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Name of foundation

FOUNDATION

For calendar year 2012 or tax year beginning

14201 ROUEN COURT

LAURA AND SCOTT MITCHELL CHARITABLE

Number and street (or P O box number if mail is not delivered to street address)

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

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

and ending

Room/suite

2012

A Employer identification number

405-775-9355

13-4253867

Telephone number

City or town, state, and ZIP code C If exemption application is pending, check here OKLAHOMA CITY 73142 OK Initial return G Check all that apply: initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust \_\_\_\_ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 27,770. (Part I, column (d) must be on cash basis) ▶\$ **Analysis of Revenue and Expenses** Part I (d) Disbursements (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income ıncome 16,700. N/<u>A</u> Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 41 41 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 16,741 41 Total. Add lines 1 through 11 0 0 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 360 25 Contributions, gifts, grants paid

Form 990-PF (2012)

360.

1,360

15,381

N/A

0

41

26 Total expenses and disbursements.

2 Excess of revenue over expenses and disbursements

LHA For Paperwork Reduction Act Notice, see instructions.

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

Add lines 24 and 25

27 Subtract line 26 from line 12:

LAURA AND SCOTT MITCHELL CHARITABLE FOUNDATION <u>13-4253867</u> Part N Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 27,770. 12,389. 27,770. 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ▶ Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 12,389. 27,770. 27,770. 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Net Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted  $\triangleright x$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0 0 12,389. <u> 27,770</u>. 29 Retained earnings, accumulated income, endowment, or other funds 12,389. 27,770. 30 Total net assets or fund balances 12,389 27,770 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	12,389.
2	Enter amount from Part I, line 27a	2	15,381.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	_4	27,770.
5	Decreases not included in line 2 (itemize)	5	0,
	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	27,770.

