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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization
SAINT SIMEON'S EPISCOPAL HOME FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3701 N MARTIN LUTHER KING,JR BLVD

City or town, state or country, and ZIP + 4
TULSA, OK 74106

F Name and address of principal officer: LINDSAY FICK
SAME AS C ABOVE

D Employer identification number
73-1615760

E Telephone number
918-425-3583

G Gross receipts $ 2,124,333.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.SAINTSIMEONS.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2001

M State of legal domicile: OK

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,358,231.	1,599,576.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	91,785.	17,824.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,530.	454,338.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,505,546.	2,071,738.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	805,843.	2,189,401.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	152,067.	122,174.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 122,261.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	262,561.	502,819.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,220,471.	2,814,394.
	19 Revenue less expenses Subtract line 18 from line 12	1,285,075.	<742,656.>

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	4,702,030.	2,498,011.
	21 Total liabilities (Part X, line 26)	1,545,899.	123,435.
	22 Net assets or fund balances Subtract line 21 from line 20	3,156,131.	2,374,576.

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SCANNED DEC 18 2012

Part II Signature Block

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

Sign Here

▶ Signature of officer Lindsay Fick — Date 11-14-12

▶ LINDSAY FICK, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: LESLIE JONES	Preparer's signature	Date: 11/14/12	Check ☐ if self-employed	PTIN: P00104727
Firm's name ▶ SARTAIN FISCHBEIN & CO.			Firm's EIN ▶	73-0604026
Firm's address ▶ 3010 S. HARVARD AVE., STE 400 TULSA, OK 74114-6193			Phone no.	(918)749-6601

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

6 G16

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission

TO ENHANCE THROUGH PHILANTHROPY AND STEWARDSHIP THE PHYSICAL, SOCIAL, AND SPIRITUAL WELL-BEING OF THE RESIDENTS OF SAINT SIMEON'S AND THEIR FAMILIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 2,395,488. including grants of $ 2,189,401.) (Revenue $ 2,109,792.)

CHARITABLE GIFTS RECEIVED BY SAINT SIMEON'S FOUNDATION DIRECTLY SUPPORT CAPITAL EXPENSES OF SAINT SIMEON'S EPISCOPAL HOME.

DONORS TO SAINT SIMEON'S FOUNDATION ALLOW ST SIMEON'S EPISCOPAL HOME TO CONTINUE ITS 52 YEAR LONG TRADITION OF PROVIDING HIGH QUALITY, INDIVIDUALIZED CARE FOR SENIORS.

SEE ATTACHED AMBIANCE NEWSLETTER.

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)

(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e **Total program service expenses** ▶ 2,395,488.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32	X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	13		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	X	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.*

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ OK

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DAVID DUBOIS - 918.794.1909

3701 N MARTIN LUTHER KING, JR BLVD, TULSA, OK 74106

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) L. CHARLES FULLER TRUSTEE	1.00	X						0.	0.	0.
(2) FRANK EBY TRUSTEE	1.00	X						0.	0.	0.
(3) WILL FARRIOR TRUSTEE	2.00	X						0.	0.	0.
(4) GEORGE DOTSON VICE PRESIDENT	5.00	X		X				0.	0.	0.
(5) JOHN BARKER TRUSTEE	2.00	X						0.	0.	0.
(6) PHYLLIS DOTSON TRUSTEE	3.00	X						0.	0.	0.
(7) MARILYN MORRIS TRUSTEE	2.00	X						0.	0.	0.
(8) THE REV. CANON JOHN POWERS TRUSTEE	1.00	X						0.	0.	0.
(9) DAVID YORK TRUSTEE	1.00	X						0.	0.	0.
(10) ROBIN FLINT BALLENGER TRUSTEE	1.00	X						0.	0.	0.
(11) ANTHONY S. JEZEK TRUSTEE	1.00	X						0.	0.	0.
(12) WILLIAM S. SMITH PRESIDENT	5.00	X		X				0.	0.	0.
(13) MARY ANN HILLE TRUSTEE	1.00	X						0.	0.	0.
(14) DAVID O. HOGAN TREASURER	2.00	X		X				0.	0.	0.
(15) THE RT. REV. DR. EDWARD J. KONI CHAIRMAN	1.00	X		X				0.	0.	0.
(16) MARGARET SWIMMER SECRETARY	1.00	X		X				0.	0.	0.
(17) KRISTIN BENDER TRUSTEE	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEPHEN F. MASON EXECUTIVE DIRECTOR	40.00					X		102,900.	0.	0.
1b Sub-total								102,900.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								102,900.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	166,647.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1432929.				
	g Noncash contributions included in lines 1a-1f $						
	h **Total.** Add lines 1a-1f			1599576.			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			32,365.			32,365.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less. cost or other basis and sales expenses	14,541.					
	c Gain or (loss)	<14541.>					
	d Net gain or (loss)			<14,541.>			<14,541.>
	8a Gross income from fundraising events (not including $ 166,647. of contributions reported on line 1c) See Part IV, line 18	a	492392.				
	b Less direct expenses	b	38,054.				
	c Net income or (loss) from fundraising events			454,338.			454,338.
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue** See instructions.			2071738.	0.	0.	472,162.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,189,401.	2,189,401.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	102,901.			102,901.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	421.			421.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	4,577.			4,577.
9 Other employee benefits	4,125.			4,125.
10 Payroll taxes	10,150.			10,150.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,488.		14,488.	
g Other	101,178.		101,178.	
12 Advertising and promotion	6,644.			6,644.
13 Office expenses	38,917.		28,697.	10,220.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	2,032.		2,032.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	21,646.		21,646.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,196.		3,196.	
23 Insurance	11,310.		11,310.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCHASES WITH DIRECT F	206,087.	206,087.		
b GENERAL & ADMINISTRATIO	114,098.		114,098.	
c FOOD & BEVERAGE	15,398.			15,398.
d FUNDRAISING EXPENSE	5,879.			5,879.
e All other expenses	<38,054.>			<38,054.>
25 **Total functional expenses.** Add lines 1 through 24e	2,814,394.	2,395,488.	296,645.	122,261.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1,411,860.	1	225,097.
	2	Savings and temporary cash investments			2	55,590.
	3	Pledges and grants receivable, net		1,233,379.	3	366,550.
	4	Accounts receivable, net		67.	4	15,021.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		6,264.	9	4,070.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 24,791.			
	b	Less accumulated depreciation	10b 17,875.	10,650.	10c	6,916.
	11	Investments - publicly traded securities		1,754,988.	11	1,682,358.
	12	Investments - other securities See Part IV, line 11		284,822.	12	142,409.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,702,030.	16	2,498,011.
Liabilities	17	Accounts payable and accrued expenses		129,215.	17	32,109.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,416,684.	23	91,326.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,545,899.	26	123,435.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,352,273.	27	1,858,229.
	28	Temporarily restricted net assets		1,803,858.	28	391,347.
	29	Permanently restricted net assets			29	125,000.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,156,131.	33	2,374,576.
	34	Total liabilities and net assets/fund balances		4,702,030.	34	2,498,011.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,071,738.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,814,394.
3	Revenue less expenses. Subtract line 2 from line 1	3	<742,656.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,156,131.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<38,899.>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,374,576.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
SAINT SIMEON'S EPISCOPAL HOME FOUNDATION	73-1615760

