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Form **990-PF**

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

OMB No 1545 0052

Department of the Treasury Internal Revenue Service

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

2012

	For cai	enga	r year 2012, or to	ax year begii	ınıng	, 201	2, and ending		•	
	750	N.E	A ALLERGY (. 13TH ST A CITY, OK		TADNUC	CION, INC.		В	Employer identification nu 73-6109394 Telephone number (see the 405-235-0040	
										pending, check here
•	G Che	eck al	II that apply	Initial retu			rmer public charity	D	1 Foreign organizations, che	ck here
			ŀ	Final retur		Amended return Name change			2 Foreign organizations mee	
Ī	н_с		type of organiza	ation X	Section 5	01(c)(3) exempt private		1	here and attach computation	on •
-	l E	_	ction 4947(a)(1) ket value of all asset	_		trust Other taxable	c private foundation Cash Accrual	E	If private foundation status under section 507(b)(1)(A)	
		rom Pa	art II, column (c), line			Other (specify) 7, column (d) must be		F	If the foundation is in a 60 under section 507(b)(1)(B)	-month termination
Ī	Part	Α	nalysis of Re	venue and	1	(a) Revenue and	(b) Net investme	nt.	(c) Adjusted net	(d) Disbursements
_		cc sa	xpenses (The blumns (b), (c), a arily equal the an ee instructions)	and (d) may i mounts in col)	not neces iumn (a)	expenses per book	s income	111	income	for charitable purposes (cash basis only)
		1 2	Contributions gifts,	grants, etc, recei		32,200				:
		3	Interest on sav	ings and tem			 			
		4	cash investmer Dividends and inter		ies		- 			
			Gross rents Net rental income							
<u></u>	R		or (loss) 3 Net gain/(loss) from		ot on line 10					í
2013	E V		Gross sales price fo assets on line 6a		ſ .					
≓ ⊜	E N	8	Net short-term	capital gain	(, line 2)	RECEIVED				į.
	U E	9 10 a	Income modific Gross sales less returns and	cations I	<u>د</u> ا	MAR 27 2013				
APR			allowances Less Cost of		2					
		"	goods sold Gross profit/(loss)	(att sch)	0	GDEN. UT	{			
SCANNED		11	Other income ((attach sched	ule)					
3		12	Total. Add lines			32,200		0.	0.	
W		13 14	Compensation of off Other employee sale			0				
		15	Pension plans,	employee be						
	A D		 Legal fees (attach s Accounting fees (at 				<u> </u>			
	M I N		Other prof fees (att	•						
	O I S T R	17 18	Interest							
	RAAT	19	Taxes (attach schedule)(so Deprecuation (a sch) and deplet	attach			- 			
	N V	20	Occupancy Travel, confere	neae and m	notinas				-	
	A E X D P	22	Printing and pu	ublications						<u> </u>
	D P	23	Other expenses	s (attach sch	edule)					
	N S E	24	Total operating expenses. Add	and admini	strative			ļ		
	S	25	Contributions, gifts,	, grants paid $\mathrm{P} I$	AŘT XV	23,000				23,650.
			Total expenses Add lines 24 ar			23,650		٥.	0.	23,650.
-			Subtract line 26 Excess of reve							1
			and disbursem	ents .		8,550	<u>.</u>			
			Net investment inco Adjusted net incom				+	0.	0.	
1	BAA F		perwork Reduct			structions.	-	TEEA	A0504L 12/23/12	Form 990-PF (2012)