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			( <b>p</b> )	How a - Purc - Don	cquired chase lation	(c) Date (mo.,	acquired day, yr.)	(d) Date sold (mo., day, yr.)	
<u>1a</u>					<del> </del>					
	ONE	<del></del>		<del></del>	<b>├</b> -			<del></del> -		
<u>C</u>					┼					
d e	<del>_</del>				+			<del></del>		<del> </del>
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale				, ,	Gain or (loss us (f) minus (	,
a										
<u>b</u>										
<u>c</u>	<u> </u>		ļ							
<u>d</u>		<del></del>	<del>  -</del>		_					
e Complete only for some to all and		and an and an and him	Ab a facin date	10/01/00						
Complete only for assets show	T	<del></del>	T						Col. (h) gain not less thar	
(i) F.M.V. as of 12/31/69	'	(j) Adjusted basis as of 12/31/69		col. (j), if any					s (from col. (	
a	<del> </del>		<del> </del>							
<u>b</u>	ļ ——									
<u>c</u>	<del> </del>		<del> </del>	<del></del>						<del></del>
<u>d</u>			<del> </del>							
<u>e</u>	L		<u> </u>		$\overline{}$			-		
2 Capital gain net income or (net ca	apıtal loss)	If gain, also ente If (loss), enter -0			}	2				
3 Net short-term capital gain or (lo	,		nd (6):		٦					
If gain, also enter in Part I, line 8,	•	c).			-  -					
Part V Qualification U	Indor S	ection 4940(e) for	Paducar	I Tay on Net	Inv	3 Aetm	ent Inc	ome		
If section 4940(d)(2) applies, leave t		ons subject to the section and.	4940(a) tax or	ı net investment in	come	ı.)				
Was the foundation liable for the sec If "Yes," the foundation does not qua	his part bla tion 4942 lify under	ank. tax on the distributable an section 4940(e). Do not co	nount of any yo	ear in the base per	ıod?					Yes X No
Was the foundation liable for the sec If "Yes," the foundation does not qua 1 Enter the appropriate amount in	his part bla tion 4942 lify under	ank. tax on the distributable an section 4940(e). Do not co nn for each year; see the i	nount of any yo	ear in the base per	iod?					
Was the foundation liable for the sec If "Yes," the foundation does not qua 1 Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginni	his part bla stion 4942 lify under s each colur	ank. tax on the distributable an section 4940(e). Do not co	nount of any younglete this paranstructions be	ear in the base per	iod? ntries.	itable-			Distrib	(d) ution ratio ded by col. (c))
Was the foundation liable for the sec If "Yes," the foundation does not qua 1 Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginning)	his part bla stion 4942 lify under s each colur	tax on the distributable an section 4940(e). Do not co nn for each year; see the i	nount of any younglete this paranstructions be stributions	ear in the base per art. fore making any ei	iod? ntries.	ritable-	2,352		Distrib	(d) ution ratio ded by col. (c)) . 056671
Was the foundation liable for the sec If "Yes," the foundation does not qua 1 Enter the appropriate amount in Base period years Calendar year (or tax year beginni 2011 2010	his part bla stion 4942 lify under s each colur	tax on the distributable an section 4940(e). Do not co nn for each year; see the i	nount of any younglete this paraistructions be stributions 700.	ear in the base per art. fore making any ei	iod? ntries.	:itable- 1	2,352 3,159		Distrib	(d) ution ratio ded by col. (c)) .056671
Was the foundation liable for the sec If "Yes," the foundation does not qua 1 Enter the appropriate amount in Base period years Calendar year (or tax year beginni 2011 2010 2009	his part bla stion 4942 lify under s each colur	tax on the distributable an section 4940(e). Do not co nn for each year; see the i	nount of any younglete this particular in the structions be stributions 700.	ear in the base per art. fore making any ei	iod? ntries.		2,352 3,159 4,080		Distrib	(d) ution ratio ded by col. (c)) .056671 .053196 .091974
Was the foundation liable for the sec If "Yes," the foundation does not qua 1 Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginni 2011 2010 2009 2008	his part bla stion 4942 lify under s each colur	tax on the distributable an section 4940(e). Do not co nn for each year; see the i	nount of any younglete this paristructions between \$700.700.1,295.600.	ear in the base per art. fore making any ei	iod? ntries.		2,352 3,159 4,080 0,209		Distrib	(d) ution ratio ded by col. (c))
Was the foundation liable for the sec If "Yes," the foundation does not qua 1 Enter the appropriate amount in Base period years Calendar year (or tax year beginni 2011 2010 2009	his part bla stion 4942 lify under s each colur	tax on the distributable an section 4940(e). Do not co nn for each year; see the i	nount of any younglete this particular in the structions be stributions 700.	ear in the base per art. fore making any ei	iod? ntries.		2,352 3,159 4,080 0,209		Distrib	(d) ution ratio ded by col. (c))
Base period years Calendar year (or tax year beginn) 2011 2010 2009 2008 2007  Total of line 1, column (d)	his part bla stion 4942 lify under seach colur ang m)	ank. tax on the distributable an section 4940(e). Do not co mn for each year; see the i  (b) Adjusted qualifying dis	nount of any younglete this parastructions be stributions 700. 700. 1,295. 600.	ear in the base per art. fore making any ei Net value of noi	ntries. (c)	1 1 1 1	2,352 3,159 4,080 0,209		Distrib	(d)
Was the foundation liable for the sec If "Yes," the foundation does not qua 1 Enter the appropriate amount in Base period years Calendar year (or tax year beginni 2011 2010 2009 2008 2007	his part bla stion 4942 lify under seach colur ing in)	ank.  tax on the distributable an section 4940(e). Do not common for each year; see the interpretable and the distributable and for each year; see the interpretable and for each year; see the interpretable and for each year; see the interpretable and for each year.	nount of any younglete this parastructions be stributions 700. 700. 1,295. 600.	ear in the base per art. fore making any ei Net value of noi	ntries. (c)	1 1 1 1	2,352 3,159 4,080 0,209		Distrib	(d) ution ratio ded by col. (c)) . 056671 . 053196 . 091974 . 058772 . 000000
Was the foundation liable for the sectif "Yes," the foundation does not quate the appropriate amount in Base period years Calendar year (or tax year beginning 2011 2010 2009 2008 2007  2 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe	tion 4942 lify under seach coluring in)	tax on the distributable an section 4940(e). Do not common for each year; see the interpretable and the distributable and for each year; see the interpretable and the distributable and the form of the distributable and t	nount of any younglete this paristructions be stributions 700. 700. 1,295. 600. 0.	ear in the base per art. fore making any ei Net value of noi	ntries. (c)	1 1 1 1	2,352 3,159 4,080 0,209	2	Distrib	(d) ultion ratio ded by col. (c)) . 056671 . 053196 . 091974 . 058772 . 000000 . 260613
Was the foundation liable for the sectif "Yes," the foundation does not quate the appropriate amount in Base period years Calendar year (or tax year beginning 2011 2010 2009 2008 2007  Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe the first the net value of noncharitation of the section of the the foundation has been in existe the first the net value of noncharitation in the section of t	tion 4942 lify under seach coluring in)	tax on the distributable an section 4940(e). Do not common for each year; see the interpretable and the distributable and for each year; see the interpretable and the distributable and the form of the distributable and t	nount of any younglete this paristructions be stributions 700. 700. 1,295. 600. 0.	ear in the base per art. fore making any ei Net value of noi	ntries. (c)	1 1 1 1	2,352 3,159 4,080 0,209	2	Distrib	(d) ution ratio ded by col. (c)) .056671 .053196 .091974 .058772 .000000 .260613 .052123
Was the foundation liable for the sectif "Yes," the foundation does not quate the appropriate amount in Base period years Calendar year (or tax year beginning 2011 2010 2009 2008 2007  2 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe the foundation has been in existe Multiply line 4 by line 3	his part blaction 4942 lify under seach coluring in)  5-year basince if less	tax on the distributable an section 4940(e). Do not common for each year; see the interpretation of the distributable and for each year; see the interpretation of the period - divide the total of than 5 years	nount of any younglete this paristructions be stributions 700. 700. 1,295. 600. 0.	ear in the base per art. fore making any ei Net value of noi	ntries. (c)	1 1 1 1	2,352 3,159 4,080 0,209	2	Distrib	(d) ution ratio ded by col. (c)) . 056671 . 053196 . 091974 . 058772 . 000000 . 260613 . 052123 15,663.
Was the foundation liable for the sectif "Yes," the foundation does not quate the appropriate amount in Base period years Calendar year (or tax year beginning 2011 2010 2009 2008 2007  2 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe the foundation has been in existe Multiply line 4 by line 3  Enter 1% of net investment income	his part blaction 4942 lify under seach coluring in)  5-year basince if less	tax on the distributable an section 4940(e). Do not common for each year; see the interpretation of the distributable and for each year; see the interpretation of the period - divide the total of than 5 years	nount of any younglete this paristructions be stributions 700. 700. 1,295. 600. 0.	ear in the base per art. fore making any ei Net value of noi	ntries. (c)	1 1 1 1	2,352 3,159 4,080 0,209	2 3	Distrib	(d) ution ratio ded by col. (c)) . 056671 . 053196 . 091974 . 058772 . 000000 . 260613 . 052123 15,663. 816.
Was the foundation liable for the sectif "Yes," the foundation does not quate the appropriate amount in Base period years Calendar year (or tax year beginning 2011 2010 2009 2008 2007  Total of line 1, column (d) Average distribution ratio for the	tion 4942 dify under seach coluring (n)  5-year basence if less ple-use assence (1% of less ple-use)	tax on the distributable an section 4940(e). Do not common for each year; see the interpretation of the period - divide the total of than 5 years sets for 2012 from Part X, Part I, line 27b)	nount of any younglete this paristructions be stributions 700. 700. 1,295. 600. 0.	ear in the base per art. fore making any ei Net value of noi	ntries. (c)	1 1 1 1	2,352 3,159 4,080 0,209	2 3 4 5	Distrib	(d) ution ratio ded by col. (c))  . 056671 . 053196 . 091974 . 058772 . 000000

