information Regardin	g Contribution. Grant	, Gift, Loan, Scholars	hip, etc Programs:		···	
_	Check here ▶ ☐ if t unsolicited requests t organizations under ot	the foundation only it for funds If the foun	makes contributions dation makes gifts, g	to preselected cha grants, etc. (see page			
а	The name, address, a N/A	nd telephone number	of the person to who	m applications should	be addressed:		
b	The form in which app	lications should be su	bmitted and informati	on and materials the	ey should include:		
	N/A						
C	Any submission deadle	ines					
	N/A						
d	Any restrictions or li	mitations on awards	, such as by geogr	aphical areas, char	itable fields, kind	ds of institution	ons, or other
10.	N/A		·· <u>-</u>				

Form 990-PF (2009)			73-1508582	Page 1'
Part XV Supplementary Information (C	ontinued)			
3 Grants and Contributions Paid Duri	ing the Year or Appl	roved for Fu	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	recipient	contribution	7.111.04111
a Paid during the year				
A MIN A CLINATINE 1.1				
ATTACHMENT 11				
		1 1		
		1 1		
		1		
		1 1		
		1		
		1 1		
		1		
		1		
		1 1		
		1		
Total			▶ 3a	48,503
b Approved for future payment	<u> </u>			
			į	
		1		
		1		
		1		
		1		
Total	 	·	▶ 3b	• •

Inter gross	amounts unless otherwise indicated	Unrel	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt function income
4 Drogres	n canina ravanua	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
	n service revenue					the instructions)
a b		 -		 		
c						
. —						
			 		<u> </u>	
f						
g Fees	s and contracts from government agencies					
-	rship dues and assessments	· · · · · · ·				
	on savings and temporary cash investments					1,711
4 Dividend	ds and interest from securities					1,902
5 Net rent	tal income or (loss) from real estate.					
	t-financed property					
b Not	debt-financed property					
	al income or (loss) from personal property					
7 Other in	vestment income	<u> </u>				
,	loss) from sales of assets other than inventory					15
	ome or (loss) from special events					
•	rofit or (loss) from sales of inventory					
1 Other re	evenue: aRTNERSHIP K-1'S					-6,570
	SCELLANEOUS OTHER	<u> </u>				5
C 1.17	OCEDBANEOUS OTHER					
						