Dard	11	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
Part	. 11	Balance Sheets column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	26,525.	35,075.	35,075.
	2٠	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 (attach schedule) (see instructions)			-
	7	Other notes and loans receivable (attach sch)			· · · · · · · · · · · · · · · · · · ·
Ā		Less: allowance for doubtful accounts		İ	
S	8	Inventories for sale or use	· · · · · · · · · · · · · · · · · · ·		
A S E T	9	Prepaid expenses and deferred charges			
S	10 a	a Investments – U.S. and state government obligations (attach schedule)			
	Ŀ	Investments — corporate stock (attach schedule)	-		
		Investments — corporate bonds (attach schedule)			
	İ	Investments – land, buildings, and			
	••	equipment basis Less: accumulated depreciation		-	
		(attach schedule)			
	12	Investments – mortgage loans.			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis ►			
	!	Less accumulated depreciation (attach schedule)			
		Other assets (describe ►)			
	16	Total assets (to be completed by all filers — see the instructions Also, see page 1, item I).	26,525.	35,075.	35,075.
누	17	Accounts payable and accrued expenses			
A B	18	Grants payable			
В	19	Deferred revenue	5,529.	5,529.	
ιl	20	Loans from officers, directors, trustees, & other disqualified persons			
Ţ	21	Mortgages and other notes payable (attach schedule)			
T I E	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)	<u>5</u> ,529.	5,529.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted			
E U	25	Temporarily restricted			:
ום	26	Permanently restricted			ļ
S B S A E L		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
E L T A	27	Capital stock, trust principal, or current funds	20,996.	29,546.	!
SN	28	Paid-in or capital surplus, or land, building, and equipment fund	20,330.		į
CI	29	Retained earnings, accumulated income, endowment, or other funds			
DE	30	Total net assets or fund balances (see instructions)	20,996.	29,546.	:
	31	Total liabilities and net assets/fund balances (see instructions)	26,525.	35,075.	!
Part		Analysis of Changes in Net Assets or Fund Balance		· · · · · · · · · · · · · · · · · · ·	
1	Total end-o	net assets or fund balances at beginning of year — Part II, colur of-year figure reported on prior year's return)	mn (a), line 30 (must agre	e with	20,996.
2	Ente	r amount from Part I, line 27a		2	8,550.
3	Other :	increases not included in line 2 (itemize)		3	- 7,000.
		lines 1, 2, and 3			29,546.
		ses not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), line	30 6	29,546.

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	Losses for Tax on Investmer e the kınd(s) of property sold (e.g., r se, or common stock, 200 shares ML		(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day year)
1a N/A					
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal		(h) Gain or (e) plus (f) m	
a					
b					
<u> </u>					
d					
Complete only for accels show	Line some softens (b) and award b	with foundation on 10/21/6			
(i) Fair Market Value as of 12/31/69	ving gain in column (h) and owned b (j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	(i) ga	i) Gains (Colu) ain minus column (k in -0-) or Losses (fr), but not less
			-		
 b			_		
c					
d					
е					
2 Capital gain net income or (ne	et capital loss) If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	. 2		
3 Net short-term capital gain or	(loss) as defined in sections 1222(5)	and (6)	- <u>-</u> -		
		-			
in Part I, line 8	e 8, column (c) (see instructions) If	(loss), eriter -o-	. 3		
Part V Qualification Unde	r Section 4940(e) for Reduce	d Tax on Net Investme	ent Income		
(For optional use by domestic privat	e foundations subject to the section	4940(a) tax on net investme	ent income)	N/A	
If section 4940(d)(2) applies, leave	this part blank				
ii section 4540(u)(z) applies, leave	uns part blank				
Was the foundation liable for the sec	ction 4942 tax on the distributable ar	nount of any year in the bas	se period?	Yes	☐ No
	llify under section 4940(e) Do not co	,			
1 Enter the appropriate amount	in each column for each year, see th	ne instructions before makin	g any entries	- -	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets (colu	(d) Distribution mn _. (b) divided l	
2011					
2010					
2009					
2008					
2007					
2 Total of line 1, column (d)			2		
3 Average distribution ratio for the number of years the foundation	he 5-year base period – divide the to n has been in existence if less than	otal on line 2 by 5, or by the 5 years	3		
4 Enter the net value of nonchar	ritable-use assets for 2012 from Part	X, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment inc	come (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distributions fr	rom Part XII, line 4		8		

