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Department of the Treasury

Internal Revenue Service

DLN: 93491134022206

OMB No 1545-0052

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 instructions is at $\underline{www.irs.gov/form990pf}$.

Open to Public Inspection

For	cale	ndar year 2015, or tax y	, aı	, and ending 12-31-2015				
	e of four	ndation 1ILY FOUNDATION				A Employer ide	entification numb	er
51	ONE I AI	TELL LOONDALION				43-1773536		
		street (or P O box number if mail is	not delivered to street address)	Room/suite		B Telephone nur	nber (see instruction	s)
32	o s Bost	TON AVE NO 1900				(918) 583-1178		
		state or province, country, and ZIP o 741034708	r foreign postal code			C If exemption	application is pendin	g, check here 🕨 🦵
G CI	neck al	I that apply Tinitial return	Initial return of a fo	ormer public charity		D.4 Famanan an		
		Final return ✓ Address chan	A mended return	,		2. Foreign or	ganizations, check h ganizations meeting k here and attach co	the 85%
H Ch	eck ty	pe of organization 🔽 Section 1947(a)(1) nonexempt charital	ole trust 「Other taxable	e private foundation		E If private for	indation status was to 507(b)(1)(A), chec	terminated
		et value of all assets at end	JAccounting method Other (specify)	✔ Cash Accrua	I		ition is in a 60-mont n 507(b)(1)(B), chec	
		rom Part II, col. (c), \$ 8,741,391	(Part I, column (d) must	be on cash basıs.)		under section	1 507(b)(1)(b), clied	K Hele F J
Pa	rt I	Analysis of Revenue a (The total of amounts in columns in necessarily equal the amounts in columns	(b), (c), and (d) may not	Revenue and expenses per (a) books	(b)	Net investment income	Adjusted net (c) income	Disbursements for charitable purposes
	1	<i>instructions))</i> Contributions, gifts, grants, e	etc received (attach					(d) (cash basis only)
	*	schedule)		2,000				
	2	Check ► ✓ If the foundation	·					
	-	·						
	3	Interest on savings and temp		30,852		30,852		
	4	Dividends and interest from s	•	240,266		226,875		-
	5a	Gross rents						-
	ь	Net rental income or (loss) _						
Φ	6a	Net gain or (loss) from sale o	fassets not on line 10	2,349				
Revenue	ь	Gross sales price for all asse 384,776	ets on line 6a					
	7	Capital gain net income (from	n Part IV, line 2)			22,954		
	8	Net short-term capital gain .						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	Ь	Less Cost of goods sold .						
	С	Gross profit or (loss) (attach	schedule)					
	11	Other income (attach schedu	•					_
	12	Total. Add lines 1 through 11		275,467		280,681		
	13	Compensation of officers, dir		0		0		0
	14	O ther employee salaries and						
φ	15	Pension plans, employee ben						
ě	16a	Legal fees (attach schedule).		057 2.525				2.525
Expenses	Ь	Accounting fees (attach sche		2,525		0		2,525
	C	Other professional fees (atta		40,318		38,531		0
att	17	Interest		M57 4 9.46				
艺	18	Taxes (attach schedule) (see	•	4,246		49		0
	19	Depreciation (attach schedul						
Admını strative	20	Occupancy						
and (21	Travel, conferences, and mee						
	22	Printing and publications						
Ĕ	23	Other expenses (attach sche						
Operating	24	Total operating and administ Add lines 13 through 23	-	47,089		38,580		2,525
ŏ	25	Contributions, gifts, grants p		435,000				435,000
	26	Total expenses and disburser						
		25		482,089		38,580		437,525
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expe		-206,622		242.45		
	b	Net investment income (if ne Adjusted net income(if negat				242,101		
	С	Adjusted Het Income(II negat	.ive, enter -0-)					