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii)	A family member of a person described in (i) above?		X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
ST. SIMEON'S EPISCOPAL H	73-0708697	9	X		X		X		2189401.
Total 1									2,189,401.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Continued from pg 9

homes in the beautiful Rocky Mountains in Colorado; Eagles Roost and Bird Island Cove at Grand Lake; Taos, New Mexico; Venice, Florida; Sint Maartin; and Washington, D.C. Sports enthusiasts vied for packages including 50 Yard Line tickets to OU/OSU Bedlam football, New York Yankee memorabilia autographed by Ralph Terry, golf at Tulsa's world-renowned Southern Hills Country Club, and an "Of the Earth, for the Spirit" golf experience at the Patriot Golf Club. This year's excellent roster of live auction items was rounded out with a personal tour of the CBS News Studios in New York, which included meeting CBS Evening News Anchor Scott Pelley; a unique adventure for gun lovers with vintage firearms; and a Rare Earth custom pecan wood table with agate and amethyst gemstones, created by artist Teri Word.

Below Residents Dr Reece and Ruth Boone attended the Bonanza Bash with their son, Richard Boone, and his wife, Connie.

Upper right. Enthusiastic bidders like Becky Whisenhunt added to the success and excitement of the Live Auction

Middle right My, how Western Days has grown! 765 guests enjoyed a delicious dinner and conversation before the bidding started

Lower right The "Just Gotta Dance" cloggers guided guests from one portion of the evening to the next

Pictured, clockwise top right:
1 A caregiver shares a special bond with one of our Residents.
2. Memory Boxes display the diverse backgrounds of each Resident The familiar items, which are unique to each Resident, help them identify their own living area, providing a sense of comfort.
3 Memory Center Nurse Manager Gina Sides, R N , M. B A., Memory Center Resident Maxine Dempster and her husband, Jim, who is grateful that he lives nearby in a cottage and visits daily
4 Each home is equipped with a serving kitchen, which has been attractively remodeled
5 A renovated Resident room with new flooring, paint, and a refurbished bath area (not shown).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: SAINT SIMEON'S EPISCOPAL HOME FOUNDATION

Employer identification number: 73-1615760

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	253,829.				
b Contributions	1,000.				
c Net investment earnings, gains, and losses	<5,278.>				
d Grants or scholarships					
e Other expenditures for facilities and programs	2,458.				
f Administrative expenses					
g End of year balance	247,093.				

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 50.64 %
b Permanent endowment ▶ 49.36 %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations 3a(i)		X
(ii) related organizations 3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		24,791.	17,875.	6,916.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				6,916.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN		
(B) LIFE INSURANCE POLICY	142,409.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	142,409.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,071,738.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,814,394.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<742,656.>
4	Net unrealized gains (losses) on investments	4	<10,072.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	<28,827.>
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	<38,899.>
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<781,555.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2,099,720.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	<10,072.>		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	38,054.		
e	Add lines **2a** through **2d**			2e	27,982.
3	Subtract line **2e** from line **1**			3	2,071,738.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	2,071,738.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,852,448.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	38,054.		
e	Add lines **2a** through **2d**			2e	38,054.
3	Subtract line **2e** from line **1**			3	2,814,394.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	2,814,394.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

PART V, LINE 4: EMPLOYEE EDUCATION, EMPLOYEE CHRISTMAS GIFTS AND EMPLOYEE RECOGNITION AWARDS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISER DIRECT EXPENSE ALLOCATION 38,054.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISER DIRECT EXPENSE ALLOCATION 38,054.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization

SAINT SIMEON'S EPISCOPAL HOME FOUNDATION

Employer identification number

73-1615760

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 WESTERN DAYS (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	659,039.			659,039.
	2 Less Charitable contributions	166,647.			166,647.
	3 Gross income (line 1 minus line 2)	492,392.			492,392.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	6,546.			6,546.
	6 Rent/facility costs	8,378.			8,378.
	7 Food and beverages	42,042.			42,042.
	8 Entertainment				
	9 Other direct expenses	38,054.			38,054.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(95,020.)
	11 Net income summary. Combine line 3, column (d), and line 10			▶	397,372.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary. Combine line 1, column d, and line 7			▶	

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain. _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions.

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SAINT SIMEON'S EPISCOPAL HOME FOUNDATION

Employer identification number
73-1615760

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. SIMEON'S EPISCOPAL HOME, INC. 3701 N. MARTIN LUTHER KING, JR BLVD TULSA, OK 74106	73-0708697	501(C)(3)	2,189,401.	0.			TO PROMOTE AND FOSTER CHARITABLE, BENEVOLENT, RELIGIOUS, EDUCATIONAL, AND CULTURAL INTERESTS BY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____

3 Enter total number of other organizations listed in the line 1 table ▶

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) (2011)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

132101 01-27-12

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ST. SIMEON'S EPISCOPAL HOME, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE AND FOSTER CHARITABLE, BENEVOLENT, RELIGIOUS, EDUCATIONAL, AND CULTURAL INTERESTS BY ACTING AS A SUPPORTING ORGANIZATION FOR ST. SIMEON'S EPISCOPAL HOME, INC.