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

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Par		15)		
ıa	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1. Date of ruling or determination letter (attach copy of letter if necessary – see instrs)			
L	Date of ruling or determination letter (attach copy of letter if necessary – see instrs) Domestic foundations that meet the section 4940(e) requirements in Part V,			0
D	check here and enter 1% of Part I, line 27b			<u>0.</u>
_	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part 1, line 12, column (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-).			0.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			0.
6	Credits/Payments			
_	2012 estimated tax pmts and 2011 overpayment credited to 2012			
	Exempt foreign organizations — tax withheld at source 6 b			
	Tax paid with application for extension of time to file (Form 8868) 6 c			
	Backup withholding erroneously withheld 6 d			1
	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		-	- 0 .
11	Enter the amount of line 10 to be Credited to 2013 estimated tax			
	t VII-A Statements Regarding Activities			
			Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1 a		Χ
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b		X
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			‡ #
С	Did the foundation file Form 1120-POL for this year?	1 c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \Rightarrow 0. (2) On foundation managers \Rightarrow 0.	_		1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers	1		
2	foundation managers S	2		X -
2	If 'Yes,' attach a detailed description of the activities	_		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		- <u>X</u>
A ~	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		<u> X</u>
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b	N	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	14	X
3	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			Wasan palkamanan
	 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	١ ـ ـ ا
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	N/A			
ь	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 <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	 8 b	X	
_				1
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		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		Х
BAA		orm 990	-PF (2	

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Par	t VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified persoadvisory privileges? If 'Yes,' attach statement (see instructions)	on had		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption. Website address	applica	ition?	13	Х	
14	The books are in care of GARYL GEIST Telephone		405-2	<u>35-0</u>	040	-
15	Located at 750 N.E. 13TH STREET OKLAHOMA CITY OK ZIP + 4 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	<u>731</u>	04	_N/A	<u></u> _	
	and enter the amount of tax-exempt interest received or accrued during the year	- [15		Yes	N/A
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority of bank, securities, or other financial account in a foreign country?			16	162	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the name of the foreign country ►	ie				
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			[Yes	No
1 a	During the year did the foundation (either directly or indirectly)					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes Yes	X No X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	□				
	· · · · · · · · · · · · · · · · · · ·	Yes	XNo			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes	XNo			
b	lf any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	>		1 b	_N	A
	Organizations relying on a current notice regarding disaster assistance check here	•				
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?			1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		·			
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?	Yes	XNo			
	If 'Yes,' list the years 20 , 20 , 20 , 20	_				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a	a)(2)				
_	all years listed, answer 'No' and attach statement – see instructions).			2 b	N	/A
·	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he 20 , 20 , 20 , 20	ere				
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
b	If 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or	l				
	(3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012)			3 b	N	/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4 a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could peopardize its charitable purpose that had not been removed from jeopardy before the first day of				-	
B ^ ^	the tax year beginning in 2012?			4 b		X
BAA			For	m 990)-PF (2	Z012)

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Part VII-B Statements Regarding Activit		1 4/20 May Be Req	uired (continued)	· · · · · · · · · · · · · · · · · · ·	
5 a During the year did the foundation pay or incu	-	40454330		.	
(1) Carry on propaganda, or otherwise attempt	ot to influence legislatio	on (section 4945(e))/	∐ Yes [∑	∐ No	İ
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?	•	Yes [∐ No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes ⁷	Yes [No	
(4) Provide a grant to an organization other to in section 509(a)(1), (2), or (3), or section	han a charitable, etc, o 4940(d)(2)? (see instri	rganization described uctions)	Yes [Ŋo No	
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific in of cruelty to children	c, literary, or or animals?	Yes	₹ No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regar	qualify under the excep ding disaster assistance	otions e	5 b	N/A
Organizations relying on a current notice rega	rding disaster assistan	ce check here	▶ [7	- 11/11
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Reg	ulations section 53 494.	5-5(d)		_	
6 a Did the foundation, during the year, receive a on a personal benefit contract?			Yes [No	
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	lums, directly or indirec	tly, on a personal bene	ifit contract?	6 b	X
7 a At any time during the tax year, was the found	dation a party to a proh	ubited tax shelter transa	action? Yes	X No	1
b If 'Yes,' did the foundation receive any proceed				N/A 7b	- 1
Part VIII Information About Officers, D					
and Contractors					
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see ins	ructions).		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		e account, lowances
SEE STATEMENT 1					
		0.	0		0.
·					
		!		ļ	
				 	
