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990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No. 1545-0052

Open to Public Inspection

20 For calendar year 2013 or tax year beginning , 2013, and ending A Employer identification number Name of foundation 27-0187051 THE SOONER FOUNDATION B Telephone number (see instructions) Number and street (or P.O. box number if mail is not delivered to street address) Room/suite (646) 443-7770 C/O CHILTON TRUST COMPANY LLC 1290 E. MAIN STREET-3RD FLOOR City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here STAMFORD, CT 06902 Initial return Initial return of a former public charity G Check all that apply: D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach Address change Name change H Check type of organization X Section 501(c)(3) exempt private foundation 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 . J Accounting method: X Cash Accrual I Fair market value of all assets at If the foundation is in a 60-month termination Other (specify) end of year (from Part II, col. (c), line under section 507(b)(1)(B), check here . > (Part I, column (d) must be on cash basis.) 1,064,184. (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a) (see instructions).) expenses per purposes income income books (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not required to Check ▶ ___ attach Sch. B 4,249 4,249 ATCH 1 Interest on savings and temporary cash investments 18,089. ATCH 2 18,089 Dividends and interest from securities b Net rental income or (loss) 40,089 6a Net gain or (loss) from sale of assets not on line 10
b Gross sales price for all 167, 102
assets on line 6a 167,102 40,089 Capital gain net income (from Part IV, line 2) . Net short-term capital gain . . Income modifications 10 a Gross sales less returns and allowances . . b Less: Cost of goods sold . c Gross profit or (loss) (attach schedule) 1,087. 113 11 Other income (attach schedule) ATCH 3 63,514. 62,540. Total, Add lines 1 through 11 13 Compensation_of officers, directors, trustees, etc န္မ 14 Other employee salaries and wages Pension plans, employee benefits EX b Accounting fees (attach schedule)ATCH 4 1,426. 713 713 5,991 5,991 inistrative Other professional fees (attach schedule) . * . c 17 Interest 963 263 18 Taxes (attach schedule) (see instructions) ATCH . 6 . 19 Depreciation (attach schedule) and depletion. 20 E 21 Travel, conferences, and meetings 22 25. 25. 23 Other expenses (attach schedule) ATCH .7. . 24 Total operating and administrative expenses. 8,405 6,967 738. Add lines 13 through 23 48,000. 48,000 Contributions, gifts, grants paid 25 6,967 48,738. 56,405. Total expenses and disbursements. Add lines 24 and 25 26 Subtract line 26 from line 12 7,109 8 Excess of revenue over expenses and disbursements 55,573 b Net investment income (if negative, enter -0-) c Adjusted net Income (if negative, enter -0-).

JSA For Paperwork Reduction Act Notice, see Instructions. JSA FOT FEBOURE 3E1410 1 000 6463HN B92Y

*ATCH 5

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6	art II	Balanca Shoota	Attached schedules and amounts in the	Beginning of year	End o	f year		
	al L II	Balance Sheets description 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-bear	ing	11,932.	19,053.	19,053		
	2	Savings and temporary	cash investments					
1						,		
			btful accounts ▶					
		Less allowance for dou	btful accounts ▶					
l			 [
			officers, directors, trustees, and other					
	_		tach schedule) (see instructions)					
			receivable (attach schedule)					
			btful accounts					
ø			se					
ssets			eferred charges					
AS			e government obligations (attach schedule), *,*	19,227.	20,916.	20,266		
			e stock (attach schedule) ATCH 9	658,634.	690,005.			
			bonds (attach schedule) ATCH 10	72,071.	43,631.	41,062		
	11	Investments - land, building	s.	72,072.	23,002.	12,332		
		(attach schedule)	. 		-			
	12 13	Investments - mortgage	loans	1,062.	258.	926		
	14	Land, buildings, and	.	1,002.	230.	- 520		
		equipment basis Less accumulated deprecia	ation					
		(attach schedule)	ation					
			>)					
			completed by all filers - see the age 1, item ()	762,926.	773,863.	1,064,184		
-				102, 320.	773,003.	1,004,104		
ı			accrued expenses					
Liabilities								
ij			ors, trustees, and other disqualified persons					
iai			otes payable (attach schedule)					
_	22	Other liabilities (describe	e ▶)					
			.=		^			
_			es 17 through 22)	0				
es			low SFAS 117, check here . ► 24 through 26 and lines 30 and 31.			:		
Balances	24	Unrestricted						
3ak	25							
ъ	26				 			
Net Assets or Fun			not follow SFAS 117, ▶ X plete lines 27 through 31.					
S	27	Capital stock, trust prin-	cipal, or current funds	762,926.	773,863.			
se	28	Paid-in or capital surplus, o	r land, bldg , and equipment fund					
As	29	Retained earnings, accumi	ulated income, endowment, or other funds					
et	30	Total net assets or fund	d balances (see instructions)	762,926.	773,863.			
_	31	Total liabilities and	net assets/fund balances (see					
			<u> </u>	762,926.	773,863.			
			anges in Net Assets or Fund I					
1			palances at beginning of year - Part I					
	end-	of-year figure reporte	ed on prior year's return)		<u>1</u>	762,926		
2	Ente	er amount from Part I	, line 27a		2	7,109		
			ded in line 2 (itemize) ► ATCH 12		3	3,828		
					4	773,863		
5	Dec	reases not included ii	n line 2 (≀temize) ▶		5			
			palances at end of year (line 4 minus	line 5) - Part II, column (b)	, line 30 6	773,863		
_			**ATCH 8			Form 990-PF (2013)		

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	and Losses for Tax on Inve		(b) How				
- ·	d describe the kind(s) of property sold (rick warehouse, or common stock, 200	-	acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1a SEE PART IV SCHE	DULE						
<u>b</u>							
c							
d			ļ		·		
e				<u> </u>	L		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini			
a							
b							
c				 			
d							
<u>e</u>							
Complete only for assets	showing gain in column (h) and owner			Gains (Col (h) g (k), but not less t			
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Losses (from co			
a b							
c							
d							
e							
2 Capital gain net income or	(not canital loce)	gain, also enter in Part I, line 7					
. •	· · · · • • • • • • • • • • • • • • • •	(loss), enter -0- in Part I, line 7	2		40,089.		
	or (loss) as defined in sections 12 t I, line 8, column (c) (see insti						
Part I, line 8	· · · <u>· · · · · · · · · · · · · · · · </u>	<u> </u>	3		0		
Part V Qualification l	Jnder Section 4940(e) for Red	duced Tax on Net Investment I	ncome				
	·	outable amount of any year in the back to be complete this part	ase penod	17 [Yes X No		
		, see the instructions before making	anv entri	es			
(a)	(b)	(c)	, ,	(d)			
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by			
2012	39,658.	838,094.			0.047319		
2011	36,654.	831,818.			0.044065		
2010	27,165.	768,081.			0.035367		
2009	20,650.	128,388.			0.160841		
2008	60,943.	1,121,322.			0.054349		
0 = 4 4 = 5 line 4 value on (d)					0 241041		
2 Total of line 1, column (d)	for the 5-year base period - divide	Abo total on long 2 by 5 or by the	2	<u> </u>	0.341941		
_	dation has been in existence if less	• • •	3		0.068388		
4 Enter the net value of non	charitable-use assets for 2013 fro	m Part X, line 5	4		971,847.		
		• • • • • • • • • • • • • • • • • • • •					
5 Multiply line 4 by line 3			5		66,463.		
6 Enter 1% of net investme	Enter 1% of net investment income (1% of Part I, line 27b)						
7 Add lines 5 and 6			7		67,019.		
8 Enter qualifying distribution of line 8 is equal to or gree Part VI instructions	ns from Part XII, line 4	n Part VI, line 1b, and complete t	8 hat part	using a 1% tax	48,738. crate See the		
Part VI Instructions					m 990-PF (2013)		