LAURA AND SCOTT MITCHELL CHARITABLE

	m 990-PF (2042) FOUNDATION art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(c)			425.			Page 4
	a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	<u>),</u>		T			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			}			
ь	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	•	1				0.
	of Part I, line 27b		<u> </u>	<u> </u>			
c	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).						
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2				0.
3		i	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4			_	0.
5			5				0.
6			<u> </u>			-	
_	a 2012 estimated tax payments and 2011 overpayment credited to 2012			]			
	b Exempt foreign organizations - tax withheld at source 6b						
	c Tax paid with application for extension of time to file (Form 8868)						
	d Backup withholding erroneously withheld			ĺ			
	Total credits and payments. Add lines 6a through 6d		7				0.
8			8				
_		•	9				0.
	Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10				
	Enter the amount of line 10 to be: Credited to 2013 estimated tax	ded 🕨	11				
	art VII-A Statements Regarding Activities	<u> </u>					
_	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or	ntervene	ın		T	Yes	No
	any political campaign?				1a		X
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for defin	nition)?			1b		X
_	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		d or				
	distributed by the foundation in connection with the activities.						
c	c Did the foundation file Form 1120-POL for this year?				1c		x
	1 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
_	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$	0.					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				]		
Ī	managers. ▶ \$ 0 •						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		х
	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporate	oration, o	r		ļ		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
b	of "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or						
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with	the state	law				
	remain in the governing instrument?				6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?				7	X	
	If "Yes," complete Part II, col. (c), and Part XV.					-	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	OK						
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)							
	of each state as required by General Instruction G? If "No," attach explanation				8b	X	L
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar							
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		X
10	Did any nersons become substantial contributors during the tax year? If "Yes " attach a schedule listing their names and address	96			10		X