				1	
2 Compensation of five highest-paid employees (or	her than those included	on line 1 – see instructio	ns). If none, enter 'NON	E.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation		account, owances
NONE			· · · · · · · · · · · · · · · · · · ·		
					 -
Total number of other employees paid over \$50,000				-	
BAA	TEE 403061 11	2/25/12		Form 990-	<u>U (2012)</u>

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation	
NONE		
		
	 	—
Total number of others receiving over \$50,000 for professional services	<u>* </u>	<u>0</u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses	
1 N/A	 	
	-	
2	_	
	_	
3	-	
	_	
4		
·	-	
	_	
Part IX-B Summary of Program-Related Investments (see instructions)	*	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount	
1		_
N/A	_	
2	_	
	_	
All other program-related investments See instructions		
3		
·	-	
	-	
Total. Add lines 1 through 3	•	0.
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Par	Minimum Investment Return (All domestic foundations must complete this part. see instructions)	Foreign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes. Average monthly fair market value of securities.	1 a	
	Average of monthly cash balances	1 b	30,800.
	Fair market value of all other assets (see instructions)	1 c	30,800.
	Total (add lines 1a, b, and c)	1 d	30,800.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c	'	30,800.
Ī	(attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	30,800.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3		
	(for greater amount, see instructions)	4	462.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	30,338.
	Minimum investment return. Enter 5% of line 5	6	1,517.
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private op and certain foreign organizations check here ► and do not complete this part		ons
1	Minimum investment return from Part X, line 6	1	1,517.
2 a	Tax on investment income for 2012 from Part VI, line 5		
t	Income tax for 2012 (This does not include the tax from Part VI)		
c	Add lines 2a and 2b	2 c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,517.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,517.
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	1,517.
Par	t XII Qualifying Distributions (see ınstructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	22 650
	Program-related investments – total from Part IX-B	1 b	<u>2</u> 3,650.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. purposes.	2	
		-	
3 a	Amounts set aside for specific charitable projects that satisfy the	- 3 a	
Ŀ	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	23,650.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	23,650.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundation	

qualifies for the section 4940(e) reduction of tax in those years

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Form 990.5

BAA

Form **990-PF** (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, line 7				1 517
2 Undistributed income, if any, as of the end of 2012				1,517.
a Enter amount for 2011 only			0.	
b Total for prior years 20 , 20 , 20		0.		·
3 Excess distributions carryover, if any, to 2012				· · · · · · · · · · · · · · · · · · ·
a From 2007 5, 268.				
b From 2008 15, 745.				
c From 2009 20, 169.				
d From 2010 35, 702.				
e From 2011 18, 282.				
f Total of lines 3a through e	95,166.			
4 Qualifying distributions for 2012 from Part	, <u> </u>			
XII, line 4 ► \$ 23,650.				•
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
· · · · · · · · · · · · · · · · · · ·		<u> </u>		
c Treated as distributions out of corpus (Election required — see instructions)	0.	•		
d Applied to 2012 distributable amount				1,517.
e Remaining amount distributed out of corpus	22,133.			,
5 Excess distributions carryover applied to 2012	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
Same amount must be shown in column (a)				
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	117,299.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount — see instructions		0.		
e Undistributed income for 2011 Subtract line 4a from				·
line 2a Taxable amount — see instructions		"	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				0.
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
·	0.			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	5,268.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	112,031.			
10 Analysis of line 9 a Excess from 2008 15, 745				
107.131		ļ		İ
20,1203.	i			
33,702.				!
10/202.			•	
e Excess from 2012 22, 133.				