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Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	<u>s)</u>
1 a	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 instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1,1	11.
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
3	Add lines 1 and 2		1,1	11.
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-		1,1	11.
6	Credits/Payments			
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 359.			
	Exempt foreign organizations - tax withheld at source 6b			
	Tax paid with application for extension of time to file (Form 8868) 6c 2,000.			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		2,3	<u> 59.</u>
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1,2	248.
11	Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ 1, 248. Refunded ▶ 11			
_	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the		•	
	definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \$ (2) On foundation managers \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers \$			_v
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 incorporation,	١.		x
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b		N/A
- 0	If "Yes," has it filed a tax return on Form 990-T for this year?	5		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<u> </u>		
_	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	1		
6	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	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	х	
	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	VA			[
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
-	of each state as required by General Instruction G? If "No," attach explanation,	8ь	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
-	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete			1
	Part XIV	9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			
	addresses	10		х
	 	90	0-PF	(2013)

THE SOONER FOUNDATION

JSA

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013? Form 990-PF (2013)

4a

N/A

Х

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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

Organizations relying on a current notice regarding disaster assistance check here	THE SOONER FOUNDATION 27-0187051	Page 6
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	tatements Regarding Activities for Which Form 4720 May Be Required (continued)	
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? (3) Prowde a grant to an individual for travel, study, or other similar purposes? (4) Prowde a grant to an individual for travel, study, or other similar purposes? (4) Prowde a grant to an organization other than a charitable, etc. organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) (5) Prowde for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Frowde for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (7) If any answer is "Yes" to 5a(1)/5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (seek here. (8) Corganizations relying on a current notice regarding disaster assistance (seek here. (9) Corganizations relying on a current notice regarding disaster assistance (seek here. (9) If "Yes," attach the statement required by Regulations section 53 4945-5(d) (9) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (9) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? (1) From during the tax year, was the foundation a party to a prohibited tax shelter transaction? (1) Pert Ville Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (1) List all officers, directors, trustees, foundation managers and their compensation (see instructions). (1) Name and address of each employee pad more than \$50,000 (1) Title, and average hours prevees devoted to position (c) Compensation (d) Contributions to employee benefit plans a		
directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide grant to an individual for travel, study, or other similar purposes? (5) Provide for any purpose other than religious, chantable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) (6) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruely to children or animals? (6) If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? (6) Organizations relying on a current notice regarding disaster assistance (see instructions)? (7) If "Yes," attach the statement required by Regulations section 53 4945-5(d) (6) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (6) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? (7) If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? (8) If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? (a) Name and address (b) Title, and average (c) Compensation (see instructions). (c) Compensation (see instructions). (d) Contributions to entire the analysis of entire the compensation of the allowances of the entire the compensation of the statement of the provided to position of the	propaganda, or otherwise attempt to influence legislation (section 4945(e))?	
(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No (4) Provide a grant to an organization other than a charitable, etc. organization described in section 599(a)(1), (2), or (3) or section 4940(a)(2) (see instructions). Yes X No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b If any answer is "Yes" to 56(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? If "Yes," attach the statement required by Regulations section 53 4945-5(d) B Did the foundation during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? A At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Yes X No Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors Organizations and relations to the provision of the properties of the properties of the properties	the outcome of any specific public election (see section 4955), or to carry on,	
(3) Provide a grant to an individual for travel, study, or other similar purposes?		
(4) Prowde a grant to an organization other than a charitable, etc. organization described in section 509(a)(1), (2), or (3), or section 494(d)(2)? (see instructions).		
section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions).		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b If any answer is "Yes" to 58(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on 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 expenditure responsibility for the grant? N/A, Yes No Wes No		
purposes, or for the prevention of cruelty to children or animals?		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 10 the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 11 A at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 12 A tax in time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 13 A tax in time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 14 A tax in time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 15 A tax in time during the tax year, was the foundation managers and their compensation (see instructions). 16 If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 17 A tax in time during the tax year, was the foundation managers and their compensation (see instructions). 18 A tax in time during the tax year, was the foundation managers and their compensation (see instructions). 19 A tax in time during the tax year, was the foundation managers and their compensation (see instructions). 10 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). 11 A tax in time time time time time time time time		
Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position (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) Compensation (e) Expense accoundation and deferred compensation (e) Expense accoundation and deferred compensation (d) Compensation (e) Compensation (f) Compensation (h) Title, and average hours per week devoted to position (e) Expense accoundation and deferred compensation (f) Compensation (g) Expense account other allowances (g) Expense account other allowances (g) Expense account other allowances (g)		
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 expenditure responsibility for the grant? N/A. Yes No 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 a personal benefit contract? be Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 1 Did the foundation, during the tax year, was the foundation a party to a prohibited tax shelter transaction? 1 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 1 Differmation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation and Contractors (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances (c) Compensation (c) Compensation (e) Expense account other allowances (e) Compensation (e) Expense account other allowances (e) Expense account other allowances (e) Compensation (e) Expense account other allowances (e) Expense a		N/A
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?		11/1
because it maintained expenditure responsibility for the grant?		l
## Tyes," 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 a personal benefit contract?. b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ## Tyes		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? fir "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7b At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b Brank VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position of the highest-paid employees (other than those included on line 1 - see instructions). If none, e "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position of position of position of the highest-paid employee benefit plans and deferred compensation (e) Expense accounting the part of the position of the position of the allowances of the position of the position of the allowances of the position of the allowances of the position		
on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? if "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances 2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, employee benefit plans and deferred compensation (e) Expense account other allowances (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense account other allowances (e) Expense account		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		۱.,
At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (b) Title, and average hours per week devoted to position (c) Compensation (ff not paid, enter -0-) ATCH 13 O C C Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, employee paid more than \$50,000 (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 (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances (e) Expense account other allowances (e) Expense account other allowances (find paid, enter -0-) (g) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances		1
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1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Itile, and average hours per week devoted to position (c) Compensation ((f) not paid, enter -0-) (d) Contributions to employee benefit plans and deferred compensation (e) Expense accourting other allowances (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 paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee paid more than \$50,000 (e) Expense accourting other allowances (e) Expense accourting other allowances (e) Expense accounting other allowances (e) Expense accounting plans and deferred compensation (f) Contributions to employee paid more than \$50,000 (e) Expense accounting plans and deferred compensation (f) Contributions to employee paid more than \$50,000 (o) Compensation (d) Contributions to employee paid more than \$50,000 (e) Expense accounting plans and deferred compensation (e) Expense accounting plans and deferred compensation (e) Expense accounting plans and deferred compensation (f) Compensation (h) Title, and average hours per week devoted to position	ormation About Officers, Directors, Trustees, Foundation Managers, Flighly Paid Employees, discontractors	
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2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, e "NONE." (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 (e) Expense account other allowances	devoted to position enter -0-) and deferred compensation other allowance	#5
2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, e "NONE." (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 (e) Expense accour other allowances		_
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(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 (e) Expense accour other allowances	ion of five highest-paid employees (other than those included on line 1 - see instructions). If none,	ente
(a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation employee benefit plans and deferred compensation other allowances	(d) Contributions to	
devoted to position compensation	fress of each employee paid more than \$50,000 hours per week (c) Compensation	unt, es
NONE		
NONE		
j l l l l l	·	
Total number of other employees paid over \$50,000		