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for each of year amounts only (See instructions)	Beginning of year	End o	·
	1	should be for end-of-year amounts only (See instructions) Cash—non-interest-bearing	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Savings and temporary cash investments	57,837	23,430	23,430
	2		37,837	23,430	23,430
	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 schedule)			
		Less allowance for doubtful accounts 🟲			
22	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges	3,800	4,200	4,200
ЯS	10a	Investments—U S and state government obligations (attach schedule)	8,581,272		8,391,949
	b	Investments—corporate stock (attach schedule)		_	321,665
	С	Investments—corporate bonds (attach schedule)	32,408	32,201	4
	11	Investments—land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) 🕨			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	118,829	% 6	143
	14	Land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule)			_
	15	O ther assets (describe 🟲)	% 0	% 0	% 0
	16	Total assets(to be completed by all filers—see the			
		instructions Also, see page 1, item I)	9,150,546	8,943,924	8,741,391
寸	17	Accounts payable and accrued expenses			
	18	Grants payable			
ě	19	Deferred revenue			
bilities	20	$Loans\ from\ officers,\ directors,\ trustees,\ and\ other\ disqualified\ persons$			
E E	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe 🟲)			
	23	Total liabilities(add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶ ┌			
ě		and complete lines 24 through 26 and lines 30 and 31.			
ang	24	Unrestricted			
Balance	25	Temporarily restricted			
	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117, check here 🕨 🔽			
5		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0	0	
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	9,150,546	8,943,924	
Net	30	Total net assets or fund balances(see instructions)	9,150,546	8,943,924	
_	31	Total liabilities and net assets/fund balances(see instructions)	9,150,546	8,943,924	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			_
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must a	gree	
		with end-of-year figure reported on prior year's return)	, ,,	·	9,150,546
2		Enter amount from Part I, line 27a			-206,622
3		Other increases not included in line 2 (itemize)		3	, 0
4		Add lines 1, 2, and 3		4	8,943,924
5		Decreases not included in line 2 (itemize) ►		5	0
6		Total net assets or fund balances at end of year (line 4 minus line 5)—l		ine 30 . 6	8,943,924

Part 1	V Capital Gains ar	nd Los	ses for Tax o	n Inve	stme	ent Income				
	List and describe th						How acquire P—Purchas (b) D—Donatio	e (()	Date acquired (mo , day, yr)	Date sold (d) (mo , day, yr)
1a	See Additional Data Ta	ble								
b										
d										
е е										
(e	e) Gross sales price		Depreciation (f) (or allo		d		or other basis expense of sale			or (loss) (f) minus (g)
a	See Additional Data Ta	ble								
b										
d										
е										
Co	mplete only for assets sh	owina c	aın ın column (h)	and owne	d by t	the foundation	on 12/31/69		Gains (Col	(h) gain minus
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) (j) as of 12/31/69 (k) over col (j), if any		(1)	col (k), but no	ot less than -0-) or (from col (h))						
a	See Additional Data Ta	ble	(3)			, ,	377			
d								_		
<u>_</u> _								+		
3	Net short-term capital If gain, also enter in Pa in Part I, line 8	gaın or	(loss) as defined	ın sectio	ns 12	22(5) and (6)		\		22,954
Part	V Qualification Un	der S	ection 4940(e) for R	educ	ced Tax on	Net Investm	- -	I	
(For opt	cional use by domestic pri on 4940(d)(2) applies, lea	vate fo	undations subject							
	e foundation liable for the s " the foundation does not							period	?	│ Yes
1 Ent	ter the appropriate amoun	t ın ead	ch column for eac	h year, se	ee ins	tructions befo	re makıng any er	itries		
Base year (d	(a) period years Calendar or tax year beginning in)	Adjus	(b) ed qualifying distribu	tions	Net	(c) value of nonchar	table-use assets		(d) Distributio (col (b) divided	n ratio
	2014		4	77,450			9,170,052			0 052066
	2013		4	31,836			9,324,059			0 046314
	2012		4	91,750			9,763,413			0 050367
	2011			72,525			9,681,425			0 038478
	2010			06,944			3,837,914			0 079977
2	Total of line 1, column (•						2		0 267202
3	Average distribution ra the number of years the	found	ation has been in	existence	eıfles	ss than 5 year	s	3		0 053440
4	Enter the net value of n						-	4		8,963,708
5	Multiply line 4 by line 3						- F	5		479,021
6	Enter 1% of net investi							6		2,421
7	Add lines 5 and 6							7		481,442