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SAINT SIMEON'S EPISCOPAL HOME FOUNDATION

Employer identification number
73-1615760

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36 Part I can be duplicated if additional space is needed

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:		
a	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶

Part I **Liquidation, Termination, or Dissolution** *(continued)*

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

		Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3	
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a	
b	If "Yes," did the organization provide such notice?	4b	
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5	
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a	
b	Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	6b	

c If "Yes," to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III.

Part II **Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36 Part II can be duplicated if additional space is needed

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
CASH TO FUND MEMORY CENTER RENOVATION		1,554,114.		73-0708697	ST SIMEON'S EPISCOPAL HOME, IN 3701 N MARTIN LUTHER KING, JR TULSA, OK 74106	501C3

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization.		
a	Become a director or trustee of a successor or transferee organization?	2a	X
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	X
c	Become a direct or indirect owner of a successor or transferee organization?	2c	X
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d	X

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: SAINT SIMEON'S EPISCOPAL HOME FOUNDATION

Employer identification number: 73-1615760

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO ENHANCE THROUGH PHILANTHROPY AND STEWARDSHIP THE PHYSICAL, SOCIAL, AND SPIRITUAL WELL-BEING OF THE RESIDENTS OF SAINT SIMEON'S AND THEIR FAMILIES.

FORM 990, PART VI, SECTION A, LINE 2: TRUSTEES GEORGE DOTSON AND PHYLLIS DOTSON ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED IN DETAIL BY THE CFO AND CEO BEFORE BEING SENT TO THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW. AFTER APPROVAL BY THE FINANCE COMMITTEE, THE FORM 990 IS SUBMITTED TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: SENIOR MANAGEMENT AND THE BOARD OF TRUSTEES SIGN A CONFLICT OF INTEREST FORM ANNUALLY, WHICH IS REVIEWED TO ENSURE THAT NO CONFLICTS ARISE.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE EXECUTIVE DIRECTOR IS EVALUATED ANNUALLY BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -10,072.

Name of the organization: SAINT SIMEON'S EPISCOPAL HOME FOUNDATION

Employer identification number: 73-1615760

PRIOR PERIOD ADJUSTMENTS:	-28,827.
TOTAL TO FORM 990, PART XI, LINE 5	-38,899.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
SAINT SIMEON'S EPISCOPAL HOME FOUNDATION

Employer identification number
73-1615760

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
ST. SIMEON'S EPISCOPAL HOME, INC. - 73-0708697, 3701 N. MARTIN LUTHER KING, JR BLVD, TULSA, OK 74106	ELDER CARE	OKLAHOMA	501(C)(3)	LINE 9	N/A		X

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Sale of assets to related organization(s)	1f		X
g Purchase of assets from related organization(s)	1g		X
h Exchange of assets with related organization(s)	1h		X
i Lease of facilities, equipment, or other assets to related organization(s)	1i		X
j Lease of facilities, equipment, or other assets from related organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		X
n Sharing of paid employees with related organization(s)	1n		X
o Reimbursement paid to related organization(s) for expenses	1o	X	
p Reimbursement paid by related organization(s) for expenses	1p		X
q Other transfer of cash or property to related organization(s)	1q		X
r Other transfer of cash or property from related organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ST. SIMEON'S EPISCOPAL HOME, INC.	B	2,189,401.	
(2) ST. SIMEON'S EPISCOPAL HOME, INC.	O	122,174.	
(3)			
(4)			
(5)			
(6)			

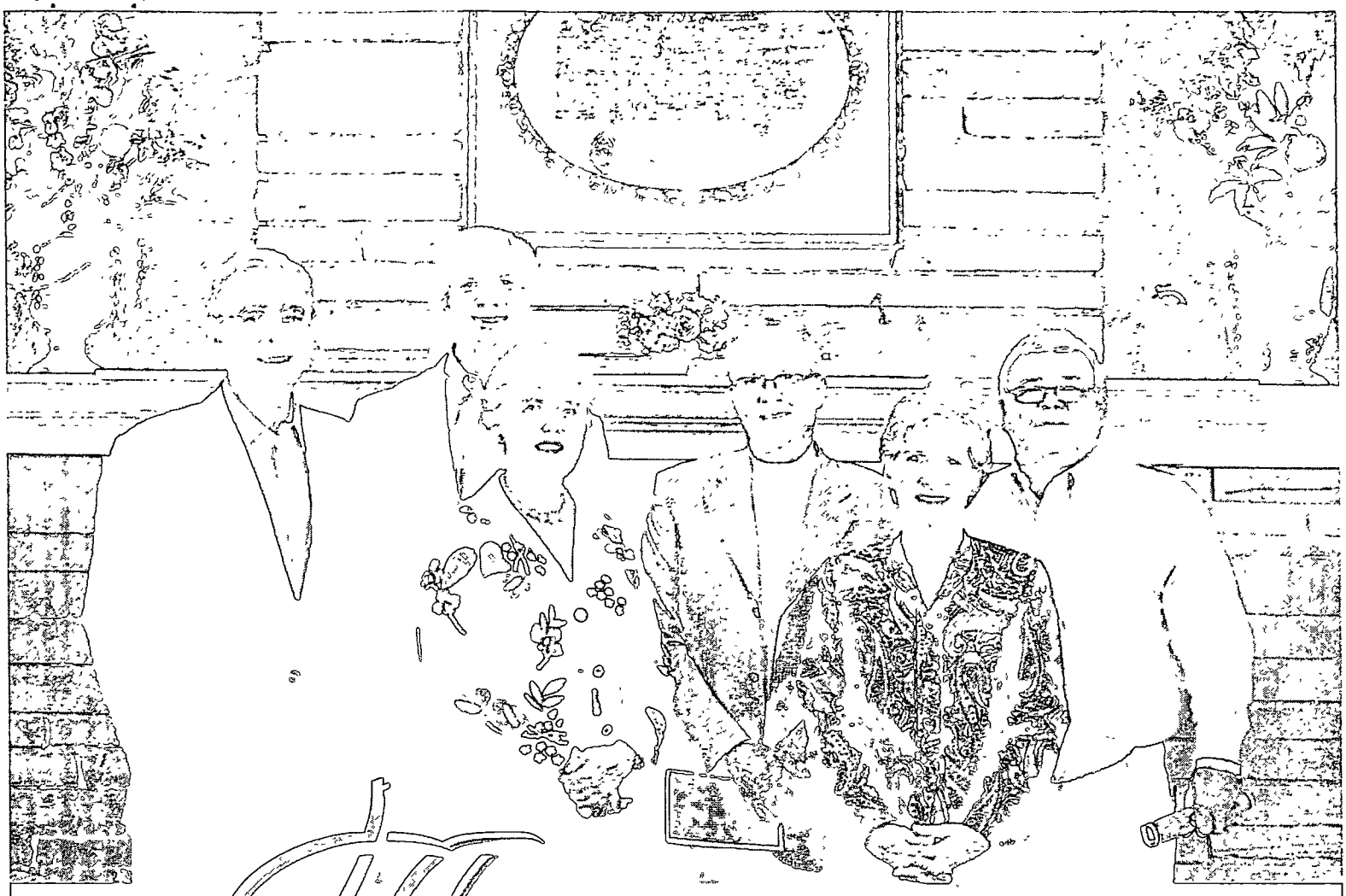
Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec 501(c)(3) orgs ? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)