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

LAURA AND SCOTT MITCHELL CHARITABLE FOUNDATION 13-4253867 Form 990-PF (2012) Page 6 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations N/A 5b section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained \_\_\_ Yes \_\_\_ No expenditure responsibility for the grant? N/A If "Yes," attach the statement required by Regulations section 53 4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? 6b X b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average hours per week devoted to position (e) Expense account, other (If not paid, enter -0-) (a) Name and address allowances LAURA E. MITCHELL PRESIDENT/TRUSTEE 14201 ROUEN COURT OKC, OK 73142 0. 0.00 0 0 VICE PRESIDENT/TRUSTEE SCOTT A. MITCHELL 14201 ROUEN COURT 0. OKC, OK 73142 0 0.00 0 SECRETARY/TRUSTEE SHAWNA A. MITCHELL 14201 ROUEN COURT 0.00 0. OKC, OK 73142 0. 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deterred compensation (e) Expense account, other allowances (b) Title, and average hours per week devoted to position (a) Name and address of each employee paid more than \$50,000 (c) Compensation NONE

Form **990-PF** (2012)

Total number of other employees paid over \$50,000

Total. Add lines 1 through 3

Page 8

F	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ındatıons, see	nstructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а		1a	0.
b	Average of monthly cash balances	1b	15,902.
C		1c	
d	Total (add lines 1a, b, and c)	10	15,902.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	.	
2	Acquisition indebtedness applicable to line 1 assets	1 <sub>2</sub>	0.
3	Subtract line 2 from line 1d	3	15,902.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	239.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	15,663.
6	Minimum investment return. Enter 5% of line 5	6	783.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here	nd certain	
1	Minimum investment return from Part X, line 6	1	783.
2a	· 1 1		
b		1	
C		] 2c	_ 0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	783.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	783.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	783.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,360.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,360.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,360.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies for the	section

101111 330-11 (2012)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				783.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007				
<b>b</b> From 2008 90.				
<b>c</b> From 2009 593.				
<b>d</b> From 2010 44.				
e From 2011 83.				
f Total of lines 3a through e	810.			
4 Qualifying distributions for 2012 from				
Part XII, line 4: ► \$ 1,360.			!	
a Applied to 2011, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			800
d Applied to 2012 distributable amount	500			783.
e Remaining amount distributed out of corpus	577.	<del></del>		
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,387.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable			<del></del>	
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line				· · · · · · · · · · · · · · · · · · ·
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007		}		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	1,387.	<del></del>		
O Analysis of line 9:				
<b>a</b> Excess from 2008 90.				
<b>b</b> Excess from 2009 593.				
c Excess from 2010 44.		İ		
d Excess from 2011 83.				
e Excess from 2012 577.	Ł			Form 900 . PE (0010)

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

Form 990-PF (2012) FOUNDATION			13-425	3867 Page 11
Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment	<del></del>	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	Toolplant	<del> </del>	<del></del>
a raid daming the year				
UNIVERSITY OF CENTRAL OKLAHOMA	N/A		CHARITABLE	
100 NORTH UNIVERSITY DR				1 360
EDMOND, OK 73034		<u> </u>		1,360.
	<del> </del>	<u> </u>		
		"		
,				
		<u> </u>		
Total		<u> </u>	32	1 260
Total b Approved for future payment		·	<b>▶</b> 3a	1 360.
	]			
NONE				
Total			<b>▶</b> 3b	
			Ford	n 990-PF (2012)

# Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ided by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		Code		
a	<del></del>	<del></del>	+-	<del></del>	<del></del>
· · · · · · · · · · · · · · · · · · ·	<del>  </del>		<del> </del>		
		-	_		
· · · · · · · · · · · · · · · · · · ·	} <del></del>				
e	<del> </del>	<del></del>			
g Fees and contracts from government agencies	1 - 1		<del>                                     </del>		
2 Membership dues and assessments			<del> </del>		
3 Interest on savings and temporary cash	1		<del>                                     </del>		
investments	1		14	41.	
4 Dividends and interest from securities					<del></del>
5 Net rental income or (loss) from real estate:			_		
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal					
property	1		1		
7 Other investment income				<del> </del>	
8 Gain or (loss) from sales of assets other					<del></del>
than inventory	-				
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
c					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		0.		41.	0.
3 Total. Add line 12, columns (b), (d), and (e)				13	41.
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	mplishment of Ex	emp	t Purposes	
Line No Explain below how each activity for which incom			contrib	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than b		ds for such purposes).			
LIMITED TO INVESTMENTS	ONLY_				
	<del>-</del>				· · · · · · · · · · · · · · · · · · ·
				· · · · · · · · · · · · · · · · · · ·	
		<del> </del>			
				_ <del></del>	
				····	- · · · · · · · · · · · · · · · · · · ·
					- <del></del>
				<del></del>	
23621					Form <b>990-PF</b> (2012)