d				1 1		
е	1 Add askings (b) (d) and (c)					-2.937
e 2 Subtotal	I. Add columns (b), (d), and (e)				12	4 4 5
e 2 Subtotal 3 Total. A	dd line 12, columns (b), (d), and (e)				13	4 4 5
e 2 Subtotal 3 Total. A	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28	to venfy calc	ulations)			4 4 5
e 2 Subtotal 3 Total. A See worksl Part XVI	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities	to venfy calc	ulations) complishment of E	xempt Purp	oses	
e	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities	to venfy calco	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	-2,937
e 2 Subtotal 3 Total. Addresse worksl Part XVI	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities	to venfy calco	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	-2,937
e 2 Subtotal 3 Total. Al See worksl Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28. Relationship of Activities Explain below how each activities accomplishment of the form	to venfy calcost to the Actity for white boundation's	ulations) complishment of E ch income is reporte exempt purposes (ed in column	oses (e) of Part XVI-A con- by providing funds for	-2,937
e 2 Subtotal 3 Total. Al See worksl Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28. Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions)	to venfy calcost to the Active for which coundation's	ulations) complishment of E ch income is reporte exempt purposes (exempt Purpled in column (other than be	oses (e) of Part XVI-A compy providing funds for BENEFIT	-2,937
e 2 Subtotal 3 Total. Al See worksl Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions) ALL INVESTMENT INCOME	to venfy calcost to the Active for which coundation's	ulations) complishment of E ch income is reporte exempt purposes (exempt Purpled in column (other than be	oses (e) of Part XVI-A compy providing funds for BENEFIT	-2,937
e 2 Subtotal 3 Total. Al See worksl Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions) ALL INVESTMENT INCOME	to venfy calcost to the Active for which coundation's	ulations) complishment of E ch income is reporte exempt purposes (exempt Purpled in column (other than be	oses (e) of Part XVI-A compy providing funds for BENEFIT	-2,937
e 2 Subtotal 3 Total. Al See worksl Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions) ALL INVESTMENT INCOME	to venfy calcost to the Active for which coundation's	ulations) complishment of E ch income is reporte exempt purposes (exempt Purpled in column (other than be	oses (e) of Part XVI-A compy providing funds for BENEFIT	-2,937
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e 2 Subtotal 3 Total. Al See worksl Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions) ALL INVESTMENT INCOME	to venfy calcost to the Active for which coundation's	ulations) complishment of E ch income is reporte exempt purposes (exempt Purpled in column (other than be	oses (e) of Part XVI-A compy providing funds for BENEFIT	-2,937
e	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions) ALL INVESTMENT INCOME	to venfy calcost to the Active for which coundation's	ulations) complishment of E ch income is reporte exempt purposes (exempt Purpled in column (other than be	oses (e) of Part XVI-A compy providing funds for BENEFIT	-2,937
e 2 Subtotal 3 Total. Al See worksl Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions) ALL INVESTMENT INCOME	to venfy calcost to the Active for which coundation's	ulations) complishment of E ch income is reporte exempt purposes (exempt Purpled in column (other than be	oses (e) of Part XVI-A compy providing funds for BENEFIT	-2,937
e 2 Subtotal 3 Total. Al See worksl Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions) ALL INVESTMENT INCOME	to venfy calcost to the Active for which coundation's	ulations) complishment of E ch income is reporte exempt purposes (exempt Purpled in column (other than be	oses (e) of Part XVI-A compy providing funds for BENEFIT	-2,937
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e 2 Subtotal 3 Total. Al See worksl Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions) ALL INVESTMENT INCOME	to venfy calcost to the Active for which coundation's	ulations) complishment of E ch income is reporte exempt purposes (exempt Purpled in column (other than be	oses (e) of Part XVI-A compy providing funds for BENEFIT	-2,937
e 2 Subtotal 3 Total. Al See worksl Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions) ALL INVESTMENT INCOME	to venfy calcost to the Active for which coundation's	ulations) complishment of E ch income is reporte exempt purposes (exempt Purpled in column (other than be	oses (e) of Part XVI-A compy providing funds for BENEFIT	-2,937
e 2 Subtotal 3 Total. Al See worksl Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions) ALL INVESTMENT INCOME	to venfy calcost to the Active for which coundation's	ulations) complishment of E ch income is reporte exempt purposes (exempt Purpled in column (other than be	oses (e) of Part XVI-A compy providing funds for BENEFIT	-2,937
e 2 Subtotal 3 Total. Al See worksl Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions) ALL INVESTMENT INCOME	to venfy calcost to the Active for which coundation's	ulations) complishment of E ch income is reporte exempt purposes (exempt Purpled in column (other than be	oses (e) of Part XVI-A compy providing funds for BENEFIT	-2,937
e 2 Subtotal 3 Total. Al See worksl Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions) ALL INVESTMENT INCOME	to venfy calcost to the Active for which coundation's	ulations) complishment of E ch income is reporte exempt purposes (exempt Purpled in column (other than be	oses (e) of Part XVI-A compy providing funds for BENEFIT	-2,937
e 2 Subtotal 3 Total. Al See worksl Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions) ALL INVESTMENT INCOME	to venfy calcost to the Active for which coundation's	ulations) complishment of E ch income is reporte exempt purposes (exempt Purpled in column (other than be	oses (e) of Part XVI-A compy providing funds for BENEFIT	-2,937
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e 2 Subtotal 3 Total. Al See worksl Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions) ALL INVESTMENT INCOME	to venfy calcost to the Active for which coundation's	ulations) complishment of E ch income is reporte exempt purposes (exempt Purpled in column (other than be	oses (e) of Part XVI-A compy providing funds for BENEFIT	-2,937
e 2 Subtotal 3 Total. Al See worksl Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions) ALL INVESTMENT INCOME	to venfy calcost to the Active for which coundation's	ulations) complishment of E ch income is reporte exempt purposes (exempt Purpled in column (other than be	oses (e) of Part XVI-A compy providing funds for BENEFIT	-2,937
e 2 Subtotal 3 Total. Al See worksl Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions) ALL INVESTMENT INCOME	to venfy calcost to the Active for which coundation's	ulations) complishment of E ch income is reporte exempt purposes (exempt Purpled in column (other than be	oses (e) of Part XVI-A compy providing funds for BENEFIT	-2,937