Saint Simeon's Embrace

FALL / WINTER 2011 EDITION

Inside This Issue

SAINT SIMEON'S

Life Worth Loving

Pictured on cover October 23, 2011 Dedication and Blessing of the renovated Saint Simeon's Memory Center (l-r) George Dotson, Trustee, Rob Lyon, Trustee. Phyllis Dotson, Trustee; Ray Tullius, Mabee Foundation, Lindsay Hurley Fick, President & CEO, Will Smith, Trustee Read the full story on pages 4-5

A Message from Our President & CEO

Lindsay Hurley Fick

Our Ambiance newsletter has a new look and a new format! We hope you enjoy it. Also, to be good financial stewards of your generous gifts, we are enclosing the Treasures newsletter in this issue so that we may combine our mailings.

It's November already. It seems that every year I ask myself how the past months could have sped by so quickly. However when I take a moment to think back over 2011, I realize just how much has happened – especially at Saint Simeon's.

Our year began with the start of our Memory Center renovation. The Memory Center was built in the mid 1990's and has provided 17 years of 24-hour-per-day care for hundreds and hundreds of Residents. That's over 300,000 nights of loving use! The renovation was completed in late summer and the results are absolutely wonderful. The colors and furnishings are warm and inviting. I know I speak for the Residents, their families and the Saint Simeon's staff when I say ***"thank you"*** to the Saint Simeon's Foundation. As with all capital projects, the Foundation, through its dedicated Board of Trustees, raised over $2,000,000 for the renovation and $800,000 for related projects from our wonderful supporters.

The Saint Simeon's campus was filled not only with workmen for the renovation, but also a steady stream of visitors taking advantage of the full slate of educational offerings hosted by Saint Simeon's.

We were honored to host 85 members of the Tulsa Interagency Council for one of their 2011 meetings. Our Wellness Director, Dr. Mary Nole, Ph. D., made a presentation on "Growing Older; Growing Healthier". In addition, Saint Simeon's Bistro was the venue on a number of occasions for church guilds that enjoyed lunch and a lively discussion with Mary on aging and exercise.

Stephen Mason and I hosted the Alzheimer's Association Public Relations and Marketing Committee. It was wonderful to meet together and discuss our shared passion for helping those diagnosed with Alzheimer's, and how best to assist their family members through the very difficult disease process.

In early summer we were privileged to host a group who call themselves Mustard Seed. These ladies are cancer survivors. Sue Slama, Saint Simeon's Director of Nursing, spoke with the group about "Pain and the Importance of Pain Management". We made new friends – these ladies were absolutely lovely and lots of fun!

The Tulsa County Bar Association utilized Saint Simeon's large Common Room to hear a presentation from Travis Smith of the Oklahoma Department of Human Services.

And a new favorite came out last month – the OWLS. That's Older, Wiser Lutheran Seniors from Christ Redeemer Lutheran Church. At their request, Sue Slama gave a presentation on dementia and Alzheimer's. After the presentation, the group presented Sue with a ceramic owl. It is now proudly displayed in her office!

Saint Simeon's takes great pride in being a resource of expertise to the community on aging related topics. We love to share our beautiful campus, delicious food and knowledgeable staff with individuals and groups interested in learning and sharing. There is never a cost for these programs, and our welcome mat is always out.

November is moving along fast and December is just days away. I wish you a Merry Christmas and Happy New Year – come see us in 2012!

Lindsay

Peace of Mind

Renovated Memory Center Provides Comfort & Security

Trustee George Dotson, Chairman of the Building Committee, Bishop Ed Konieczky, and Malcolm Deisenroth.

Renovations and improvements to the Saint Simeon's Memory Center and related projects were completed in August of 2011, with the final cost of the project totaling $2.8 million. With the completion of the Memory Center project, Saint Simeon's has now completed over $30 million in improvements in the last 6 years, including the building and opening of the new $23.3MM Dotson Family Assisted Living, and the Bishop Robert M. Moody Wellness Center in September 2009. All have been funded with private donations, no long term debt, and no impact to Resident rates. We are grateful to all of our many donors!

Saint Simeon's Memory Center is home to 52 Residents with Alzheimer's and other forms of dementia. When it opened in 1994, it was the region's first and only long term care center designed solely for persons with Alzheimer's and other forms of dementia. Since then, the Saint Simeon's Memory Center has provided over 300,000 nights of compassionate and engaging Resident care, as well as peace of mind for Resident family members.

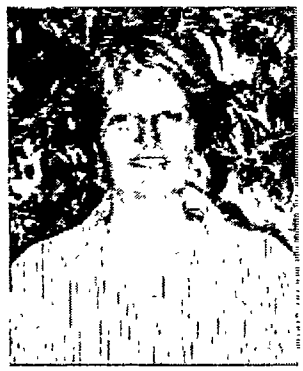
On Sunday, October 23rd, Trustees and donors were present for the Blessing and Dedication of the newly renovated Memory Center. President and CEO Lindsay Hurley Fick provided a brief welcome to all in attendance, stating that "I want to extend a very special thanks to George Dotson for taking care to ensure that this renovation was of the highest quality in meeting all of the needs of our Residents. I also want to thank MATRIX for the beautiful, warm and functional design, and FlintCo for executing that design to perfection with their high caliber construction services."