Form 990-PF (2013) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (c) Compensation (a) Name and address of each person paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services . . Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc. Expenses Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE All other program-related investments. See instructions

Form 990-PF (2013)

Total. Add lines 1 through 3,

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Form 9	90-PF (2013)		Page 8
Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	964,759.
b	Average of monthly cash balances	1b	20,962.
С	Fair market value of all other assets (see instructions)	1c	926.
d	Total (add lines 1a, b, and c)	1d	986,647.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	<u>}</u>	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	986,647.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
		4	14,800.
5	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	971,847.
6	Minimum investment return. Enter 5% of line 5	6	48,592.
Part		dations	
1	Minimum investment return from Part X, line 6	1	48,592.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013 (This does not include the tax from Part VI) 2b	1	
		2c	1,111.
3	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	3	47,481.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	47,481.
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	47,481.
Part	XII Qualifying Distributions (see Instructions)	<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		<u>-</u> -
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	48,738.
b			
2	Program-related investments - total from Part IX-B. 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	48,738.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
٠	Enter 1% of Part I, line 27b (see instructions)	5	Ω
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	48,738.
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when of	alculating whether	
	qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2013)

THE SOONER FOUNDATION

Form 990-PF (2013) Page 9 Part XIII Undistributed Income (see instructions) (c) 2012 2013 Corpus Years prior to 2012 Distributable amount for 2013 from Part XI. 47,481. Undistributed income, if any, as of the end of 2013 a Enter amount for 2012 only b Total for pnor years 20 11 ,20 10 ,20 09 3 Excess distributions carryover, if any, to 2013 a From 2008 **b** From 2009 779. c From 2010 d From 2011 e From 2012 f Total of lines 3a through e 779. Qualifying distributions for 2013 from Part XII, 48,738. line 4 ▶ \$ a Applied to 2012, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) 47,481. d Applied to 2013 distributable amount 1,257. e Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 2,036. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 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 d Subtract line 6c from line 6b Taxable amount - see instructions e Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount - see f Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2014. 2,036 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2009 . . . b Excess from 2010 . . .

Form 990-PF (2013)

c Excess from 2011 . . . d Excess from 2012 . . .

e Excess from 2013 . . .

1,257.

	rt XIV Private Op	erating Foundations	(see instructions a	no Part VII-A, quest	011 9)	NOT APPLICAT
1 a	If the foundation has				atıng	
	foundation, and the ruling				▶∟	
b	Check box to indicate wh	ether the foundation is a	private operating found		<u>4</u>	942(j)(3) or 4942(j)(
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part I or the minimum investment return from Part X for each	(a) 2013	(b) 2012	(c) 2011	(d) 2010	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
h	year listed					
٠	Qualifying distributions from Part XII, line 4 for each year listed .					
đ	Amounts included in line 2c not used directly for active conduct					
е	of exempt activities Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line 2d from line 2c	1				
3	Complete 3a, b, or c for the			-		
а	alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying under section	-				
b	4942(j)(3)(B)(i) "Endowment" alternative test-					
_	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on secunties loans (section 512(a)(5)),					
	or royalties)					
	exempt organizations as provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt					
	organization (4) Gross investment income .	 -			-	
Pal		ntary Information (Complete this par	t only if the found	lation had \$5	000 or more in ass
		during the year -s		,		
1	Information Regarding	g Foundation Manage	rs:			
а	List any managers of before the close of any	the foundation who he tax year (but only if the	nave contributed mor ney have contributed r	e than 2% of the tota nore than \$5,000) (S	al contributions i ee section 507(d)	received by the founda (2))
	N/A					
b						qually large portion of
	ownership of a partner	snip or other entity) of	which the foundation	nas a 10% or greater	interest	
_	N/A Information Regarding	- Cantalbutian Cant	Ciff Loop Cabalamb	in eta Branzama:		
2						
	unsolicited requests for	or funds If the found	ation makes gifts, gra	to preselected char ants, etc. (see instruc	itable organization tions) to individu	ons and does not ac als or organizations ur
	other conditions, comp. The name, address, a			the nemon to whom an	plications should b	addressed
а	ATCH 14	no telephone number	or e-mail address or i	tie person to whom ap	plications should t	e addressed
b	The form in which app	lications should be sul	omitted and information	on and materials they	should include	
	N/A					
С	Any submission deadle	nes				
	N/A	mutations on augusts	cuch as by sees	nhical amag charts	ble fields kinds	of institutions, or oth
	Any restrictions of III	imitations on awards,	such as by geogra	apilicai areas, charita	ioie lielus, Killūs	or manunous, or other
d	factors					
d	factors N/A					Form 990-PF (20

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Part XV Supplementary Information (continued)										
3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Recipient Name and address (home or business) Recipient Recipient is an individual, show any relationship to raubstantial contributor Name and address (home or business) Recipient Foundation status of recipient Foundation status of recipient Recipient is an individual, show any relationship to raubstantial contributor Recipient is an individual, show any relationship to recipient is an individual. Recipient is an individual, show any relationship to recipient is an individual. Recipient is an individual, show any relationship to recipient is an individual. Recipient is an individual, show any relationship to recipient is an individual. Recipient is an individual, show any relationship to recipient is an individual. Recipient is an individual, show any relationship to recipient is an individual. Recipient is an individual, show any relationship to recipient is an individual. Recipient is an individual, show any relationship to recipient is an individual. Recipient is an individual in the recipient is an in										
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount						
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution							
a Paid during the year										
	Ì									
ATCH 15										
			i							
		}	}							
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T-1-1		<u> </u>	D 20	48,000.						
Total	<u>.</u>		<u>▶</u> 3a	40,000.						
b Approved for future payment										
	Ì									
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]									
	[
		L	L							
Total			▶ 3b							

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THE SOONER FOUNDATION

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Page 12

Part XVI	-A Analysis of Income-Produ			T=		(a)
Enter gross	amounts unless otherwise indicated	(a)	ted business income (b)	(c)	section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a						· <u> </u>
b						
С				_		
		1				
e —						
f						
-	and contracts from government agencies			+		
_	ship dues and assessments	_		1		
	on savings and temporary cash investments			- 		
	- · · · · · · · · · · · · · · · · · · ·			14	22,338.	
	ds and interest from securities			+	22,330.	
	al income or (loss) from real estate			+		
	-financed property					
	debt-financed property			- 		
	I income or (loss) from personal property	-		-		
7 Other in	vestment income	<u> </u>		14	1,087.	
	oss) from sales of assets other than inventory	<u>'</u>		18	40,089.	
9 Net inco	me or (loss) from special events		<u> </u>			<u> </u>
	rofit or (loss) from sales of inventory					
11 Other re	venue a					
b						
			, 			
е —			··			
	Add columns (b), (d), and (e)		- '		63,514.	
	dd line 12, columns (b), (d), and (e)					63,514.
	neet in line 13 instructions to verify calc					
Part XVI-			complishment of E	xempt Purpo	oses	
Line No.	Explain below how each activit	-				· · · · · · · · · · · · · · · · · · ·
▼	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	funds for such purposes	(See instructions)
1	N/A			·		
	N/A	-				
					_ 	
					·	
			··-			
_	<u> </u>					
			<u>. </u>	- <u></u> -		
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					<u> </u>	
			 			Earn 990-DE (2012