Form	990-PF	(2009)			7	73-150858	2		Pa	ge 13
Pa	rt-XVII	Information Exempt Orga		ransfers To and 1	ransactions a	and Relation	onships With	Nonc	harit	able
1	in se	ction 501(c) of the C	ode (other than	engage in any of the section 501(c)(3) orga oncharitable exempt organizations.	nizations) or in s				Yes	No
a				· · · · · · · · · · · · · · · · · · ·				. (1a(1)		Х
										X
b		transactions.								
	(1) Sa	ales of assets to a nonch	nanitable exempt o	organization				. 1b(1)		_X_
	(2) Pu	urchases of assets from	a noncharitable e	exempt organization				. 1b(2)		X
	(3) R	ental of facilities, equipm	ent, or other asse	ets				. 1b(3)		<u>X</u>
										$\frac{x}{x}$
								. 1b(5)	\vdash	$\frac{\hat{x}}{x}$
				fundraising solicitations						$\frac{X}{X}$
		•		ther assets, or paid employs Yes," complete the foll					fair n	narket
u				nces given by the repo						
				gement, show in colum						
							·		_	
(a)	Line no	(b) Amount involved	(c) Name of	nonchantable exempt organiza		inption of transfe	rs, transactions, and sh	anng ama	ngeme	nts
		N/A			N/A					
		<u> </u>								
										
			 							
										
										
										
		<u> </u>				-				
										
			 							
2a				ited with, or related to, (501(c)(3)) or in section 527		xempt organiz	ations described in	Y6	≈ []	No
<u>b</u>	If "Ye	s," complete the following								
		(a) Name of organization	n 	(b) Type of organ	ization		:) Description of relation	insnip 		
										
										
										
	Under belief,	penalties of penury, I deci	are that I have explete Declaration	amined this return, including of preparer (other than taxpa	um, including accompanying schedules and statements, and to the best of my knowledge and er than taxpayer or fiduciary) is based on all information of which preparer has any knowledge					
	<u>'</u>	ignature of officer or trustee			Date	· · · · · · · · · · · · · · · · · · ·	Title			
Sign Here			4	74	Date 1/1/1/ - 5 2010	Check if self-employe	Preparer number (page 30 c P0039	See Signa of the instr	ature o	n)
တ	Paid Preparer's Use Only	signature Firm's name (or yours if	STEAK	LEY & GILBERT, I			EN ▶ 73-124			
	Prep Use	self-employed), address		. ROBINSON, SUIT			LIN P	<u> </u>		
		and ZIP code		OMA CITY, OK		102	Phone no 405-	235-4	400	
		 				'		Form 99	0-PF	(2009)

FORM 990-PF - PART IV

		INS AND LO			L.	P or Dat		Date sold
Kind of P				cription		D acqui	red	
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis	Gai or (loss		
		TOTAL LONG- PARTNERSHIP ESTATES OR	TERM COMMO	N TRUST FUN	D AND		15.	
25,000.		CERTIFICATE PROPERTY TY 25,000.			ONE BAN	P 09/12	/2008	06/12/200
PAI. GATN/I.	oss)						15.	
AD CAIN(D	333,		• • • • • • • • • • • • • • • • • • • •					
								-