Bishop Ed Konieczny followed by providing the dedication and blessing. Trustee George Dotson, Chairman of the Building Committee, then recognized the individuals and organizations whose generosity and collaboration helped to ensure the completion of this project. Dotson remarked that approximately 17 years ago, this all began with the determination of Capital Campaign Co-chairs Malcolm Deisenroth and the late Pete Brainerd, as well as Building Chair Bob Millspaugh, to make Saint Simeon's Memory Center the leading facility in caring for Alzheimer's and other dementias. Since then, Saint Simeon's has been a huge relief to families and Residents who now know peace.

Jeff Knoke and Blake Allen, FlintCo, Jeanette Anderson and Jeff Claxton, MATRIX

Dotson recognized Residents and family members for their patience and understanding during this time of growth and improvement; the staff, whose care and positive attitude helped make this change manageable; the leadership of Bishop Ed and the Diocese of Oklahoma; President and CEO Lindsay Hurley Fick; Sue Slama, Director of Nursing; all of the wonderful and generous donors who believed in this project and gave the funds needed to see it to completion; MATRIX designers for their vision; the members of the Building and Landscape Committee; Roger Shollmier and Linda French of Kitchen Ideas; and the support staff here at Saint Simeon's. It has been a great collaboration by many.

Wellness: It's What We Do!



Written by Dr. Mary Nole, Ph. D., Director of Wellness

It is hard to believe that it was two years ago that we started "from scratch" in terms of a brand new Wellness Center and programs for our Residents. We started with the basics: a membership system which includes the Senior Fitness Test, a published schedule of exercise classes and informal use opportunities. Before long we added sporting competitions (from 4 Square to baseball) and our own brand of Intramurals for individual sport championships. In June we initiated a new all-campus event, and given the success and support from other departments and family we hope that the Annual Pool Party will become a Saint Simeon's tradition. On the more serious side, our Residents have participated in three small research studies with Oral Roberts' University students, the latest yielding significant improvements in Residents' walking speed and mobility.

From the beginning we have said that the Wellness Center was for ALL residents of our community. We have worked to develop systems and relationships with the staff members in each department in order to facilitate the Residents' access to Wellness Center programs. It is only through the joint efforts of all staff members that we are able to get as many people as possible participating. To that end, we have a participation contest each September wherein the awards are shared equally by the Residents and their "coaches" who help get them here. There are two levels to the contest: 1) which area can accumulate the largest number of total participations and 2) which area has the highest percentage of Residents participate at least once during the month. The largest number of participations came from Assisted Living and the largest percentage of Residents participating was achieved by the Memory Center where 74% of their folks exercised with us that month! So watch for the "I'm a Winner" and this year's "We Are the Champions" t-shirts being worn proudly by staff and Residents alike!

Further underscoring the philosophy of the Wellness Center, for each of the past two years the Athletes of the Year have represented all areas at Saint Simeon's. The top point-getter (as in they participated the greatest number of times) each year has been from the Health Care Center! Mabel Rice the first year, and Bill Owens this year! Athletes from Assisted Living, the Cottages and the Memory Center rounded out the Top 10!

Looking to the future we see more diverse and Resident-driven opportunities. For instance, we took a group out to our own Eckel Park to practice Golf in the form of "short irons work," as part of our Games program. We have a few clubs and balls available for check-out so individuals can go "hit a few" whenever they want. We also have all-day access to the Swimming Pool thanks to the assignment of one of our Wellness Assistants as an "Aquatic Specialist." This allows folks the option of creating their own schedule.

We have also made our first fledgling efforts into the realm of staff exercise and fitness. We have tried to bring moving to the forefront of employee's minds through a self-paced program whereby points are accumulated to gain prizes at different awards levels – and we have discovered a few "super athletes" who ascended to the top goal level WAY before the end of the race (December 31)! And since we know that "misery loves company," we have also offered classes for group exercise, i.e Walk Away the Pounds and Water Aerobics.

Left Dr. Nole works with Resident Vi Walton on the Gluteus Isolator machine.

So what does Wellness look like at Saint Simeon's? Our unofficial slogan when we started two years ago was: "Wellness – It's What We Do." We hope we are building towards a community where both Residents and staff have more "pep in their step," more physical, mental and emotional energy and just *feel better* on a daily basis!

"Swimming with Mom"

On Saturday, August 20, Cecelia "Cece" Russell-Jayne came to Saint Simeon's to visit her mother, Jean Stokes, and join her for her swim session in the Wellness Center pool Jean is one of our Health Care Center Residents Below, Cece shares her experience.

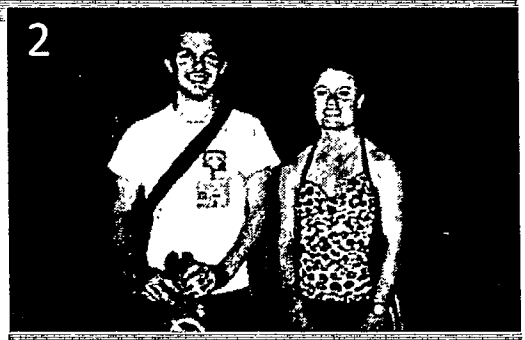
"I went swimming with Mom on Saturday. My older sister, Sylvia, went to the pool with her twice in July and spoke glowingly of the experience and so I was intrigued. I took a disposable camera with me. Sorry the images aren't any better, but they will give you an idea about the experience."

1

"Meet two remarkable women. My mother, Jean, (on the left) and her younger sister, Lela. Mom is looking rather proud in this picture. She was a quality swimmer. She earned her Girl Scout swimming badge at the tender age of twelve and was a lifeguard at Girl Scout camp (Camp Parthenia).

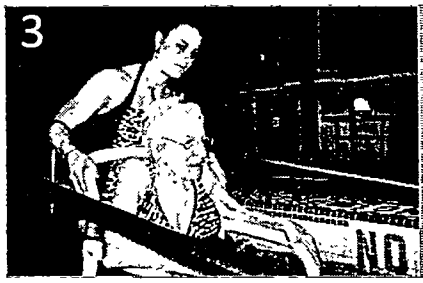
On August 25 this year, Mom turned 85 years old. For the past 10 years she has fought Alzheimer's valiantly. Her speech is mostly unintelligible and swallowing is a monumental effort. That is why swimming with her seems like a miracle to me!"