Form 99			DATION legarding Tr	ansfers To	and Transactions	and Relation		-4253867		age 1
	•	Exempt Organ								
1 Di	d the o	rganization directly or indi	rectly engage in a	any of the follow	ng with any other organizat	tion described in s	ection 501(c) of		Yes	No
th	e Code	(other than section 501(c	c)(3) organizations	s) or in section 5	27, relating to political orga	anizations?		-		
a Tr	ansfers	from the reporting found	lation to a noncha	arıtable exempt o	rganization of:			1	}	l
(1	) Cast	1						1a(1)		X
(2	) Othe	r assets						1a(2)		X
<b>b</b> Ot	her trai	nsactions:								
		s of assets to a noncharita						1b(1)		X
(2	) Purc	hases of assets from a no	oncharitable exem	pt organization				1b(2)		X
		al of facilities, equipment,						1b(3)		X
•		bursement arrangements	3					1b(4)		X
	•	is or loan guarantees						1b(5)		X
		ormance of services or me		=				1 <u>b(6)</u>		X
	-	of facilities, equipment, ma	•		•			<u>1c</u>		X
		•		-	edule. Column (b) should a			-	ets,	
					ved less than fair market val	lue in any transacti	on or snaring arrange	ement, snow in		
(a) Line r		d) the value of the goods, (b) Amount involved			e exempt organization	(d) Passant	on of transfers transact			
(a) Lille I	<del>"   -</del>	(b) Amount involved	(6) Name	N/A	e exempt organization	(U) Descript	ion of transfers, transacti	ons, and sharing air	angeme	nts
			<del></del>	N/A		<del></del>				
	+		<del> </del>		<del></del>	<del> </del>	_ <del>-</del>			
	+	<del></del>	<del></del>			<del></del>	<del></del>			
	+		<del> </del>							—
	+									
			<del> </del>				<del></del>	<del>-</del>		
	_			<del></del>	_ <del></del>		<del></del>	<del></del>		
	_						<del></del>			
		<del></del>	f							
					<del></del>		····	-		
			-					<del>-</del>	•	
_										
2a Ist	he fou	ndation directly or indirect	tly affiliated with,	or related to, one	or more tax-exempt organ	izations described				
ın s	ection	501(c) of the Code (other	r than section 501	1(c)(3)) or in sect	tion 527?			Yes	X	] No
b If "	Yes, c	omplete the following sch			<u> </u>	<del>,</del>		_ <del></del> -	_	
		(a) Name of org	janization		(b) Type of organization		(c) Description of re	elationship		
		N/A								
						ļ			_	
		<del>_</del>				<del>                                     </del>				
	1									
Cian	and be	penaities of perjury, I declare to elief, it is true, correct, and com-	that I have examined	i this return, includir f preparer <b>(q</b> th <b>9</b> r tha	ng accompanying schedules and n taxpayer) is based on all inforr	nation of which prepar	rer has any knowledge	May the IRS d. return with the	scuss th	115 r
Sign Here		5.11	1/11/	1 XXX	191/18/13	<b>L</b>	men del	shown below (	see insti	7)?
	Sinr	nature of officer or trustee	0000	(	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Title		_ LXJ Yes	<u> </u>	No
	Jigi	Print/Type preparer's na		Preparer's s	Date	Date	Check If	PTIN		
		Trinivitype preparer sila	iiiio	a la		1 .	self- employed			
Paid		KAREN ALLE	N	Varen	a-allen	11/19/13		P003502	282	
Prepa	arer	Firm's name PET		IANDLER,		1 7 1 1 1	Firm's EIN ► 7			
Use (		THITI SHAIN FEBL.	u C11				1		. •	

(405)843-9371

Firm's address ▶ 2601 N.W. EXPRESSWAY 600 EAST OKLA CITY, OK 73112

Phone no.