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

437,525

8

ĽŒL	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49		UI 4340—See	: page	= 10 OL	the ins	LIUCLIO	/IIS <i>)</i>	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	· [)					
	Date of ruling or determination letter			ļ					
	(attach copy of letter if necessary-see instructions)								
b	Domestic foundations that meet the section 4940(e) requirements in Part V,			ļ	1			4	4 ,8 4 2
	here ► Tand enter 1% of Part I, line 27b			•					
С	All other domestic foundations enter 2% of line $27b$ Exempt foreign organiza Part I, line 12 , col (b)	itions e	enter 4% of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foun enter -0-)	ıdatıon	s only Other	s	2				0
3	Add lines 1 and 2				3				4,842
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four enter -0-)	ndation	s only Other	rs	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	nter - 0			5			-	4,842
6	Credits/Payments								
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	4	,200					
b	Exempt foreign organizations—tax withheld at source	6b							
C	Tax paid with application for extension of time to file (Form 8868)	6с							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				7				4,200
8	Enter any penalty for underpayment of estimated tax. Check here 🔽 If Form 2	220 is	attached 🕏	7	8				
9	$\textbf{Tax}\ \textbf{due.} If the total of lines 5 and 8 is more than line 7, enter \textbf{amount}\ \textbf{owed}\ \textbf{.}$			•	9				642
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount	t overp	oaid	•	10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Refunded	•	11				
Par	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state	, or loc	al legislation	ordı	d			Yes	No
	it participate or intervene in any political campaign?						1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for p		•	ee In	structı	ons			
	for definition)?					•	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	and co	pies of any m	ateria	ls				
	published or distributed by the foundation in connection with the activities.								
	Did the foundation file Form 1120-POL for this year?			•		•	1c		No
d	Enter the amount (If any) of tax on political expenditures (section 4955) impos								
	(1) On the foundation \Rightarrow \$ 0 (2) On foundation managers			0					
е	Enter the reimbursement (if any) paid by the foundation during the year for poli	itical e	xpenditure ta	x imp	osed				
_	on foundation managers 🕨 \$0								
2	Has the foundation engaged in any activities that have not previously been rep	ortea	to the IKS?				2		No
_	If "Yes," attach a detailed description of the activities.				41	_			
3	Has the foundation made any changes, not previously reported to the IRS, in it of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confo	_	=	-		5	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more d						4a		No
т а b	If "Yes," has it filed a tax return on Form 990-T for this year?						4b		140
5	Was there a liquidation, termination, dissolution, or substantial contraction dui						-		No
,	If "Yes," attach the statement required by General Instruction T.	ing the	e year		•				
6	Are the requirements of section 508(e) (relating to sections 4941 through 49-	45)sa	tisfied either						
•	By language in the governing instrument, or	15,54	cioned citier						
	By state legislation that effectively amends the governing instrument so the	at no n	nandatory dir	ectio	ns				
	that conflict with the state law remain in the governing instrument?						6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	? If "Yes	s," complete Pa	art II,	col. (c),			
	and Part XV.						7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (s	see ins	tructions)						
	▶KS, OK								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	90-PF	to the Attorne	еу					
	General (or designate) of each state as required by General Instruction G? If '	"No," at	tach explanatı	on .			8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the r		_						
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (s	ee inst	ructions for F	art X	IV)?				
	If "Yes," complete Part XIV						9		No
10	Did any persons become substantial contributors during the tax year? If "Yes,"			_					
	and addresses.						10		No

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		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	. 12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ► <u>N/A</u>			
14	The books are in care of ►SAMUEL C STONE Telephone no ►(918)	3)583	-1178	
	Located at ▶320 S BOSTON AVE STE 1900 TULSA OK ZIP+4 ▶741034			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		▶ □	-
13	and enter the amount of tax-exempt interest received or accrued during the year		- ,	
			1	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	1	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
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 V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)?			
	(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			
ь	after termination of government service, if terminating within 90 days) Yes $\overline{\lor}$ No If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
U	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	10		
_	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 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		110
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years ▶ 20, 20, 20			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	► 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section $4943(c)(7)$) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	ıf the foundation had excess business holdings in 2015.).	3b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	1	No