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Form **990-PF** (2013)

-orm	990-PF	(2013	3)	THE SOONE	R FOUNDA	ALION					27-010			ye i
Par	t XVI		Information Re Exempt Organ		nsfers To	and Tr	ansacti	ons ar	nd Relation	nships V	Vith None	chari	table	•
1	Did t	he o	rganization direct	ly or indirectly e	ngage in ai	ny of the	following	with a	ny other org	anization	described		Yes	No
	ın se	ction	501(c) of the Co	de (other than s	ection 501((c)(3) org	anization	s) or in	section 527,	relating to	o political	ŀ		
	orgai	nızatı	ons?											
а	Trans	sfers	from the reportin	g foundation to a	noncharita	able exen	npt organ	ızatıon o	of-					
	(1) C	ash										1a(1)		Х
			assets									1a(2)		_X
b			nsactions									1		
	(1) S	ales	of assets to a no	ncharitable exem	pt organizat	tion						1b(1)		Х
			ases of assets fro									1b(2)		Х
			l of facilities, equi									1b(3)		Х
			oursement arrange									1b(4)		Х
			or loan guarantee									1b(5)		Х
			rmance of service									1b(6)		Х
С			f facilities, equipm									1c		Х
			swer to any of th									the	faır m	arke
-			the goods, other											
			any transaction or											
(a) L	ine no		b) Amount involved	(c) Name of no				_	scription of tran					
		1	N/A	_				N/A		-				
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		+						_						
	lo the		undation directly	or indirectly affi	listed with	or relate	d to on	e or mo	ore tay-evem	nt organiz	rations			
24	dece	riboo	in section 501(c)	of the Code (ot)	nateu witti, nar than sar	ction 501	(c)(3)) or	ın sectio	on 5272	pr organiz	-a	\neg	es X	No
h	If "Va	a " (complete the follo	wing schedule			(0)(0), 0.							
	" '		a) Name of organization		(b)	Type of orga	anization			(c) Descrip	tion of relations	ship		
N/	'A		-,·· <u>-</u>	-										
											_			
												-		
				-	· · · ·									
	Un	der ne	nalties of perjury, I decia	are that I have examin	ed this return, ii	ndudina acco	ompanying so	nedules an	d statements, and	to the best	of my knowledg	e and	belief, it	is true
	cor	rect, ar	nd complete Declaration o	f preparer (other than ta	cpayer) is based o	on all informat	ion of which	preparer has	s any knowledge					
Sig	n 🕨	• /	UXLL		-110	11121	14	TV	pasule	1		discus		retum below
Her	e 🥫	ignati	ure of officer or trustee		Date	1 1	<u> </u>	Title			(see instruction		Yes	No
	"	y	are or onioer or dualet		Date		ر				(300 11311 0 0 00)):		
		ΙP	nnt/Type preparer's na	ıme	Prepared	atura		1	Date	l Ch	eck if	PTIN		
Paid	d		AUL NAPOLEO						11/2				6912	2.8
Pre	pare	- ⊢		ILTON TRUST	COMPANY					Firm's Elf				<u>-</u>
	Only	- 1∸	rm's name CH	OO FACT MAT		<u> </u>				- rums Elf	, <u>, , , , , , , , , , , , , , , , , , </u>	J. 1J		

Form 990-PF (2013)

Phone no 203-352-4124

STAMFORD, CT

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THE SOONER FOUNDATION

27-0187051

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	APITAL GAI	M2 AND FC	JOSES FUI	K I MX ON	HAFPI	IVI TPI	ENT INCOM	<u> </u>
Kınd of F	Kind of Property		Description			0	Date acquired	Date sold
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of	M	Gain	
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adı başış		or (loss)	
SADEI SOS VI SOIL	allowable	TOTAL CAPIT.			, 99, 559,9		3,511.	
		PUBLICLY-TRA				P		VARIOUS
6,303.		4,166.				H	2,137.	
		PUBLICLY-TRA				P	VARIOUS	VARIOUS
43,462.		31,661.					11,801.	
		PUBLICLY-TRA				P	VARIOUS	VARIOUS
313.		292.					21.	
		PUBLICLY-TRA				P	VARIOUS	VARIOUS
113,513.		90,894.					22,619.	
TOTAL GAIN(L	oss)						40,089.	
	į							
						Ц		

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ATTACHMENT 1

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

NET INVESTMENT INCOME	2,801. 1,448.	4,249.
REVENUE AND EXPENSES PER BOOKS	2,801. 1,448.	4,249.
DESCRIPTION	INTEREST INCOME INT ON US GOVERNMENT BONDS & TREASURY	TOTAL

ATTACHMENT 2

SECURITIES
FROM
INTEREST
AND
DIVIDENDS
ı
PART I
990PF,
FORM

NET INVESTMENT	INCOME	18,089.
REVENUE AND EXPENSES	PER BOOKS	18,089.
		ш
	DESCRIPTION	DIVIDEND INCOME

18,089.

TOTAL

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ATTACHMENT 2

27-0187051

ATTACHMENT 3

FORM 990PF, PART I - OTHER INCOME

	REVENUE AND EXPENSES
DESCRIPTION NONDIVIDEND DISTRIBUTIONS IRS TAX REFUND	PER BOOK
CLASS ACTION LITIGATION PROCEEDS OTHER PORTFOLIO INCOME	

NET	INVESTMENT	INCOME			2.	111.	113.
AND	EXPENSES	PER BOOKS	685.	289.	2.	111.	1,087.

TOTALS

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	713.	713.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	713.	713.
REVENUE AND EXPENSES PER BOOKS	1,426.	1,426.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

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ATTACHMENT 5

27-0187051

PART I - OTHER PROFESSIONAL FEES FORM 990PF,

	REVENUE	
	AND	NET
	EXPENSES	INVESTMENT
DESCRIPTION	PER BOOKS	INCOME

INVESTMENT INCOME	5,991.	5,991.
EXPENSES PER BOOKS	5,991.	5,991.
		TOTALS
DESCRIPTION	INVESTMENT EXPENSES	

TAXES PART I FORM 990PF,

EXPENSES PER BOOKS REVENUE AND

INVESTMENT INCOME

263. 700.

963.

TOTALS

IRS - 2012 EXTENSION PAYMENT FOREIGN TAXES PAID

DESCRIPTION

27-0187051

ATTACHMENT 6

THE SOONER FOUNDATION

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27-0187051

ATTACHMENT 7

PART I - OTHER EXPENSES FORM 990PE,

REVENUE AND EXPENSES PER BOOKS 25.