BAA

Form **990-PF** (2012)

Form 990-PF (2012) OKLAHOMA ALLERGY Part XIV Private Operating Foundar			t VII A guestion	73-6109394				
<u> </u>	<u></u>				N/A			
1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling								
b Check box to indicate whether the founda		erating foundation d		4942(j)(3) or	4942(j)(5)			
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	1				
investment return from Part X for each year listed	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total			
b 85% of line 2a								
c Qualifying distributions from Part XII, line 4 for each year listed								
d Amounts included in line 2c not used directly for active conduct of exempt activities								
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 								
3 Complete 3a, b, or c for the alternative test relied upon								
a 'Assets' alternative test — enter								
(1) Value of all assets								
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)								
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed								
c 'Support' alternative test — enter								
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section								
512(a)(5)), or royalties)		<u> </u>	<u> </u>	-				
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)								
(3) Largest amount of support from an exempt organization								
(4) Gross investment income		<u> </u>						
Part XV Supplementary Information assets at any time during the	(Complete this	part only if the	foundation had	l \$5,000 or more	in			
		istructions.)						
1 Information Regarding Foundation Managa List any managers of the foundation who hav		han 2% of the total co	ontributions received	by the foundation befo	re the			
close of any tax year (but only if they have	e contributed more	than \$5,000) (See	section 507(d)(2)	by the loundation belo	re me			
NONE								
		=						
b List any managers of the foundation who own a partnership or other entity) of which the	10% or more of the	stock of a corporation	n (or an equally larg	e portion of the owners	hip of			
NONE	Touridation nas a r	on groater intore						
2 Information Regarding Contribution, Gran	nt, Gift, Loan, Scho	olarship, etc, Progra	ıms:					
Check here P I If the foundation only ma								
requests for funds If the foundation make complete items 2a, b, c, and d	s gifts, grants, etc	(see instructions) to	individuals or orga	inizations under othe	r conditions,			
a The name, address, and telephone number o	r e-mail of the perso	n to whom application	ns should be address	ed				
SEE STATEMENT 2								
b The form in which applications should be	submitted and infor	rmation and materia	ls they should inclu	de				
SEE STATEMENT FOR LINE 2A								
c Any submission deadlines								
CEE CHAPEMENT FOR TIME OF								
d Any restrictions or limitations on awards,	such as by geograp	phical areas, charitat	ble fields, kinds of	nstitutions, or other f	actors:			
SEE STATEMENT FOR LINE 2A								
BAA		EA03101 12/23/12			rm 990-PF (2012)			

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	substantial contributor	recipient	oon modien					
a Paid during the year								
SCHEDULE ATTACHED			SCHEDULE ATTACHED	23,650.				
,								
			<u>-</u>					
Total			 ▶ 3a	23,650.				
b Approved for future payment	[34	23,030.				
2 · · · · · · · · · · · · · · · · · · ·								
	,							
Total			► 3b					
rotar			- 30					

Part XVI-A Analysis of Income-Producing Activities

	, mary size of moonie . Toddenig ,		<u> </u>	l e a a a s	510 510 514	
Enter gross	s amounts unless otherwise indicated		d business income	 	section 512, 513, or 514	(e)
1 Progi	ram service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)
a	· · · · · · · · · · · · · · · · · · ·					
b						
c				<u> </u>		
d				<u> </u>		·-·
e						
f						
-	and contracts from government agencies			<u> </u>		
	bership dues and assessments		<u> </u>			
3 Interes	st on savings and temporary cash investments					
	ends and interest from securities					
	ental income or (loss) from real estate					
	financed property			<u> </u>		
	lebt-financed property					
	ntal income or (loss) from personal property		<u>-</u>			·
	r investment income					
	r (loss) from sales of assets other than inventory		_	<u> </u>		,
	ncome or (loss) from special events					
	s profit or (loss) from sales of inventory					·
11 Other	r revenue					
a						
b						
c						
d						·
е						
	otal Add columns (b), (d), and (e)			<u> </u>		
	. Add line 12, columns (b), (d), and (e)				13 _	0.
(See works	sheet in line 13 instructions to verify calculation	ns)			_	
	-B Relationship of Activities to the					
Line No. ▼	Explain below how each activity for which in accomplishment of the foundation's exempt	come is repo purposes (otl	rted in column (e) of F ner than by providing f	funds for suc	ontributed importanti ch purposes) (See ir	y to the nstructions)
N/A						
						·
	· · · · · · · · · · · · · · · · · · ·					
		_ _				
						