5a During (1) Ca						Page 6
(1) Ca					lay Be Required <i>(Cont</i>	inued)
	the year did the foundati		•			
	rry on propaganda, or oth					∕ No
	luence the outcome of an			• •	•	
					Yes	
	ovide a grant to an individ				Γ Yes Γ	/ No
	ovide a grant to an organi					- N
					⊤ Yes ▽	NO
	ovide for any purpose other					. No
	ucational purposes, or for					NO
						. 5b
					see instructions)? ►-	
	answer is "Yes" to questi				· · · · · · · · Yes 「	- No
					res	140
	<i>," attach the statement re</i> q e foundation, during the ye				ara muuma on	
	, ,	•	, ,	, , , , , ,		. No
•	onal benefit contract?				nal benefit contract?	
	" to 6b, file Form 8870.	cai, pa	y premiums, unectry	or munectly, on a persor	iai belient contract.	. 00 100
	,	was th	o foundation a party	to a probabilited tax chalte	er transaction? TYes 🔽	
	time during the tax year,				to the transaction?	
D Tryes,					tion Managers, Highly	
Part VIII	and Contractors	ut On	icers, birectors,	Trustees, Foundati	non Hanagers, Inging	raid Employees,
1 List all	officers, directors, truste	es, fou	ındation managers an	d their compensation (s	ee instructions).	
		-	Title, and average	(c) Compensation(If	(d)	F
(a) N	lame and address	ļ	hours per week	not paid, enter	Contributions to employee benefit plans	Expense account, (e) other allowances
		(b) d	evoted to position	-0-)	and deferred compensation	1 ` '
SUE STONE HUNTER VIC		LUTGE				
SUE STONE HU	NILK			0	0	0
5925 STATE	ELINE	PRES	- IDENT/SECRETARY	0	0	0
5925 STATE KANSAS CI	E LINE TY,MO 64113	PRES 100	IDENT/SECRETARY			
5925 STATE KANSAS CI SAMUEL C STOR	E LINE TY,MO 64113 NE	PRES 1 00 PRES		0	0	
5925 STATE KANSAS CI SAMUEL C STOI 2204 SOUT	E LINE TY,MO 64113 NE H ST LOUIS	PRES 100	IDENT/SECRETARY			
5925 STATE KANSAS CI SAMUEL C STOR	E LINE TY,MO 64113 NE H ST LOUIS 74114	PRES 1 00 PRES 5 00	IDENT/SECRETARY			0
5925 STATE KANSAS CI SAMUEL C STOI 2204 SOUT TULSA, O K SARA STONE LA	E LINE TY,MO 64113 NE H ST LOUIS 74114 AUGHREN	PRES 1 00 PRES	IDENT/SECRETARY	0	0	0
5925 STATE KANSAS CI SAMUEL C STOI 2204 SOUT TULSA, O K SARA STONE LA	E LINE TY, MO 64113 NE H ST LOUIS 74114 AUGHREN	PRES 1 00 PRES 5 00	IDENT/SECRETARY	0	0	0
5925 STATE KANSAS CI SAMUEL C STOI 2204 SOUT TULSA, O K SARA STONE LA 620 WEST 4	E LINE TY, MO 64113 NE H ST LOUIS 74114 AUGHREN 12ND ST APT 58D NY 10036	PRES 1 00 PRES 5 00 TRUS 1 00	IDENT/SECRETARY IDENT	0	0	0
5925 STATE KANSAS CI SAMUEL C STOI 2204 SO UT TULSA, O K SARA STONE LA 620 WEST 4 NEW YORK, BRITTON HUNT 5815 STATE	E LINE TY, MO 64113 NE H ST LOUIS 74114 AUGHREN 12ND ST APT 58D NY 10036 TER E LINE	PRES 1 00 PRES 5 00 TRUS 1 00	IDENT/SECRETARY IDENT	0	0	0
5925 STATE KANSAS CI SAMUEL C STOI 2204 SOUT TULSA, O K SARA STONE LA 620 WEST 4 NEW YORK, BRITTON HUNT 5815 STATE KANSAS CI	E LINE TY, MO 64113 NE H ST LOUIS 74114 AUGHREN F2ND ST APT 58D NY 10036 FER E LINE TY, MO 64113	PRES 1 00 PRES 5 00 TRUS 1 00	IDENT/SECRETARY IDENT TEE	0	0	0