DESCRIPTION VA SSC - FILING FEES

TOTALS

CHARITABLE
<u>PURPOSES</u>
25.

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ATTACHMENT 8

OBLIGATIONS	
STATE	
AND	
U.S.	
1	
ΙΙ	
⊣	
PART	
AR	

ALTACHMENT 8	ENDING BOOK VALUE	
	DESCRIPTION	

US OBLIGATIONS TOTAL

U.S. TREASURIES

	ENDING	FMV
ω <u>-</u>		
MEN		
ATTACHMENT		ادء
A	ING	VALUE
	ENDING	OOK VALUE

20,266.	
20,916.	

STOCK	
CORPORATE	
1	
ΙΙ	
PART	
990PF,	
FORM	

DESCRIPTION

COMMON STOCK & MUTUAL FUNDS

TOTALS

ENDING	BOOK VALUE

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27-0187051

ATTACHMENT 9

982,877. ENDING FMV

982,877.

690,005.

690,005.

ATTACHMENT 10

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	ENDING
DESCRIPTION	BOOK VAL

TOTALS

ENDING	BOOK VALUE

ENDING FMV

41,062.

CORPORATE BONDS

43,631.

43,631.

41,062.

THER INVESTMENTS	
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II.	
PART	
990PF,	
FORM	

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27-0187051

ATTACHMENT 11

ENDING ENDING ENDING BOOK VALUE FMV	LLC 258.
DESCRIPTION	BRANDYTRUST SPJ, LLC

926.	926.
258.	258.

THE SOONER FOUNDATION

27-0187051

ATTACHMENT 12

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u> <u>AMOUNT</u>

BOOK ADJUSTMENTS 3,828.

TOTAL 3,828.

27-0187051

ATTACHMENT 13

COMPENSATION	0	O	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CHAIRMAN 2.00	VICE PRESIDENT 2.00	VICE PRESIDENT 2.00	TREASURER 2.00	GRAND TOTALS
NAME AND ADDRESS	SHEILA RAUCH KENNEDY C/O CHILTON TRUST COMPANY LLC 1290 E. MAIN STREET-3RD FLOOR STAMFORD, CT 06902	MATTHEW R. KENNEDY C/O CHILTON TRUST COMPANY LLC 1290 E. MAIN STREET-3RD FLOOR STAMFORD, CT 06902	JOSEPH P. KENNEDY, III C/O CHILTON TRUST COMPANY LLC 1290 E. MAIN STREET-3RD FLOOR STAMFORD, CT 06902	G. DAVID HAMAR, JD, CPA C/O CHILTON TRUST COMPANY LLC 1290 E. MAIN STREET-3RD FLOOR STAMFORD, CT 06902	

THE SOONER FOUNDATION

27-0187051

ATTACHMENT 14

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

N/A

27-0187051

ATTACHMENT 15

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DUBING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
TRUDEAU INSTITUTE 154 ALGONQUIN AVENUE SARANAC LAKE, NY 12983	NONE PC	MEDICAL AND SCIENTIFIC RESEARCH	2,000
ISLAND HEALTH PROJECT, INC BOX 344 FISHERS ISLAND, NY 06390	NONE PC	MEDICAL CARE	1,000
FREE LIBRARY OF PHILADELPHIA FOUNDATION 1901 VINE STREET, ROOM 111 PHILADELPHIA, PA 19103	NONE PC	ADVANCING LITERACY	1,000.
INTERCONNETIONS 21 P O. BOX 960 WILSON, WY 83014	NONE PC	LOCAL AND GLOBAL COMMUNITY ORGANIZING	2,000
BOSTON LANDMARKS ORCHESTRA 10 GUEST STREET, SUITE 280 BOSTON, MA 02135	NONE PC	MUSICAL ARTS AND FREE CONCERT SERIES	1,000
MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	NONE PC	ADVANCING HEALTHCARE	1,500

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ATTACHMENT 15 (CONT.D)

!	AMOUNT	1,500	5, 000	1,000.	1,000.	1,000	1,000
	PURPOSE OF GRANT OR CONTRIBUTION	мозерм	LITERARY, CULTURAL AND EDUCATIONAL ENRICHMENT RESOURCES AND PROGRAMS	200, NATURAL HISTORY, PROTECTION OF ENDANGERED SPECIES	CARING FOR BOSTON'S PUBLIC PARKS	ADVOCACY AND COUNSELING SERVICES RELATED TO MARRIAGE VALIDITY AND ANNULMENT	EDUCATIONAL PROGRAMS RELATED TO MARITIME SCIENCE, LITERATURE AND HISTORY
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC
	RECIPIENT NAME AND ADDRESS	THE HENRY L FERGUSON MUSEUM P.O BOX 554 FISHERS ISLAND, NY 06390	FISHERS ISLAND LIBRARY ASSOCIATION P.O BOX 366 FISHERS ISLAND, NY 06390	COMMONWEALTH ZOOLOGICAL CORP. / ZOO NEW ENGLAND ONE FRANKLIN PARK ROAD BOSTON, MA 02121	FRIENDS OF THE PUBLIC GARDEN 69 BEACON STREET BOSTON, MA 02108	SAVE OUR SACRAMENT, INC 41 WETHERSFIELD ROAD NATICK, MA 01760	OCEAN CLASSROOM FOUNDATION, INC 241 US RT 1, P.O BOX 220 DAMARISCOTTA, ME 04543

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27-0187051

ATTACHMENT 15_(CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE VEAR

	AMOUNT	2,000.	1,000	1,000.	1,000.	1,500	1,000.
	PURPOSE OF GRANT OR CONTRIBUTION	EDUCATION AND SUPPORT OF THE BLIND AND VISUALLY IMPAIRED	ARTISTIC AND CULTURAL PROGRAMS AND SUPPORT	CLASS OF 1967 CENTENNIAL GIFT - DIGITIZING YEARBOOKS	LIBERAL ARTS EDUCATION	STANFORD FUND FOR UNDERGRADUATE EDUCATION	HUMAN SERVICES AND HOMELESS SERVICE CENTERS
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC
	RECIPIENT NAME AND ADDRESS	PERKINS SCHOOL FOR THE BLIND 175 NORTH BEACON STREET WATERTOWN, MA 02472	THE LIGHTHOUSE WORKS P O BOX 385 FISHERS ISLAND, NY 06390	FOXCROFT SCHOOL 22407 FOXHOUND LAND, P O BOX 5555 MIDDLEBURG, VA 20118	WHEATON COLLEGE 26 E MAIN STREET NORTON, MA 02766	STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD, CA 94305-6105	ON THE RISE, INC 341 BROADWAY CAMBRIDGE, MA 02139

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ATTACHMENT 15 (CONT'D)