2



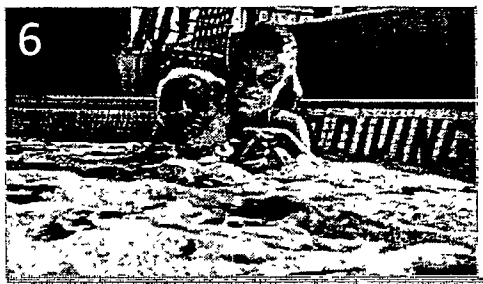
"Matt is the lifeguard on her weekly swims. Mom loves to watch him while she is in the pool. Jordan usually handles her while the Director of Wellness, Mary, (not shown), moves her legs. On Saturday, that was my job. I moved her legs, kicking in and out, up and down."

3



"First, Matt and Jordan transfer from her from her wheel chair to a shower chair and strap her in. The pool has a long ramp leading into the water with rails. Jordan wheels Mom into the pool and unstraps her."

6



"The whirlpool is located at the far end of the pool, so Jordan and I spent time there with Mom, who enjoys the waves moving across her legs. Mom was so relaxed, she closed her eyes and rested on Jordan's shoulder. At one point she even released one of her arms, which pleased Jordan."

4

5

"Then Jordan positions herself behind Mom and holds her while she is in the water. Mary said residents differ on how they prefer to be held. Jordan walks Mom around the swimming area."

"I thought it was so cool that rather than discouraging me when I asked about coming to swim with Mom, I was welcomed with open arms. That's Saint Simeon's for ya!"

- Cece Russell-Jane

Auxilians to Receive "Spirit of Philanthropy" Award

Saint Simeon's is proud to announce that two members of our volunteer Auxiliary will be recognized on Tuesday, November 15, 2012 at the Eastern Oklahoma Chapter of the Association for Fundraising Professionals (AFP) ***National Philanthropy Day Awards***.

Judy Lawson

Trudy Williams

Judy Lawson served as President of the Auxiliary during 2005-2006, and has been a fixture at countless Resident events over the past several years Among her many involvements assisting the Residents and staff at Saint Simeon's, Lawson has been instrumental in establishing and organizing the Resident Library, coordinating the annual Western Days Silent Auction, and preparing scrapbooks which display photos documenting Resident events throughout each year.

Trudy Williams is currently serving as President of the Auxiliary, and has been a key factor in increasing participation in the Auxiliary's "Tree of Dreams" program, as well as volunteer participation in Saint Simeon's Life Enrichment Department activities. Trudy and her husband Tommy are also vital supporters of the annual Western Days fundraising event benefiting the Residents and families of Saint Simeon's, volunteering the services of their auction company, Williams, Williams & McKissick, with Tommy serving as auctioneer for the evening.

Both Judy and Trudy's mothers were beloved Residents of Saint Simeon's! We are truly grateful for Judy and Trudy's continued efforts, and all those of our wonderful Auxiliary members.

Congratulations, ladies!

Lower middle Trudy Williams (left) and her husband Tommy (far right) took Residents Ruth Kraemer and Ruth Fishburn to a dog show in April 2011 to fulfill a "Tree of Dreams" request

Lower right Williams and Lawson's award announcement was celebrated at the Nov 8 Auxiliary meeting (pictured with Lindsay Hurley Fick)

Right Lawson dances with a Resident at the 2010 Oktoberfest Party

BONANZA BASH

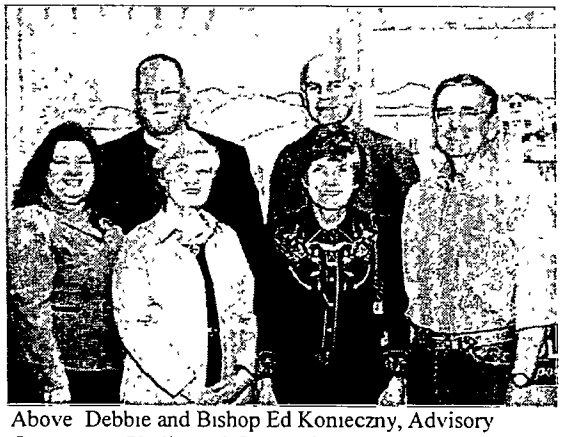
SAINT SIMEON'S 15TH ANNUAL WESTERN DAYS FUNDRAISER

What a night on the Ponderosa! Saint Simeon's *Western Days 2011 "Bonanza Bash"* celebrated it's 15th year, with net proceeds exceeding $455,000! Over 820 supporters gathered for the event, which took place on September 13 at Central Park Hall at EXPO Square.

Above. Honorary Chairs John and Lucy Barker, Event Chairs Peggy and Tom Schroedter.

This annual event benefiting the Residents of Saint Simeon's continues to grow, and has once again set a number of records: with 763 registered guests, a record number of patrons, and record amounts raised in the Live Auction, Silent Auction, Raffle, General Store and Wine Pull.

Event Chairs Peggy and Tom Schroedter did a terrific job with this year's event recruiting over 150 committee members, as did Honorary Chairs Lucy and John Barker, Patron Chairs Phyllis and George Dotson, and Margaret and Ross Swimmer as Chairs Elect.



Above Debbie and Bishop Ed Konieczny, Advisory Committee, Phyllis and George Dotson, Patron Committee Chairs; and Margaret and Ross Swimmer, Chairs Elect for Western Days 2012.

Guests enjoyed bidding on over 120 silent auction items and purchasing homemade baked items donated by the Saint Simeon's staff, as well as hand sewn items made by the Resident sewing group, "Stitch In Time." In addition, guests enjoyed a Wine Pull and a "Rustler's Raffle" with the chance to win six wonderful prizes, including the $2,500 Utica Square Shopping Spree.

The Rev. Irv Cutter, Rector at St. John's Episcopal Church and a Saint Simeon's Board Trustee, served as Emcee for the evening. Guests were also treated to a memorable "silent movie" produced by Leo Evans and Saint Simeon's, and filmed on-site at Saint Simeon's. The movie cast several Saint Simeon's Residents, as well as Dr. Mary Nole, Director of Wellness for the Wellness Center, and featured a special introductory message from Lindsay Hurley Fick, President and CEO.