					·	
						
						···
						
			<u>-</u>	_		
	[_		

Form 990-PF (2012) OKLAHOMA ALLERGY CLINIC FOUNDATION, INC. 73-6109394 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

describ	organization directly ed in section 501(c) of to political organizat	of the Code (o	engage in any of the f ther than section 501	following wit (c)(3) orgar	h any oth nizations)	ner organizatio or in section	on 527,		Yes No
a Transfe	ers from the reporting	foundation to	a noncharitable exer	mpt organiza	ation of				
(1) Cas	sh							1 a (1)	x
(2) Oth	ner assets							1 a (2)	
b Other to	ransactions								
(1) Sal	les of assets to a non	ncharitable exe	empt organization					1 6 (1)	X
(2) Pur	(2) Purchases of assets from a noncharitable exempt organization					1 b (2)	+		
(3) Rer	ntal of facilities, equip	pment, or othe	r assets					1 b (3)	
(4) Rei	(4) Reimbursement arrangements						1 b (4)		
(5) Loa	ans or loan guarantee	es						1 b (5)	
(6) Per	rformance of services	or membersh	ip or fundraising solid	citations				1 b (6)	
c Sharing	g of facilities, equipme	ent, mailing lis	sts, other assets, or p	oaid employ	ees			1 c	X
		-						<u> </u>	_1
d If the all the good any trai	nswer to any of the a ds, other assets, or ser nsaction or sharing a	above is 'Yes,' rvices given by rrangement, s	complete the following the reporting foundation how in column (d) the	ng schedule in If the foun e value of th	Column Idation red ne goods.	(b) should alv ceived less that other assets.	vays show the fair market or services	ne fair market va value in received	lue of
(a) Line no	(b) Amount involved	, 	of noncharitable exempt org					ons, and sharing arra	ingements
N/A				·		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
								· · · · · · · · · · · · · · · · · · ·	
		<u> </u>							
describ	oundation directly or inc ed in section 501(c) o complete the followi	of the Code (o	d with, or related to, on ther than section 501	ne or more ta (c)(3)) or in	x-exempt section 5	organizations 527?		Yes	s XNo
	a) Name of organizati		(b) Type of o	rganization		(0) Description	n of relationship	
N/A	.,		(3) // // (3)			,,	, 2000, 101.01	- or rolationomp	
117 11				-	-+	_			
			,						
						_			
Under	penalties of perjury, I declar	e that I have exam	ined this return, including ac	companying sc	hedules and	statements, and to	the best of my	knowledge and belief,	it is true,
	t, and complete Declaration	of preparer (other	than taxpayer) is based on a	all information o	i which prep	parer has any know	rieage	May the	IDC discuss
Sign		£	, 2	12		100		this retur	IRS discuss rn with the
Here	/bory / few	1		7-14-13	— <i>*</i> ==	COO		(see inst	shown below ructions)?
Sign	ature of ficer or trustee Print/Type preparer's nar	me	Date Preparer's signatu	IVO —	Title	Date		I I IDTIN	Yes No
		iic	Preparer's signature of the signature of				Check	□"	05.60
Paid	BILL J. DAY		,	X bet	<u>~</u>	3-7-13	self-emplo	1	1569
Preparer	_		LISON & COBBS,	CPA'S	<u>U</u>		Firm's EIN	73-1030230	
Use Only Firm's address • 1900 N.W. EXPRESSWAY SUITE 512					(105) 5:5	4605			
] 0	KLAHOMA C	ITY, OK 73118			····	Phone no	(405) 843-	
BAA								Form 99 0	0-PF (2012)