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	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	EQUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BUCKINGHAM BROWNE & NICHOLS SCHOOL	NONE	FINANCIAL AID FOR SCHOLAR-ATHLETES	1,000
80 GERRY'S LANDING ROAD	20		
CAMBRIDGE, MA 02138			
PATHFINDER INTERNATIONAL	NONE	REPRODUCTIVE HEALTH CARE FACILITIES AND ALLIED	1,000.
9 GALEN STREET, SUITE 217	PC	SERVICES	
WATERTOWN, MA 02472			
FRIENDS OF THE FISHERS ISLAND THEATRE	NONE	PRESERVATION OF HISTORICAL LANDMARK THEATER	1,000.
EQUESTRIAN AVENUE	2		
FISHERS ISLAND, NY 06390			
FISHERS ISLAND COMMUNITY CENTER	NONE	EDUCATION AND COMMUNITY PROGRAMS VITAL TO FISHERS	1,000
P O BOX 464	25	ISLAND	
FISHERS ISLAND, NY 06390			
PLANNED PARENTHOOD	NONE	REPRODUCTIVE HEALTH, FAMILY PLANNING AND ALLIED	5,000
1055 COMMONWEALTH AVENUE	PC	SERVICES	
BOSTON, MA 02215-1001			
HARVARD RIISTNESS SCHOOL	SINON	HBS FUND FOR LEADERSHIP AND INNOVATION	1,000
Tagats Malially Expert			
124 MOUNI AUBURN SIREEI	2		
CAMBRIDGE, MA 02138-5795			

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ATTACHMENT 15 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DUBING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE FISHERS ISLAND CONSERVANCY INC. 25 THE WATERWAY WELLESLEY, MA 02481	NONE PC	PRESERVATION OF FISHERS ISLAND ENVIRONMENT	1,000
VNA CARE NETWORK INC /VNA CARE NETWORK 6 HOSPICE 120 THOMAS STREET WORCESTER, MA 01608	NONE PC	HOME HEALTH CARE AND VISITING NURSE ASSOCIATIONS	1,000.
EMERALD NECKLACE CONSERVANCY 125 THE FENMAY BOSTON, MA 02115	NONE PC	PRESERVATION AND CONSERVATION OF BOSTON'S PUBLIC PARKS	1,000
NATIONAL PARTNERSHIP FOR WOMEN AND FAMILIES, INC 1875 CONNECTICUT AVENUE, NM - SUITE 650 WASHINGTON, DC 20009	NONE PC	CIVIL RIGHTS AND ADVOCACY FOR WOMEN	2,500
JANE DOE, INC 14 BEACON STREET, SUITE 507 BOSTON, MA 02108	NONE PC	CIVIL RIGHTS AND SERVICES FOR VICTIMS OF NEGLECT, ABUSE AND EXPLOITATION	2,000
ROBERT F KENNEDY CHILDREN'S ACTION CORPS 11 BEACON STREET, SUITE 820 BOSTON, MA 02108	NONE PC	CHILDREN AND YOUTH SERVICES, SPECIALIZED EDUCATION FOR VISUALLY IMPAIRED AND LEARNING DISABLED CHILDREN	1,000.

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ATTACHMENT 15 (CONT'D)

FORM 990RE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

THIOME	120012	1,000			1,000.			1,000		
איזיחום מיוואסר סר איזאמר פר מיזימרווים	FURFOSE OF GRANT ON CONTRIBUTION	HARVARD LEGAL AID BUREAU			MEDICAL AND SCIENTIFIC RESEARCH			PUBLIC INTEREST INITIATIVE FUND		
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND AND	FOUNDATION STATUS OF RECIPIENT	NONE	PC		NONE	PC		NONE	PC	
	RECIPIENT NAME AND ADDRESS	HARVARD LAW SCHOOL	124 MOUNT AUBURN STREET	CAMBRIDGE, MA 02138-5795	CYSTIC FIBROSIS FOUNDATION	6931 ARLINGTON ROAD	BETHESDA, MD 20814	HARVARD LAW SCHOOL	124 MOUNT AUBURN STREET	CAMBRIDGE, MA 02138-5795

48,000

TOTAL CONTRIBUTIONS PAID

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SCHEDULE D (Form 1041)

Capital Gains and Losses
► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

Employer identification number

Department of the Treasury Internal Revenue Service Name of estate or trust

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

2013

OMB No 1545-0092

r	HE SOONER FOUNDATION			27-018/0	51	
Note	: Form 5227 filers need to complete only Parts I and II					
Par	t Short-Term Capital Gains and Losses - Ass	ets Held One Year	r or Less			
the in	instructions for how to figure the amounts to enter on nes below form may be easier to complete if you round off cents note dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
	Totals for all transactions reported on Form(s) 8949 with Box A checked	6,303.	4,166.			2,137.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	313.	292.			21.
	Totals for all transactions reported on Form(s) 8949 with Box C checked				1	
4	Short-term capital gain or (loss) from Forms 4684, 62	252, 6781, and 8824			4	
5	Net short-term gain or (loss) from partnerships, S cor	porations, and other	estates or trusts		5	
6	Short-term capital loss carryover Enter the amount Carryover Worksheet	nt, if any, from line	e 9 of the 2012		6	(
7	Net short-term capital gain or (loss). Combine line 17, column (3) on the back	es 1a through 6 in	column (h) Enter		7	2,158.
Par		ets Held More Tha	an One Year			
	instructions for how to figure the amounts to enter on ines below	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss	s from	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents note dollars	(sales price)	(or other basis)	Form(s) 8949, F line 2, column	art II, (g)	combine the result with column (g)
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	43,462.	31,661.			11,801.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	113,513.	90,894.			22,619.
	Totals for all transactions reported on Form(s) 8949 with Box F checked				T	
11	Long-term capital gain or (loss) from Forms 2439, 46	884, 6252, 6781, and	d 8824		11	
12	Net long-term gain or (loss) from partnerships, S corp	porations, and other e	estates or trusts		12	
13	Capital gain distributions				13	3,511.
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover Enter the amoun Carryover Worksheet	it, if any, from line	14 of the 2012	Capital Loss	15	(
16	Net long-term capital gain or (loss). Combine lines line 18a, column (3) on the back				16	37,931.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