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

NET INVESTMENT	INCOME	1,711.
REVENUE AND EXPENSES	PER BOOKS	1,711.
		E
	DESCRIPTION	INTEREST INCOME

TOTAL

05V0EQ C308 11/5/2010 10:47:30 AMV 09-8.5

SECURITIES	
FROM	
) INTEREST	
S AND	
DIVIDENDS	
I H	
PART	
990PF.	
FORM	1

NET INVESTMENT INCOME	1,902.	1,902.
REVENUE AND EXPENSES PER BOOKS	1,902.	1,902.
		TOTAL
DESCRIPTION	DIVIDEND INCOME	

ATTACHMENT 3

FORM 990PF,

- OTHER INCOME

PART I

ML JWH STRATEGIC ALLOCATION FUND, L.P. MISCELLANEOUS INCOME DESCRIPTION

-6,570. EXPENSES PER BOOKS REVENUE AND

NVESIEL INCOME -6,570. INVESTMENT NET

-6,565.

FEES
ACCOUNTING
1
H
PART
990PF,
FORM

CHARITABLE PURPOSES		0
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME	3,150.	3,150.
REVENUE AND EXPENSES PER BOOKS	3,150.	3,150.
DESCRIPTION	TAX PREPARATION & ACCOUNTING	TOTALS

ATTACHMENT 5

EXPENSE
- INTEREST
H
PART
990PF,
Σ

NET INVESTMENT	INCOME	154.	154.
REVENUE AND EXPENSES	PER BOOKS	154.	154.
			TOTALS
	DESCRIPTION	PENALTY & INTEREST	

ATTACHMENT 6

TAXES PART I FORM 990PF,

NET INVESTMENT INCOME	400.	401.
REVENUE AND EXPENSES PER BOOKS	400.	401.
		TOTALS
DESCRIPTION	FEDERAL INCOME TAXES FOREIGN TAXES WITHHELD	

PART I - OTHER EXPENSES FORM 990PF,

	NET	INVESTMENT	INCOME	150.	54.
REVENUE	AND	EXPENSES	PER BOOKS	150.	54.
			Z	OUNT FEE	11SCELLANEOUS EXPENSE
			DESCRIPTIO	ANNUAL ACCOUNT FEE	MISCELLANE

204.

TOTALS

ATTACHMENT 7

- OTHER INVESTMENTS

PART II

FORM 990PE,

8	CINTUING
ATTACHMENT	CINTUINE

ENDING <u>FMV</u>	153,861.	153,861.
ENDING BOOK VALUE	157,270.	157,270.
BEGINNING BOOK VALUE	156,614. 72,086.	228,700.
DESCRIPTION	VARIOUS MUTUAL FUNDS ML JWH STRATEGIC ALLOC FUND LP	TOTALS

ATTACHMENT 8

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES PART VIII FORM 990PF,

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

PATRICK L. AND DEBRA L. ADAMS

1.00 DIRECTORS

1664 SARATOGA WAY EDMOND, OK 73003-3551

GRAND TOTALS

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

PATRICK & DEBRA ADAMS CONTRIBUTED 100% OF TOTAL CONTRIBUTIONS RECEIVED BY THE PRIVATE FOUNDATION FOR ALL YEARS OF THE FOUNDATION'S EXISTENCE.