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No 1545-0047

**2012** 

Name of the organization

LAURA AND SCOTT MITCHELL CHARITABLE

Employer identification number

FOUNDATION 13-4253867
Organization type (Check one)

Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions					
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one plete Parts I and II					
Special Rules						
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II					
total contributions	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III					
contributions for u If this box is chect purpose. Do not c	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.					
out it <b>must</b> answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), in Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to it the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization LAURA AND SCOTT MITCHELL CHARITABLE Employer identification number

<u>FOUND</u>	ATION		<u>3-4253867                                    </u>
Part I	Contributors (see instructions) Use duplicate copies of Part I if a	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MOBILE RADIOLOGY SERVICES, INC.  P O BOX 1708  EDMOND, OK 73083-1708	\$16,700.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Oncash Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b> \$</b>	Person Payroll Noncash Complete Part II if there

Name of organization

Employer identification number

LAURA AND SCOTT MITCHELL CHARITABLE FOUNDATION

13-4253867

Part II	Noncash Property (see instructions) Use duplicate copies of	Part II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Parti			
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			<u></u>
-			
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-			
		\$	90, 990-EZ, or 990-PF) (2

Name of or	ganization		Employer identification number					
LAURA	AND SCOTT MITCHELL CH	ARITABLE						
FOUND.	ATION		13-4253867					
Part III	Exclusively religious, charitable, etc., in year. Complete columns (a) through (e) and the total of exclusively religious, charitable, Use duplicate copies of Part III if additional and the copies of Part II is additi	dividual contributions to section 501( I the following line entry. For organizat  etc., contributions of \$1,000 or less for  poal space is needed.	(c)(7), (8), or (10) organizations that total more than \$1,000 for the ions completing Part III, enter or the year. (Enter this information once)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gi	ift					
ļ	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Ì	(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
1		(e) Transfer of gi	ft					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
[								
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee					
-	Transieree 3 name, audiess, c		Telegraming of Manieron of to Manieron					

FORM	990-PF	INTEREST	ON	SAVINGS	AND	TEMPORARY	CASH	INVESTMENTS	STATEMENT	1
SOUR	CE								AMOUNT	
FIRST	 r LIBERT	Y BANK								41.
TOTAI	TO FOR	M 990-PF,	PAR	T I, LII	<b>VE</b> 3	, COLUMN A				41.
FORM	990-PF		L			- LINE 1A DATION MANA	AGERS		STATEMENT	2

## NAME OF MANAGER

LAURA E. MITCHELL SCOTT A. MITCHELL

Page 2  8868.  d). ee instructions
0 4  Return Code  08  09  10  11  12  m 8868.
this is attach a
, 20