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Schedule D (Form 1041) 2013

Schedule D (Form 1041) 2013				Page Z
Part III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(3) Total
Caution: Read the instructions before completing this	· · ·	(see instr)	or trust's	
7 Net short-term gain or (loss)	17			2,158.
Net long-term gain or (loss):	1			27.00.
a Total for year	18a			37,931.
b Unrecaptured section 1250 gain (see line 18 of the wrksht)				52.
c 28% rate gain				
9 Total net gain or (loss). Combine lines 17 and 18a		000 T B-4 (/ma	4-) 16 1 40	40,089.
Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line pains, go to Part V, and do not complete Part IV. If line 19, column (3), is a	net los:	orm 990-1, Part I, Iline : s, complete Part IV an	ga) If lines 16a a lid the Capital Lo s	nd 19, column (2), are net is Carryover Worksheet, as
necessary		<u>.</u>	·	
Part IV Capital Loss Limitation			-:	<u> </u>
Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, a The loss on line 19, column (3) or b \$3,000	, Part I, I	ine 4c, if a trust), the si	maller of 20	,
Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041	 I page	1. line 22 (or Form 99	0-T. line 34). is a	loss complete the Capital
oss Carryover Worksheet in the instructions to figure your capital loss carryover	, ,			
Part V Tax Computation Using Maximum Capital Gains Ra	tes			. <u></u>
Form 1041 filers. Complete this part only if both lines 18a and 19 in co			mount is entere	d in Part I or Part II and
here is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is me				
Caution: Skip this part and complete the Schedule D Tax Worksheet in the	nstru	ctions if		
• Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or				
 Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero form 990-T trusts. Complete this part only if both lines 18a and 19 		ine or qualified divis	dende are incliu	ded in income in Bort I
of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this par				
f either line 18b, col (2) or line 18c, col (2) is more than zero		ompioto tilo concur	iio o rux iroriii	
Enter taxable income from Form 1041, line 22 (or Form 990-T, line	24)	. 21		
Enter the smaller of line 18a or 19 in column (2)	5 7)	. 21		
but not less than zero			Ĭ	
·				
from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) 23				
24 Add lines 22 and 23				
amount from line 4g, otherwise, enter -0 > 25		1	ì	
26 Subtract line 25 from line 24 If zero or less, enter -0-		. 26		
Subtract line 26 from line 21 If zero or less, enter -0-				
Enter the smaller of the amount on line 21 or \$2,450		•		
Enter the smaller of the amount on line 27 or line 28		· -	·	
Subtract line 29 from line 28 If zero or less, enter -0- This amount		•	30	
Subtract line 29 from line 20 if 2010 of less, enter-0- frils amount		1 1	· · · · • • • • • • • • • • • • • • • •	
32 Subtract line 30 from line 26.		•		
33 Enter the smaller of line 21 or \$11,950				
		•		
34 Add lines 27 and 30		35		
Enter the smaller of line 32 or line 35			37	
• •		1 1	· · · · · • • • • • • • • • • • • • • •	
		•		
39 Add lines 30 and 36				
Subtract line 39 from line 38 If zero or less, enter -0		*	▶ 41	
Multiply line 40 by 20%		1 1	···· • -	
		l I		
and Trusts (see the Schedule G instructions in the instructions for Form 104 Add lines 37, 41, and 42		•	 -	
-		1 1]	
and Trusts (see the Schedule G instructions in the instructions for Form 104: Tax on all taxable income. Enter the smaller of line 43 or line 44		• ——	Schedulc	
Tax on all taxable income. Enter the smaller of line 43 or line 44 G, line 1a (or Form 990-T, line 36)				
G, mie 1a (OFFOIM 330-1, mie 30)			45	

Schedule D (Form 1041) 2013

Sales and Other Dispositions of Capital Assets

▶Information about Form 8949 and Its separate instructions is at www.irs.gov/form8949.

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

▶File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return THE SOONER FOUNDATION Social security number or taxpayer identification number 27-0187051

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS Brokers are required to report basis to the IRS for most stock you bought in 2011 or later

Short-Term. Transactions involving capital assets you held one year or less are short-term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was

reported to the IRS Schedule D, line 1a							ons).
You must check Box A, B, or C be complete a separate Form 8949, for one or more of the boxes, cor	page 1, for e	only one box. ach applicab	If more than one le box If you ha	e box applies for ve more short-	or your short term transac	term transaction	s,
X (A) Short-term transactions rep (B) Short-term transactions rep	orted on Form	(s) 1099-B show	wing basis was repo	orted to the IRS (s	see Note above	e)	
(C) Short-term transactions not	reported to you	on Form 1099	-В				
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the	If you enter an enter a co	any, to gain or loss. amount in column (g), de in column (f) arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed (Mo , day, yr)	(sales pnce) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
PUBLICLY-TRADED							
SECURITIES	VARIOUS	VARIOUS	6,303.	4,166.			2,137.
			_				
	<u> </u>						
	1						
	<u> </u>						
	 						
	-						
	-						
	ļ			<u> </u>			
2 Totals. Add the amounts in colum act negative amounts) Enter eac your Schedule D, line 1b (if Box A Box B above is checked), or line 3	h total here an above is check	d include on ked), line 2 (if	6,303.	4,166.			2,137.

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949

Sales and Other Dispositions of Capital Assets

▶Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

OMB No 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

THE SOONER FOUNDATION

Social security number or taxpayer identification number 27-0187051

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A. B. or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS Brokers are required to report basis to the IRS for most stock you bought in 2011 or later

Short-Term. Transactions involving capital assets you held one year or less are short-term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on

Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term, transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss.
If you enter an amount in column (g) (e)
Cost or other
basis See the
Note below and (h) Gain or (loss) enter a code in column (f) (d) Proceeds (a)
Description of property
(Example 100 sh XYZ Co) (c) See the separate instructions. (b) Date sold or Subtract column (e) from column (d) and Date acquired disposed (sales pnce) (Mo, day, yr) (f) Code(s) from instructions (Mo , day, yr) (see instructions) see Column (e) (a) combine the result Amount of adjustment with column (g) in the separate instructions PUBLICLY-TRADED VARIOUS VARIOUS SECURITIES 313 292 21.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)▶

292 21. Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions. 3X2615 2 000

Form 8949 (2013)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side)	Social security number or taxpayer identification number	
THE SOONER FOUNDATION	27-0187051	

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later

Part II Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions)

You 1	nust	check	Вох	D, E, or F	below.	Check	only one	box.	If more	than	one box	applies	for your	long-term	transactions,	complete
a sep	arate	Form	8949	, page 2,	for each	applica	ble box	If you	have m	ore lo	ng-term	transac	tions thai	n will fit on	this page for	one or
more	of the	e boxe	es, co	mplete as	many fo	rms with	the sam	ne box	checke	ed as y	ou need					

Х	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
	(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
	(F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if a If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example 100 sh XYZ Ćo)					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
PUBLICLY-TRADED							
SECURITIES	VARIOUS	VARIOUS	43,462.	31,661.			11,801.
		_					<u>-</u>
-							
		-					
	<u>. </u>	l .					
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			43,462.	31,661.			11,801.

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2013)

Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side)

THE SOONER FOUNDATION

27-0187051

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part II Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a, you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
Х	(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property	(b) Date acquired	(c) Date sold or disposed	(d) Proceeds (sales price)	(e) Cost or other basis See the	Adjustment, if a lift you enter a co enter a co See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and		
(Example 100 sh` XŶZ Ćo)	(Mo, day, yr)	(Mo , day, yr)	(see instructions)	Note below and see Column (e) in the separate instructions	(n (a)		combine the result with column (g)	
PUBLICLY-TRADED								
SECURITIES	VARIOUS	VARIOUS	113,513.	90,894.			22,619.	
	 							
				-				
	-							
				. =				
						<u>-</u> -		
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			113,513.	90,894.			22,619.	