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
•	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
QUAIL SPRINGS BAPTIST CHURCH	NONE	CHRISTIAN CHURCH ACTIVITIES	18,483.
14613 N. MAY AVENUE	EXEMPT ENTITY		
OKLAHOMA CITY, OK 73134			
JACK SMITH EVANGELISTIC ASSOCIATION	NONE	CHRISTIAN EVANGELISM ACTIVITIES	15,850.
P O. BOX 2791	EXEMPT ENTITY		
EDMOND, OK 73083			
BAPTIST VILLAGE RETIREMENT CENTER	NONE	CHRISTIAN MINISTRIES	5,000.
3800 N. MAY AVENUE	EXEMPT ENTITY		
ОКГАНОМА СІТҮ, ОК 73112-6506			
AIR ONE RADIO	NONE	CHRISTIAN MINISTRIES	120
PO BOX 2118	EXEMPT ENTITY		
OMAHA, NE 68103-2118			
OKLAHOMA BAPTIST UNIVERSITY	NONE	TAX EXEMPT PURPOSE	1,500.
OBU BOX 61241	EXEMPT ENTITY		
500 WEST UNIVERSITY			
SHAWNEE, OK 74804			
JIM THORPE ASSOCIATION	NONE	TAX EXEMPT PURPOSE	1,200.
4040 N. LINCOLN BLVD	TAX EXPEMPT		
OKLAHOMA CITY, OK 73105			

10:47:30 AM

ATTACHMENT 11 (CONT'D)	OR CONTRIBUTION AMOUNT	2,000.	. 600.	1,500	1,250	1,000.
	PURPOSE OF GRANT OR CONTRIBUTION	CHRISTIAN MINISTRIES	CHRISTIAN MINISTRIES	CHRISTIAN MINISTRIES	CHRISTIAN MINISTRIES	CHRISTIAN MINISTRIES
IONS PAID DURING THE YEAR	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE TAX EXEMPT	NONE	NONE TAX EXEMPT ENTITY	NONE TAX EXEMPT	NONE
FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	RECIPIENT NAME AND ADDRESS	BAPTIST GENERAL CONVENTION 3800 N MAY AVENUE OKLAHOMA CITY, OK 73112	WORLD VISION PO BOX 9716, DEPT. W FEDERAL WAY, WA 98063-9716	HIGHWAYS & HEDGES MINISTRY PO BOX 326 ALEXANDER, AR 72002-0326	CROSSINGS CHRISTIAN SCHOOL 14600 N PORTLAND OKLAHOMA CITY, OK 73134	OKCHRIST COM 10 ACACIA AVE K1M OP2 OTTAWA ONTARIO

TOTAL CONTRIBUTIONS PAID

48,503.

PAGE 26 ATTACHMENT 11

10:47.30 AM

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). OMB No 1545-0092

2009

Name of estate or trust THE ADAMS FOUNDATION **Employer identification number** 73-1508582 C/O CLS GROUP Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (c) Date sold the entire year Subtract (e) from (d) (see page 4 of the instructions) (d) Sales once (mo, day, yr) (mo, day, yr) 1a 0. b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1h Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, 0. Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (Example 100 shares 7% preferred of "Z" Co.) (b) Date acquired (c) Date sold (d) Sales price (see page 4 of the the entire year (mo, day, yr) (mo, day, yr) Subtract (e) from (d) instructions) 6a 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 15. Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 9 Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, 15. For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D (Form 1041) 2009