Note. Only complete Part III for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. ▶ ☑  Note. Only complete Part III if you were or but 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 of Time. Only file the original (no copies needed).  Enter filer's identifying number, see instructions  File by the complete Part III if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  If you are filing for an Automatic 3-Month Extension of Time. Only file the original (no copies needed).  Enter filer's identifying number, see instructions  Enter filer's identifying number, see instructions  Enter filer's identifying number, see instructions  In Automatic Complete Part III if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  The books are in the care of P. LAURA MITCHELL.  Telephone No. ▶ (969) 175-9355. FAX. No. ▶  If the origination occurred in the service or place of business in the United States, check this box . ▶ □ and attach a last with the names and Ellos of all members the extension is for.  If the origination occurred in the origination of the provious of the provious promotion of the provious provi	Form 8868 (Re	ev 1-2013)					Page 2		
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 III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Type or print  Type or print  LAURA AND SCOTT MITCHELL CHARITABLE FOUNDATION  LAURA AND SCOTT MITCHELL CHARITABLE FOUNDATION  Number, sievel, and room or suite no. II a P C. boxs, see instructions.  Social security number (SSN)  LAURA AND SCOTT MITCHELL CHARITABLE FOUNDATION  Number, sievel, and room or suite no. II a P C. boxs, see instructions.  Social security number (SSN)  LAURA AND SCOTT MITCHELL CHARITABLE FOUNDATION  Number, sievel, and room or suite no. II a P C. boxs, see instructions.  Social security number (SSN)  Number, sievel, and room or suite no. II a P C. boxs, see instructions.  Social security number (SSN)  Social security number (SSN)  Number, sievel, and room or suite no. II a P C. boxs, see instructions.  Social security number (SSN)  Number, sievel, and room or suite no. II a P C. boxs, see instructions.  Social security number (SSN)  Number, sievel, and room or suite no. II a P C. boxs, see instructions.  Social security number (SSN)  Number, sievel, and room or suite no. II a P C. boxs, see instructions.  Social security number (SSN)  Number, sievel, and room or suite no. II a P C. boxs, see instructions.  Social security number (SSN)  Indicate number (SSN)  Social security number (SSN)  Social secu	• If you are	filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete onl	y Part II and check this bo	ox	. ▶ 🗸		
Type or print    Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	Note. Only	complete Part II if you have already been grain	nted an aut	omatic 3-month exte	ension on a previously filed		8.		
Suppose	<ul> <li>If you are</li> </ul>								
Name of sexempt organization or other filer, see instructions   Employer identification number (EIN) or LAURA AND SCOTT MITCHELL CHARITABLE FOUNDATION   Social secunity number (SSN)	Part II	Additional (Not Automatic) 3-Month E	xtension	of Time. Only file	the original (no copies r	needed).			
The byte or print File by the Number, street, and room or sust no. If a PO, box, see instructions.  Social security number (SSN)  Social security number security number (SSN)  Social security number (SSN)  Social security number se							structions		
Diring to the composition of th	Type or	Type or Name of exempt organization or other filer, see instructions Employer identific					tion number (EIN) or		
File by the does date for City, town or post office, state, and ZIP code. For a foreign address, see instructions.    City Code   City Co		LAURA AND SCOTT MITCHELL CHARITABLE	FOUNDATIO	ON					
due date for fign your return Sees.  City, town or post office, state, and ZIP code. For a foreign address, see instructions considerable management of the feturn code for the return that this application is for (file a separate application for each return)  Application  Return Application Is For Code Is For Porn 990 or Form 990-EZ  Ot   Experiment   Application   Return   Application   Application   Return   Application   Return   Application   Applicati	File by the	Number, street, and room or suite no. If a P O. b	ox, see instr	uctions.	Social security number (SSN)				
Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For  Return Si For Rod Si For									
Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Code SForn Seturn SFor Return SFor Return SForn Return SForn SP0-E Forn 990-E  Differ SP0-E									
Application   Se For		OKLAHOMA CITY, OK 73142							
Is For   Code   Is For   Code   Is For   Code   Form 990 or Form 990-EZ   01   Form 990-BL   02   Form 1041-A   08   Form 4720 (Individual)   03   Form 4720 (Individual)   03   Form 4720 (Individual)   03   Form 4720   09   Form 990-PF   04   Form 5227   10   Form 990-T (trust other than above)   05   Form 6069   11   Form 990-T (trust other than above)   06   Form 8870   12   STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  *The books are in the care of ▶ LAURA MITCHELL   Telephone No. ▶ (405) 775-9355   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 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 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   ▶   and attach a list with the names and ElNs of all members the extension is for.  4 I request an additional 3-month extension of time until   NOVEMBER 15   20   13   .  5 For calendar year 12   or other tax year beginning   20   and ending   20   3   .  6 If the tax year entered in line 5 is for less than 12 months, check reason:   Initial return   Final return   Final return   Group Gro	Enter the R	eturn code for the return that this application	ıs for (file a	separate application	n for each return)		0 4		
Form 990 or Form 990-EZ    O2	Application	on	Return	Application			Return		
Form 990-BL Form 990-BL Form 4720 (individual) Form 990-PF O4 Form 5227 D5 Form 990-PF Form 990-PF D6 Form 990-PF D7 990-PF D7 990-PF D8 90-PF D8 90-PF D8 90-PF D9	Is For		Code	Is For			Code		
Form 4720 (individual)  Form 990-TF   04   Form 5227   10  Form 990-T (sec. 401(a) or 408(a) trust)   05   Form 6069   11  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  STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  The books are in the care of ► LAURA MITCHELL Telephone No. ► (405) 775-9355   FAX No. ►  If the organization does not have an office or place of business in the United States, check this box	Form 990	or Form 990-EZ	01	指揮領部上部		SEPRES.	环种和		
Form 990-PF	Form 990-	-BL	02	Form 1041-A			08		
Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  O6 Form 8870  Form 8870  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  The books are in the care of ▶ LAURA MITCHELL  Telephone No. ▶ (405) 715-9355  If the organization does not have an office or place of business in the United States, check this box	Form 4720	0 (individual)	03	Form 4720			09		
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.  * The books are in the care of ▶ LAURA MITCHELL Telephone No. ▶ (405) 775-9355 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 ▶ □ and attach a list with the names and EINs of all members the extension is for.  * I request an additional 3-month extension of time until	Form 990-	-PF	04	Form 5227			10		
The books are in the care of ► LAURA MITCHELL.  Telephone No. ► (405) 775-9355 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	Form 990-	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
• The books are in the care of ► LAURA MITCHELL Telephone No. ► (405) 775-9355 FAX No. ►  • If the organization does not have an office or place of business in the United States, check this box	Form 990-	-T (trust other than above)	06	Form 8870			12		
• The books are in the care of ► LAURA MITCHELL Telephone No. ► (405) 775-9355 FAX No. ►  • If the organization does not have an office or place of business in the United States, check this box	STODI Do r	not complete Port II if you were not already as	anted an a	utomatic 3-month ex	dension on a previously fil	led Form 88	168		
nonrefundable credits. See instructions.  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.  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.  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 Author Date > 8/15/13	for the who list with the  4 I rec 5 For 6 If th  C 7 State	ole group, check this box	it is for par on is for. until ing months, ch	NOVEMBER 1 , 20 eck reason: Ini	5 , 20 13 , and ending tial return	and atta	ich a		
nonrefundable credits. See instructions.  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.  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.  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 Author Date > 8/15/13									
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(Electronic Federal Tax Payment System). See instructions.  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/AGENT  Date ► 8/15/13	esti amo	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.							
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Signature Jasen G. aller Title CPA/AGENT Date > 8/15/13						and to the l	pest of my		
	Signature	Jasen a-allen	Title ▶	CPA/AGENT		8/15	1/13		