5925 STATE KANSAS CI SAMUEL C STOI 2204 SOUT TULSA, O K SARA STONE LA 620 WEST 4 NEW YORK, BRITTON HUNT 5815 STATE KANSAS CI	E LINE TY, MO 64113 NE H ST LOUIS 74114 AUGHREN F2ND ST APT 58D NY 10036 FER E LINE TY, MO 64113	PRES 1 00 PRES 5 00 TRUS 1 00	IDENT/SECRETARY IDENT TEE	0	0 0 see instructions). If none, er	0
5925 STATE KANSAS CIT SAMUEL C STOI 2204 SOUT TULSA, O K SARA STONE LA 620 WEST 4 NEW YORK, BRITTON HUNT 5815 STATE KANSAS CIT 2 Compen	E LINE TY, MO 64113 NE H ST LOUIS 74114 AUGHREN H 2ND ST APT 58D NY 10036 FER E LINE TY, MO 64113 Isation of five highest-pa	PRES 1 00 PRES 5 00 TRUS 1 00 TRUS 1 00	IDENT/SECRETARY IDENT TEE Ioyees (other than the	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 cee instructions). If none, er Contributions to	0
5925 STATE KANSAS CI SAMUEL C STOI 2204 SO UT TULSA, O K SARA STONE LA 620 WEST 4 NEW YORK, BRITTON HUNT 5815 STATE KANSAS CI 2 Compen	E LINE TY, MO 64113 NE H ST LOUIS 74114 AUGHREN 12ND ST APT 58D NY 10036 TER E LINE TY, MO 64113 Isation of five highest-pa	PRES 1 00 PRES 5 00 TRUS 1 00 TRUS 1 00	IDENT/SECRETARY IDENT TEE loyees (other than the hours per week hours per week	0 0 0 0 cose included on line 1—service (c) Compensation	O See instructions). If none, er Contributions to employee benefit plans and deferred	0 0 0 nter "NONE."
5925 STATE KANSAS CIT SAMUEL C STOI 2204 SOUT TULSA, O K SARA STONE LA 620 WEST 4 NEW YORK, BRITTON HUNT 5815 STATE KANSAS CIT 2 Compen	E LINE TY, MO 64113 NE H ST LOUIS 74114 AUGHREN H 2ND ST APT 58D NY 10036 FER E LINE TY, MO 64113 Isation of five highest-pa	PRES 1 00 PRES 5 00 TRUS 1 00 TRUS 1 00	IDENT/SECRETARY IDENT TEE Ioyees (other than the	0 0 0 0 cose included on line 1—service (c) Compensation	0 See instructions). If none, er Contributions to employee benefit	0 Onter "NONE." Expense account,
5925 STATE KANSAS CI SAMUEL C STOI 2204 SO UT TULSA, O K SARA STONE LA 620 WEST 4 NEW YORK, BRITTON HUNT 5815 STATE KANSAS CI 2 Compen	E LINE TY, MO 64113 NE H ST LOUIS 74114 AUGHREN 12ND ST APT 58D NY 10036 TER E LINE TY, MO 64113 Isation of five highest-pa	PRES 1 00 PRES 5 00 TRUS 1 00 TRUS 1 00	IDENT/SECRETARY IDENT TEE loyees (other than the hours per week hours per week	0 0 0 0 cose included on line 1—service (c) Compensation	O See instructions). If none, er Contributions to employee benefit plans and deferred	0 Onter "NONE." Expense account,
5925 STATE KANSAS CIT SAMUEL C STOI 2204 SOUT TULSA, O K SARA STONE LA 620 WEST 4 NEW YORK, BRITTON HUNT 5815 STATE KANSAS CIT 2 Compen	E LINE TY, MO 64113 NE H ST LOUIS 74114 AUGHREN 12ND ST APT 58D NY 10036 TER E LINE TY, MO 64113 Isation of five highest-pa	PRES 1 00 PRES 5 00 TRUS 1 00 TRUS 1 00	IDENT/SECRETARY IDENT TEE loyees (other than the hours per week hours per week	0 0 0 0 cose included on line 1—service (c) Compensation	O See instructions). If none, er Contributions to employee benefit plans and deferred	0 Onter "NONE." Expense account,