Volunteer auctioneer Tommy Williams then led over 650 registered bidders in a competitive Live Auction of incredible get-a-ways, vacation homes, and other unique packages. "Dinner Prepared and Served by the Priests" was the hit of the evening with a dinner for 10 to be prepared by a select group of Priests from Episcopal Churches. Other highlighted dinner parties included Tulsa's own Polo Grill, Brownie's Hamburgers, and the Fine Dining at Deisenroth Bistro at Saint Simeon's. Live Auction high bidders lassoed exciting stays at vacation

Continued on pg 11

Far left Who's going shopping?! Maggie Hille Yar, the $2,500 Utica Square Shopping Spree winner, is all smiles with her mom, Mary Ann Hille, Patron Committee

Left Volunteer Auctioneer Tommy Williams, Steering Committee, Dean Williams and Maggie Fox. and Trudy Williams. Steering Committee

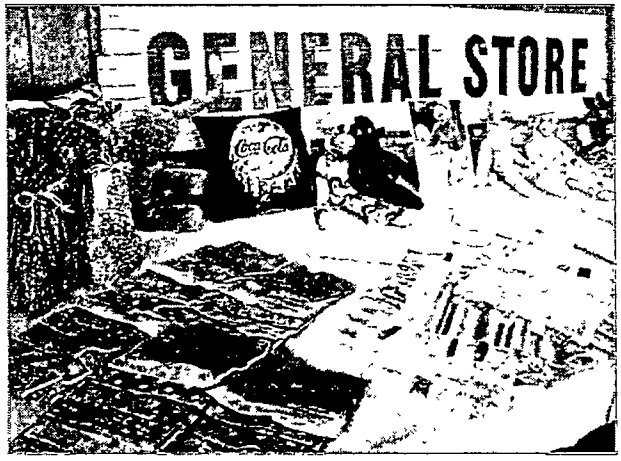
RESIDENT WESTERN DAYS

Saturday, August 13, 2011

Resident Western Days was held in the Common Room on Saturday, August 13th. This "Prelude to the Ponderosa" was the official annual Western Days celebration for our Residents, as many do not attend the fundraiser, which for the past several years has been held off-site at the Central Park Hall at Expo Square due to the growth in popularity and attendance of the event.

Special thanks to Robin Ballenger for again underwriting this fabulous party for our Residents, and to Nancy & Jim Gustine for coordinating important party details, including the talented and entertaining bluegrass band, Klondike 5. Thank you all for your generous support!

Residents, families and friends danced to the music, enjoyed delicious food and beverages, and enjoyed a special sneak preview of handmade "Stitch in Time" items that were later sold at the General Store on the night of the main event, September 13th.



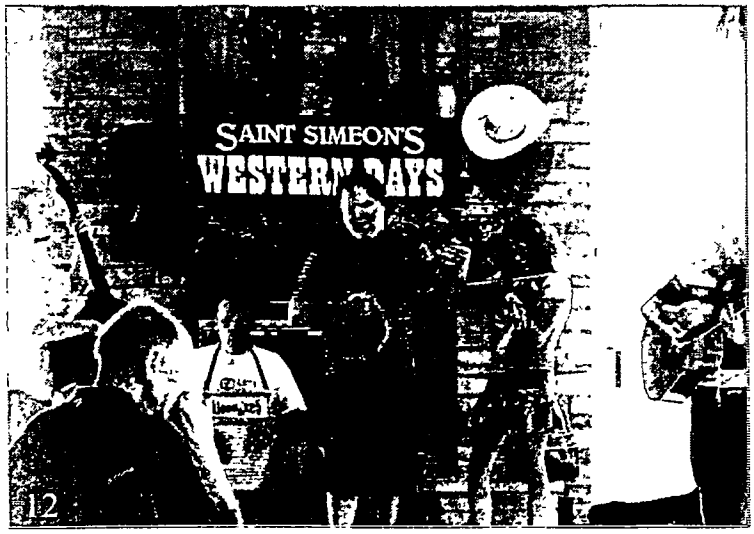
Right Father Bill Holly serves Cowboy Cookies to guests on the dance floor

Lower right Nancy and Jim Gustine enjoy the celebration with their father, Stan Markwardt, and other family members

Lower left Bluegrass band Klondike 5 set the perfect vibe, pickin' and grinnin'

Left A preview of the General Store items made by Resident Marie Millar and the "Stitch In Time" sewing group

Upper left Resident Grace Bakamjian dances with Director of Life Enrichment, Chris Gruszeczki



Salute to Service

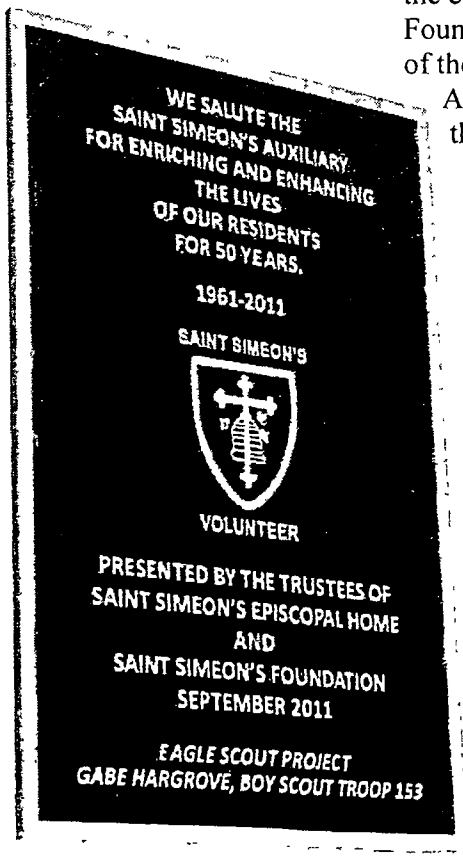
Saint Simeon's Auxiliary Honored for 50th Anniversary

On Tuesday, September 20th, the Saint Simeon's Home and Foundation Board of Trustees honored the 50th Anniversary of the Saint Simeon's Auxiliary with the presentation and dedication of a commemorative flagpole and flag.