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8868 (Re	ev. 1-2014)				Page 2				
 If you are 	e filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Part II	and check this box	▶\X				
Note. Only	complete Part II if you have already been gra	nted an au	tomatic 3-month extension	on a previously filed Form 8868					
 If you are 	e filing for an Automatic 3-Month Extension,	complete c	only Part I (on page 1).	· · · · · · · · · · · · · · · · · · ·					
Part II	Additional (Not Automatic) 3-Month Ex	xtension c	of Time. Only file the orig	inal (no copies needed).					
			Er	nter filer's identifying number, see	instructions				
	Name of exempt organization or other filer, see in	structions.		Employer identification number (E	N) or				
Type or									
print	THE SOONER FOUNDATION	27-0187051							
Cilo bu tha	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number (SSN)					
File by the due date for	C/O CHILTON TRUST COMPANY, 1290 E. MAIN STREET, 3RA FL								
iling your etum. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
nstructions.	STAMFORD, CT 06902								
Enter the Re	eturn code for the return that this application	is for (file a	separate application for ea	ch return)	. 04				
Application	· · · · · · · · · · · · · · · · · · ·	Return	Application		Return				
Is For		Code	Is For		Code				
Form 990 (or Form 990-EZ	01	3000000000000000000000000000000000000	2.7年,1982年,1982年,1982年					
Form 990-E	·	02	Form 1041-A		08				
) (individual)	03	Form 4720 (other than inc	dividual)	09				
Form 990-F		04	Form 5227		10				
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11				
	T (trust other than above)	06	Form 8870		12				
	not complete Part II if you were not already		* 	sion on a previously filed Forn	1 8868.				
	s are in the care of ▶CHILTON TRUST CO								
Telephon	ne No. ▶ 203 352-4000		ax No. ▶ 203 352-	4001	00502				
-	anization does not have an office or place of I	_ ·	-	 •					
_	or a Group Return, enter the organization's for								
	le group, check this box ▶ 🔲 . If								
	names and EINs of all members the extension		3.						
	est an additional 3-month extension of time ur		1:	1/17 , 20 14 .					
•	lendar year 2013, or other tax year beginni		,		20 .				
	ax year entered in line 5 is for less than 12 m		· · · · · · · · · · · · · · · · · · ·		·				
	Change in accounting period	,							
7 State i	in detail why you need the extension ADDIT	IONAL T	IME IS NEEDED TO V	ERIFY INFORMATION					
AND T	TO PREPARE A COMPLETE AND ACCUR	RATE RET	rurn.						
			· · · · · · · · · · · · · · · · · · ·						
8a If this	application is for Forms 990-BL, 990-PF, 99	90-T. 4720	or 6069, enter the tent	ative tax less any					
	undable credits. See instructions.		,	8a \$	2,359.				
	application is for Forms 990-PF, 990-T,	4720. or	6069, enter any refund						
	ated tax payments made. Include any pri	-	•	17.21					
	nt paid previously with Form 8868.	o. ,o o	, , , , , , , , , , , , , , , , , , ,	8b \$	2,359.				
	ce Due. Subtract line 8b from line 8a. Include	vour pavm	ent with this form, if require						
	ronic Federal Tax Payment System). See instru		one man and total in toquit	8c \$	0				
(2,000	Signature and Verifica		et he completed for P	···	`				
Indox nonelli	•		•	•	heat of my				
onder penan Inowledge an	ties of perjury, I declare that I have examined the hold belief, it is true correct, and complete, and hat I	am authorize	ed to prepare this form.	hes and statements, and to the	Dest of my				
	///////////////////////////////////////		FF		, ,				
Signature 🕨	14/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/		Title > ///A	Date > 8	1/10				
	HALL HALL		1146 -	Form RR S	(Rev 1-2014)				
	• // •			Fully 000 0 1	(1.01. 1-2017)				

Form 8868

(Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a séparate àpplication for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Intem	al Revenue	Service	iii oooo aii	d its instructions is at war	w.113.904/101	111000	٠. ا		
•	f you are	filing for an Automatic 3-Month Extension, com	plete only F	Part I and check this box					► X
•	f you are	filing for an Additional (Not Automatic) 3-Month	Extension	, complete only Part II (on	page 2 of this	form)) .		
Do r	ot comp	lete Part II unless you have already been granted	i an automa	tic 3-month extension on a	previously file	d For	n 8868.		
Elec	tronic fil	ing (e-file). You can electronically file Form 8868 i	f you need	a 3-month automatic extens	ion of time to	file (6	months fo	or	
		required to file Form 990-T), or an additional (not a							
		st an extension of time to file any of the forms liste							
Retu	ırn for Tra	insfers Associated With Certain Personal Benefit C	Contracts, w	hich must be sent to the IRS	in paper for	mat (s	ee		
instr	uctions).	For more details on the electronic filing of this form	, visit www.	irs.gov/efile and click on e-fi	le for Charitie	s & N	onprofits.		
_	itil	Automatic 3-Month Extension of Tim							
A co	rporation	required to file Form 990-T and requesting an auto	omatic 6-mo	onth extension - check this b	oox and comp	lete			_
	l only								. ▶ 📙
	•	orations (including 1120-C filers), partnerships, RE	MICs, and t	rusts must use Form 7004 to	o request an	extens	sion of tim	8	
to file	e income	tax returns.							
	1				er filer's iden				
Туре		Name of exempt organization or other filer, see i	nstructions.	,	Employer identification number (EIN) or				or
print	1	MILE COONED ECIDIDAMION			07 0107051				
		THE SOONER FOUNDATION			27-0187051				
File by due da	of the late for	Number, street, and room or suite no. If a P.O. b c/o SILVERCREST, 614 E.			Social secu	nty nu	mper (55	N)	
filing y		City, town or post office, state, and ZIP code. Fo							
retum. instruc			. 22902						
						_			
Ente	r the Retu	um code for the return that this application is for (fi	le a separat	e application for each return	1)				04
Ap	plication	<u> </u>	Return	Application					Return
s	For		Code	is For				Code	
Fo	rm 990 o	Form 990-EZ	01	Form 990-T (corporation)				07	
_Fo	rm 990-B	L	02	Form 1041-A				80	
Fo	rm 4720 ((individual)	03	Form 4720 (other than ind	lividual)				09
Fo	rm 990-P	F	04	Form 5227					10
		(sec. 401(a) or 408(a) trust)	05	Form 6069					11
Fo	<u>m 990-T</u>	(trust other than above)	06	Form 8870					12
		SILVERCREST ASSET MA	INAGEMEI	NT GROUP					
	'ha haala e	614 E. HIGH ST. are in the care of >CHARLOTTESVILLE					373	22001	,
• 1	ne books a	are in the care of PCHARLOTTES VILLE					v.	22902	·
7	Tolophopo	e No. ► 434-977-4420	EAV No	▶ 434-977-394	Λ				
		nization does not have an office or place of busine	ee in the Hr	nited States shock this how					\blacksquare
		r a Group Return, enter the organization's four dig							- LJ
		group, check this box				13			
		names and EINs of all members the extension is fo		, m					
1		t an automatic 3-month (6 months for a corporation		file Form 990-T) extension	of time	_			 ,
		3/15/14 , to file the exempt organization ret				ı is			
	• • • •	rganization's return for:							
	▶ 🗓 🗸	calendar year_2013_ or							
	▶ 🔲 t	ax year beginning , and ending		•					
2	If the tax	ax year beginning, and ending, and ending	check reaso	on: Initial return Fir	nal return				
	_ Ct	ange in accounting period							
3a	If this ap	plication is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069,	enter the tentative tax, less	any	1			
						<u>2,359</u>			
b If this application is for Forms 990-PF, 990-T, 4720, or 606				any refundable credits and				<u> </u>	
		d tax payments made. Include any prior year over		ent allowed as a credit. 3b \$				<u>359</u>	
C		e due. Subtract line 3b from line 3a. Include your p	•	this form, if required, by us	ing		_	4	
0		(Electronic Federal Tax Payment System). See ins				3c_	\$		2,000
aut <u>-</u>	ion. If you	are going to make an electronic funds withdrawal (direct de	ebit) with this	rom 8868, see Form 8453-EO a	and Form 8879-	EO for	payment in	structions.	