# Form **8868**

(Rev. January 2013)

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, comple	te only P	art I and check this box			$\cdot$ X	
• If you	are filing for an Additional (Not Automatic) 3-Month Exomplete Part II unless you have already been granted	ctension,	complete only Part II (on page 2 of			<del>-</del>	
	ic filing (e-file). You can electronically file Form 8868 if					oration	
	to file Form 990-T), or an additional (not automatic) 3-mo						
	o file any of the forms listed in Part I or Part II with the ex						
	Benefit Contracts, which must be sent to the IRS in page						
	v.irs.gov/efile and click on e-file for Chanties & Nonprofits		(see instructions). For more details	on the ele	ectionic ming or tris	Offiti,	
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded)			
·	ation required to file Form 990-T and requesting an autor						
Part I onl		matic 6-m	onth extension - check this box and	complete			
All other	y corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to reques	st an exte	nsion of time		
Type or	Name of exempt organization or other filer, see instru	Employe	er identification numb	per (EIN) or			
print	LAURA AND SCOTT MITCHELL C	, ,	, ,				
•	FOUNDATION				13-4253867		
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions	Social security number (SSN)			
filing your	14201 ROUEN COURT				Coolai Coolainy Hamboi (Corty		
retum See instructions	City, town or post office, state, and ZIP code. For a for OKLAHOMA CITY, OK 73142	oreign add	Iress, see instructions.				
_							
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Applicati	on	Return	Application				
ls For		Code	Is For				
Form 990	or Form 990-EZ	01	Form 990-T (corporation)	IO-T (corporation)			
Form 990	-BL	02	Form 1041-A	*			
Form 472	0 (individual)	03	Form 4720				
Form 990		04	Form 5227		10		
	T (sec 401(a) or 408(a) trust)	05	Form 6069		11		
	T (trust other than above)	06	Form 8870		12		
	LAURA MITCHELL		1011110010			1	
• The bo	oks are in the care of   14201 ROUEN COU	- ייאו	OKIAHOMA CITY OK	7314	2		
	one No ► 405-775-9355	<u> </u>	FAX No. >	7511			
=	rganization does not have an office or place of business	in the Lin	·				
	s for a Group Return, enter the organization's four digit (			f this is fo	r the whole group, c	heck this	
oox ▶ [	. If it is for part of the group, check this box		· ———		•		
	quest an automatic 3-month (6 months for a corporation		· ·		ers the extension is	101	
			ion return for the organization name		The extension		
	or the organization's return for:	. Organiza	ion retain for the organization hathe	above	THE EXTENSION		
_	$\overline{\mathbf{X}}$ calendar year $2012$ or						
	<del></del>	20	d andina				
	tax year beginning	, ai ii	ending		<b>-</b> '		
2 if th	o tay year antered in line 1 is for less than 10 months, sh	and range	on: Initial return F	Final retur	<b>-</b>		
2	e tax year entered in line 1 is for less than 12 months, ch	ieck reast	on midaretum r	-mai retur	(1		
L	Change in accounting period						
			<del></del>	<del></del>	<del>-</del> -		
	is application is for Form 990-BL, 990-PF, 990-T, 4720, c			•			
	refundable credits. See instructions	3a	\$	0.			
	(V) sees a see see see see see see see see					•	
	nated tax payments made. Include any prior year overpa			3b	\$	0.	
	ince due. Subtract line 3b from line 3a. Include your pay			_			
_	sing EFTPS (Electronic Federal Tax Payment System) S	3c	_\$	0.			
aution.	f you are going to make an electronic fund withdrawal w	ith this Fo	rm 8868, see Form 8453-EO and Fo	<u>rm 8879-l</u>	O for payment instr	uctions	
.HA Fo	r Privacy Act and Paperwork Reduction Act Notice, s	see instru	ctions.		Form <b>8868</b> (Re	v. 1-2013)	