Saint Simeon's President and CEO, Lindsay Hurley Fick, welcomed guests to the sunset ceremony, and Stuart Spencer, Executive Chairman of the Saint Simeon's Home Board of Trustees provided the Introduction. The Flag Ceremony was performed by Troop 153, led by Eagle Scout Gabe Hargrove. Father Robert Evans then provided the Blessing. Auxiliary President Trudy Williams provided the Presentation to dismiss the ceremony.

The flagpole project was undertaken by local Eagle Scout Gabe Hargrove and his fellow scout members in Troop 153 of Tulsa. Troop 153 is sponsored by St. John's Episcopal Church. Gabe led this effort by working with Saint Simeon's, with special assistance from Arn McJilton and Tadd Weese, to develop the plan. Gabe coordinated the various trades and labor needed to bring the project to fruition, and also raised the funding necessary to help underwrite a portion of the cost, which was in addition to the funds contributed by the Home and Foundation Trustees. Saint Simeon's is also very grateful to Michelle Hardesty of the Hardesty Foundation, for helping to connect Gabe and Saint Simeon's.

And finally, we would also like to thank Gabe's grandfather, Lee Butler, for the assistance he provided to both Gabe and Saint Simeon's!



Upper left Stuart Spencer, Executive Chairman, Home Board of Trustees, Eagle Scout Gabe Hargrove, Troop 153, Auxiliary President Trudy Williams, and Will Smith, President, Foundation Board of Trustees

Lower left Plaque presented to the Auxiliary by the Home and Foundation Trustees

Lower right Guests at the "Salute to Service" ceremony on Tuesday, September 20th, 2011

The Auxiliary was formed in 1961 under the direction of the Reverend Dr. E. H. Eckel. A complete 50-year history has been written by our favorite local author Bill Waller.

Excerpt from:

50 Year History of the Saint Simeon's Auxiliary

by Bill Waller, Saint Simeon's Home Trustee Emeriti

They were there from the start.

And it fell heavily upon their shoulders, especially at the beginning, to see that Dr. E. H. Eckel's envisaged "community for persons over 65" would come to life, and thrive.

"They" were the Episcopal women who took upon themselves the responsibility for helping assure that the first four tenants of St. Simeon's Home, and the countless hundreds it turned out would follow them, would find at St. Simeon's the environment—and if needed, the care—to assure the enjoyment of their final life stage.

The Auxiliary was born in a meeting on May 17, 1961, at St. Mark's Episcopal Church in Tulsa—virtually concurrent with the arrival of the Home's first tenants. The plan for its creation was actually announced in the May 1961 edition of the state-wide *Oklahoma Churchman* in a column written by Dr. Eckel called "St. Simeon's Corner." In the column this report appeared:

" Plans for the organization of a St. Simeon's Auxiliary have been prepared by a special committee of St. Simeon's Board, and with the approval of the Board are to be presented to the Annual Meeting of the Episcopal Churchwomen of Oklahoma, May 1-3.

"It is hoped to enlist a large membership throughout the Diocese. Those who live in or near Tulsa can perform specific services to the Home and to its residents. All members of the Auxiliary can assist in publicizing the facilities of the Home and can help make its services more effective. Be sure to help set up a unit (or chapter) of St. Simeon's Auxiliary in your parish or mission. St. Simeon's is YOUR Diocesan Retirement Home. We have great hopes in the establishment of this Auxiliary."

The Mission of the Saint Simeon's Auxiliary

To enrich and enhance the lives of the Resident's of Saint Simeon's.

1961 VOLUNTEER 2011
50 Years of Service

Saint Simeon's Auxiliary members with a car for transporting residents in 1969-1970

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Steve Mason's Farewell Reception on Tuesday, October 4th
Lindsay Hurley Fick, Will Smith, Trudy Williams, Steve Mason and his wife Lorna, Phyllis & George Dotson

For the past 11 years Stephen Mason has been a part of the Saint Simeon's family --- a very treasured member. During Stephen's tenure as Executive Director of Saint Simeon's Foundation, Stephen, in conjunction with the Foundation Board of Trustees, raised funds to support Saint Simeon's mission of superior care and service to the Residents, as well as funding over $30million of new construction and renovation.

And then came October 2011! Stephen saddled up his 'Cowboy' pony and rode off to a true love in his life --- Oklahoma State University. Stephen took the position of Associate Vice President of Development for the OSU Foundation. We were sorry to see him go but we know a part of his heart remains with Saint Simeon's!

Thank you Stephen – we love you!

Form **8868**
(Rev January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return See instructions	SAINT SIMEON'S EPISCOPAL HOME FOUNDATION	[X] 73-1615760
	Number, street, and room or suite no If a P O. box, see instructions 3701 N CINCINNATI	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions TULSA, OK 74106	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ DAVID DUBOIS 3701 N CINCINNATI - TULSA, OK 74106
  Telephone No ▶ 918.425.3583 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for 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 members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012, to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [X] calendar year 2011 or
▶ [ ] tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
File by the due date for filing your return See instructions	SAINT SIMEON'S EPISCOPAL HOME FOUNDATION	[X] 73-1615760
	Number, street, and room or suite no If a P O box, see instructions 3701 N CINCINNATI	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code For a foreign address, see instructions TULSA, OK 74106	

Enter the Return code for the return that this application is for (file a separate application for each return) [0 1]

Application Is For	Return Code	Application Is For	Return Code
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Form 990-BL	02	Form 1041-A	08
Form 990 EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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  Telephone No ▶ 918.425.3583 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for 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 members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2012

5 For calendar year 2011 , or other tax year beginning _____ , and ending _____

6 If the tax year entered in line 5 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
TAXPAYER'S FINANCIAL STATEMENT AUDIT IS NOT YET COMPLETE.

8a	If 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	$ 0.
b	If this application is for Form 990-PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$ 0.
c	**Balance due.** Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ CPA Date ▶ 8-6-12

123842
01-06-12

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Note. *Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	ST SIMEON'S EPISCOPAL HOME, INC	[X] 73-0708697
	Number, street, and room or suite no. If a P.O. box, see instructions. 3701 NORTH CINCINNATI	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74106	

Enter the Return code for the return that this application is for (file a separate application for each return) . [0 1]

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  Telephone No. ▶ (918) 425-3583 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
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Signature ▶ _____ Title ▶ CPA Date ▶ 8-6-12

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