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

waine or the organization		Employer identification number
OKLAHOMA ALLERGY CLINI	C FOUNDATION, INC.	73-6109394
Organization type (check one).		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) orga	anization
	4947(a)(1) nonexempt charitable tru	ust not treated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	n
	4947(a)(1) nonexempt charitable tru	ust treated as a private foundation
	501(c)(3) taxable private foundation	1
Check if your organization is covere	d by the General Rule or a Special Rule	
Note. Only a section 501(c)(7), (8),	or (10) organization can check boxes for both the G	General Rule and a Special Rule See instructions
General Rule X For an organization filing Form 990 contributor (Complete Parts I are	i, 990-EZ, or 990-PF that received, during the year, \$5,0d II)	000 or more (in money or property) from any one
Special Rules		
509(a)(1) and $170(b)(1)(A)(vi)$ are	tion filing Form 990 or 990-EZ that met the 33-1/3% nd received from any one contributor, during the yean n 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1	ear, a contribution of the greater of (1) \$5,000 or
total contributions of more than	organization filing Form 990 or 990-EZ that received fr \$1,000 for use <i>exclusively</i> for religious, charitable, s ren or animals Complete Parts I, II, and III	
contributions for use exclusively for If this box is checked, enter here the	organization filing Form 990 or 990-EZ that received from the religious, charitable, etc., purposes, but these contributions that were received during the year the parts unless the General Rule applies to this organization.	itions did not total to more than \$1,000 for an <i>exclusively</i> religious, charitable, etc,
religious, charitable, etc, contrib	utions of \$5,000 or more during the year	▶ \$
answer 'No' on Part IV, line 2, of its Form 9	the General Rule and/or the Special Rules does not file Schedule 90, or check the box on line H of its Form 990-EZ or on Part I, dule B (Form 990, 990-EZ, or 990-PF)	
BAA For Paperwork Reduction Act or 990-PF.	Notice, see the Instructions for Form 990, 990EZ,	Schedule B (Form 990, 990-EZ, or 990-PF) (2012

	B (Form 990, 990-EZ, or 990-PF) (2012)	Page	1 of 1 of Part 1	
Name of org	onization OMA ALLERGY CLINIC FOUNDATION, INC.	' -	er identification number 109394	
	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		100004	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	DR. JOHN R. BOZALIS		Person X Payroll	
	P. O. BOX 26827	\$ <u>_5,550.</u>	Noncash (Complete Part II if there is	
	OKLAHOMA CITY, OK 73126		a noncash contribution)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	DR. JAMES R. CLAFLIN P. O. BOX 26827	\$ 7,450.	Person X Payroll Noncash	
	OKLAHOMA CITY, OK 73126	11130.	(Complete Part II if there is a noncash contribution)	
(a) Number	(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) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Complete Part II if there is a noncash contribution Part II if there is a noncash contribution Part II if there is a noncash contribution Part II if there is a noncash contribution Part II if there is a noncash contribution Part II if there is a noncash contribution Part II if there is a noncash contribution Part II if there is a noncash contribution Payroll Payrol	
(a) Number	(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) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Complete Part II if there is a noncash contribution Part II if there is a noncash contribution Part II if there is a noncash contribution Part II if there is a noncash contribution Part II if there is a noncash contribution Part II if there is a noncash contribution Part II if there is a noncash contribution Part II if there is a noncash contribution Payroll Part II if there is a noncash contribution Payroll Pay	
BAA	TEEA0702L 11/30/12	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2012)	

Page

1 to

of Part II

Name of organization OKLAHOMA ALLERGY CLINIC FOUNDATION, INC.

Employer identification number

73-6109394 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed

(a) No	(h)	(a)	(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
	N/A		-
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$\$	
(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 receive
		\$\$	
(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
		\$\$	
BAA		Schedule B (Form 990, 990-E2	

of Part III

Name of organization OKLAHOMA ALLERGY CLINIC FOUNDATION, INC.

Employer identification number 73-6109394

Part III	Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8) or (10)
	organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.
•	For organizations completing Part III, enter total of exclusively religious, charitable, etc.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of \$1,000 or less for the year (Enter this information once See instructions)

	contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	(Enter this information once S space is needed	ee instruction	ns) • \$	N/A	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	held	
	N/A					
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transfe	ree	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee		
		<u>-</u> .				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	held	
	Transferee's name, addres	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		
	Transferee's name, addres	Relationship of transferor to transferee				
					· 	

2012

FEDERAL STATEMENTS

PAGE 1

CLIENT 900

OKLAHOMA ALLERGY CLINIC FOUNDATION, INC.