Pai	t III Summary of Parts I and II	(1) Beneficiaries'	(2) Estate's or trust's	(3) Total
42	Caution: Read the instructions before completing this part.	(see page 5)	or trust's	0.
13	Net short-term gain or (loss)			
14	Net long-term gain or (loss):			15.
a h	Total for year Unrecaptured section 1250 gain (see line 18 of the wrksht.) 14a 14b			
	28% rate gain 14c			
15	Total net gain or (loss). Combine lines 13 and 14a			15.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-	T, Part I, line 4a) If line	es 14a and 15, columi	n (2), are net gains, go
to Pa	rt V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV a	nd the Capital Loss Car	ryover Worksheet, as	necessary.
Par	t IV Capital Loss Limitation			
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line	e 4c, if a trust), the sr	naller of	
а	The loss on line 15, column (3) or b \$3,000 :: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line		16 ()
Note	i: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line over Worksheet on page 7 of the instructions to figure your capital loss carryover	e 22 (or Form 990-T, l	ine 34), is a loss, com	plete the Capital Loss
Par				
	n 1041 filers. Complete this part only if both lines 14a and 15 in column (2)	are gains, or an an	nount is entered in	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than	-		
	ion: Skip this part and complete the worksheet on page 8 of the instructions in	f:		
	ther line 14b, col (2) or line 14c, col. (2) is more than zero, or			
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.	or qualified divide	ande ara included	in income in Part I
of F	n 990-T trusts. Complete this part only if both lines 14a and 15 are gains orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part and	s, or qualified dividi complete the work	enas are included sheet on page 8 o	of the instructions if
	er line 14b, col. (2) or line 14c, col. (2) is more than zero	complete the work	onoot on page o	T the mediations in
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2)	· · · · · · · · · · · · · · · · · · ·		
	but not less than zero.			
19	Enter the estate's or trust's qualified dividends	-		
	from Form 1041, line 2b(2) (or enter the qualified	} }		
	dividends included in income in Part I of Form 990-T) 19			
20	Add lines 18 and 19	7		
21	If the estate or trust is filing Form 4952, enter the			
	amount from line 4g; otherwise, enter -0			
22	Subtract line 21 from line 20 If zero or less, enter -0	. 22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	. 23		
24	Enter the smaller of the amount on line 17 or \$2,300	. 24		
25	Is the amount on line 23 equal to or more than the amount on line 24?	1 1		
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box.			
	No. Enter the amount from line 23			
26	Subtract line 25 from line 24	. 26		
27	Are the amounts on lines 22 and 26 the same?	27		
	Yes. Skip lines 27 thru 30; go to line 31 No. Enter the smaller of line 17 or line 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
20	Littler the amount from time 20 (if time 20 is blank, enter 40-)	. 20		
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% (15)		30	
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rate Sche			
•	(see the Schedule Ginstructions in the instructions for Form 1041)			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
32	Add lines 30 and 31			
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rate Sche	edule for Estates a	· · · · · 	
	(see the Schedule Ginstructions in the instructions for Form 1041)			
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here at			-: -
	G, line 1a (or Form 990-T, line 36)	<u></u>	34	
			Schedi	ule D (Form 1041) 2009

SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041) ▶ See instructions for Schedule D (Form 1041).

➤ See instructions for Schedule D (Form 1041).

➤ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

2009

Name of estate or trust

Employer identification number

Name of estate of trust THE ADAMS FOUNDATION				73-1508582	n number
Part I Short-Term Capital Gains a	and Losses - Asset	s Held One Year	or Less		
(a) Description of property (Example. 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
a CERTIFICATE OF DEPOSIT -					
CAPITAL ONE BANK	09/12/2008	06/12/2009	25,000	25,000.	<u> </u>
				 	
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1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