73-6109394

STATEMENT 1 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED			ACCOUNT/
DR. JAMES R. CLAFLIN 750 N.E. 13TH STREET OKLAHOMA CITY, OK 73104	V.P. & DIR 0	\$ 0.	\$ 0.	\$ 0.
DR. PATRICIA I. OVERHULSER 750 N.E. 13TH STREET OKLAHOMA CITY, OK 73104	V.P. & DIR 0	0.	0.	0.
DR. WARREN V. FILLEY 750 N.E. 13TH STREET OKLAHOMA CITY, OK 73104	PRES & DIR 0	0.	0.	0.
GARYL GEIST 750 N.E. 13TH STREET OKLAHOMA CITY, OK 73104	COO 0	0.	0.	0.
DR. DEAN A. ATKINSON 750 N.E. 13TH STREET OKLAHOMA CITY, OK 73104	V.P.& DIRECTOR 0	0.	0.	0.
DR. JOHN R. BOZALIS 750 N.E. 13TH STREET OKLAHOMA CITY, OK 73104	V.P. & DIRECTOR 0	0.	0.	0.
DR. RICHARD T. HATCH 750 N.E. 13TH STREET OKLAHOMA CITY, OK 73104	V.P. & DIRECTOR 0	0.	0.	0.
	TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 2 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

DR. WARREN FILLEY

CARE OF:

OKLAHOMA ALLERGY CLINIC FOUNDATION

STREET ADDRESS:

750 N.E. 13TH STREET

CITY, STATE, ZIP CODE:

OKLAHOMA CITY, OK 73104

TELEPHONE:

E-MAIL ADDRESS:

FORM AND CONTENT:

LETTER AS TO AMT & PURPOSE OF CONT OR BY REQ FROM DR.

FILLEY

SUBMISSION DEADLINES:

NO SUBMISSION DEADLINES

RESTRICTIONS ON AWARDS:

GRANTS ARE GENERALLY TO CHARITIES AND EDUC ORGN IN THE OKC

AREA.

OKLAHOMA ALLERGY CLINIC FOUNDATION, INC. OKLAHOMA CITY, OKLAHOMA

STATEMENT OF REVENUE AND EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2012

Cash Receipts	
Contributions	
Dr. Warren V. Filley	4,800.00
Dr. James R. Claflin	7,450.00
Dr. Patricia I. Overhulser	4,800.00
Dr. Dean A. Atkinson	4,800.00
Dr. John R. Bozalis	5,550.00
Dr. Richard T. Hatch	4,800.00 32,200.00
Disbursements	
Contributions Made	23,650.00
Excess of Receipts Over Disbursements	8,550.00

OKLAHOMA ALLERGY CLINIC FOUNDATION, INC. OKLAHOMA CITY, OKLAHOMA

. . . .

FORM 990-PF, PART XV, ITEM 3a ANALYSIS OF CONTRIBUTIONS MADE FOR THE YEAR ENDED DECEMBER 31, 2012

Name	Purpose of Contribution	Amount
Charitable Allied Arts Foundation		
1015 N. Broadway Oklahoma City, Oklahoma 73102	Arts Funding	5,500.00
Edmond Public Schools Foundation P. O. Box 3103		
Edmond, Oklahoma 73083-3103	Education	650.00
K-Love Radio P. O. Box 2098 Omaha, Nebraska 68103-2098	Christian Music Support	2,400.00
OKC Philharmonic 428 West California Suite 210 Oklahoma City, Oklahoma 73102	Arts Funding	2,500.00
St. Charles Borromeo Catholic Church 5000 North Grove Oklahoma City, Oklahoma 73122	Church Operating Funds	100.00
United Way of Central Oklahoma P. O. Box 837 Oklahoma City, Oklahoma 73101	Funding for Various Local Charities	10,000.00
University of Oklahoma Foundation, Inc. Alumni and Development Office P. O. Box 26901, 162 Library Norman, Oklahoma 73104	Education	2,500.00
<u>Total</u>		23,650.00