Form 8868

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

 If you are fil 	ing for an Automatic 3-I	Month Extension, complete	only Part I and check this	box		▶ X
			nsion, complete only Part II tomatic 3-month extension o			368
Part I Auto	matic 3-Month Extens	sion of Time. Only subm	rt original (no copies need	ded).		
			ic 6-month extension - check		ind complete	
Part I only						▶ □
All other corpo time to file inco	orations (including 1120 ome tax returns.)-C filers), partnerships, Ri	EMICs, and trusts must us	e Form 70	004 to request	an extension of
one of the ret electronically in returns, or a co	ums noted below (6 r f (1) you want the addi emposite or consolidated	nonths for a corporation r itional (not automatic) 3-mo d From 990-T Instead, you	rm 8868 if you want a 3-required to file Form 990-7 onth extension or (2) you must submit the fully com rw.irs.gov/efile and click on	F). Howeve file Forms pleted and	er, you cannot 990-BL, 6069, d signed page 2	file Form 8868 or 8870, group (Part II) of Form
Type or	Name of Exempt Organiza	ation THE ADAMS FOUN	DATION		Employer identi	fication number
print	C/O CLS GROU				73-1508	582
File by the	Number, street, and room	or suite no If a P O box, see in	structions			
due date for filing your	609 S. KELLY					
return See	• • • •	tate, and ZIP code For a foreign	address, see instructions			
instructions	EDMOND, OK 7:		· · · · · · · · · · · · · · · · · · ·			
	return to be filed (file a	separate application for each	•			
Form 990	DI.	Form 990-T (corporation)			m 4720	
Form 990		Form 990-T (sec 401(a)			m 5227	
X Form 990-		Form 990-T (trust other the Form 1041-A	ian above)	\vdash	m 6069 m 8870	
<u> </u>					1111 0070	
If the organ If this is for for the whole g names and EIN I reques until	a Group Return, enter the roup, check this box. It is of all members the extension	n office or place of business in office or place of business in e organization's four digit Gradient of the ension will cover on the ension will cover	n the United States, check the oup Exemption Number (GE group, check this box	N) ▶	•	ension of time
► [X]	calendar year 2009	r				
	tax year beginning		, and ending			
2 If this tax	year is for less than 12 m	nonths, check reason:		return	Change in ac	counting period
nonrefund	lable credits. See instruc	ctions	0, or 6069, enter the tent		3a	\$
		payment allowed as a credit			3b	s
			ayment with this form, or,	f required		
			ctronic Federal Tax Paym	-		
ınstruction	ns				3c	\$
Caution. If you	are going to make an ele	ctronic fund withdrawal with	this Form 8868, see Form 84	453-EO an	d Form 8879-EC)
for payment ins	tructions					
For Privacy Ac	t and Paperwork Reduct	tion Act Notice, see Instruc	tions.		Form	8868 (Rev 4-2009)

f Anni B	sis (Fact 4-2009)		Page 2		
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box		► X		
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		• • • 🗀		
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).		•		
	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no con	ies need	ed).		
	Name of Exempt Organization THE ADAMS FOUNDATION Employer identification				
Type of print	C/O CLS GROUP 73-150858	32			
•	Number, street, and room or suite no. If a P O box, see instructions For IRS use only				
extende	609 S KELLY AVENUE				
due date		4 - 194 2	3010 (355)		
return S	ee TRANSPORTER		13 W. 185		
	type of return to be filed (File a separate application for each return)				
	Form 990 X Form 990-PF Form 1041-A	For	m 6069		
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720	Fo	m 8870		
-	Form 990-EZ Form 990-T (trust other than above) Form 5227				
	Do not complete Part II if you were not already granted an automatic 3-month extension on a previo	usly filed F	orm 8868.		
	books are in the care of DEBRA L. ADAMS				
	ephone No ► 405 348-5460 FAX No. ►				
	e organization does not have an office or place of business in the United States, check this box		▶□		
	· ·	this is			
	e whole group, check this box	ch a			
	h the names and EINs of all members the extension is for				
	request an additional 3-month extension of time until 11/15/2010				
	For calendar year 2009, or other tax year beginning and ending	- ·			
		e in accour	nting period		
	State in detail why you need the extension TAXPAYER HAS INCURRED DIFFICULTIES GATHER		٥.		
	THE NECESSARY ACCOUNTING INFORMATION NEEDED TO FILE A COMPLETE AND				
Ā	CCURATE TAX RETURN, ACCORDINGLY THE TAXPAYER REQUESTS ADD'L TIME.				
-					
8a	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
	nonrefundable credits. See instructions.	8a \$	300.		
_	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated				
	ax payments made. Include any prior year overpayment allowed as a credit and any amount paid	The Self Loss			
	previously with Form 8868.	8ь \$	300.		
	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit				
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c \$	400.		
	Signature and Verification				
Under s	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of	of my knowled	ige and belief,		
ıt ıs true	c, correct, and complete, and that I am authorized to prepare this form				
		~ .			
Signatu	Title Date	8/15	1/10		
	STEAKLEY & GILBERT, P.C.	Form 8868	(Rev 4-2009)		
	110 N DODINGON CHIMP 200				

110 N. ROBINSON, SUITE 200 OKLAHOMA CITY, OK 73102