5925 STATE KANSAS CI SAMUEL C STOI 2204 SOUT TULSA, O K SARA STONE LA 620 WEST 4 NEW YORK, BRITTON HUNT 5815 STATE KANSAS CI 2 Compen	E LINE TY, MO 64113 NE H ST LOUIS 74114 AUGHREN 12ND ST APT 58D NY 10036 TER E LINE TY, MO 64113 Isation of five highest-pa	PRES 1 00 PRES 5 00 TRUS 1 00 TRUS 1 00	IDENT/SECRETARY IDENT TEE loyees (other than the hours per week hours per week	0 0 0 0 cose included on line 1—service (c) Compensation	O See instructions). If none, er Contributions to employee benefit plans and deferred	0 Onter "NONE." Expense account,
5925 STATE KANSAS CI SAMUEL C STOI 2204 SOUT TULSA, O K SARA STONE LA 620 WEST 4 NEW YORK, BRITTON HUNT 5815 STATE KANSAS CI 2 Compen	E LINE TY, MO 64113 NE H ST LOUIS 74114 AUGHREN 12ND ST APT 58D NY 10036 TER E LINE TY, MO 64113 Isation of five highest-pa	PRES 1 00 PRES 5 00 TRUS 1 00 TRUS 1 00	IDENT/SECRETARY IDENT TEE loyees (other than the hours per week hours per week	0 0 0 0 cose included on line 1—service (c) Compensation	O See instructions). If none, er Contributions to employee benefit plans and deferred	0 Onter "NONE." Expense account,
5925 STATE KANSAS CI SAMUEL C STOI 2204 SOUT TULSA, O K SARA STONE LA 620 WEST 4 NEW YORK, BRITTON HUNT 5815 STATE KANSAS CI 2 Compen	E LINE TY, MO 64113 NE H ST LOUIS 74114 AUGHREN 12ND ST APT 58D NY 10036 TER E LINE TY, MO 64113 Isation of five highest-pa	PRES 1 00 PRES 5 00 TRUS 1 00 TRUS 1 00	IDENT/SECRETARY IDENT TEE loyees (other than the hours per week hours per week	0 0 0 0 cose included on line 1—service (c) Compensation	O See instructions). If none, er Contributions to employee benefit plans and deferred	0 Onter "NONE." Expense account,
5925 STATE KANSAS CI SAMUEL C STOI 2204 SOUT TULSA, O K SARA STONE LA 620 WEST 4 NEW YORK, BRITTON HUNT 5815 STATE KANSAS CI 2 Compen	E LINE TY, MO 64113 NE H ST LOUIS 74114 AUGHREN 12ND ST APT 58D NY 10036 TER E LINE TY, MO 64113 Isation of five highest-pa	PRES 1 00 PRES 5 00 TRUS 1 00 TRUS 1 00	IDENT/SECRETARY IDENT TEE loyees (other than the hours per week hours per week	0 0 0 0 cose included on line 1—service (c) Compensation	O See instructions). If none, er Contributions to employee benefit plans and deferred	0 Onter "NONE." Expense account,
5925 STATE KANSAS CI SAMUEL C STOI 2204 SOUT TULSA, O K SARA STONE LA 620 WEST 4 NEW YORK, BRITTON HUNT 5815 STATE KANSAS CI 2 Compen	E LINE TY, MO 64113 NE H ST LOUIS 74114 AUGHREN 12ND ST APT 58D NY 10036 TER E LINE TY, MO 64113 Isation of five highest-pa	PRES 1 00 PRES 5 00 TRUS 1 00 TRUS 1 00	IDENT/SECRETARY IDENT TEE loyees (other than the hours per week hours per week	0 0 0 0 cose included on line 1—service (c) Compensation	O See instructions). If none, er Contributions to employee benefit plans and deferred	0 Onter "NONE." Expense account,
5925 STATE KANSAS CI SAMUEL C STOI 2204 SOUT TULSA, O K SARA STONE LA 620 WEST 4 NEW YORK, BRITTON HUNT 5815 STATE KANSAS CI 2 Compen	E LINE TY, MO 64113 NE H ST LOUIS 74114 AUGHREN 12ND ST APT 58D NY 10036 TER E LINE TY, MO 64113 Isation of five highest-pa	PRES 1 00 PRES 5 00 TRUS 1 00 TRUS 1 00	IDENT/SECRETARY IDENT TEE loyees (other than the hours per week hours per week	0 0 0 0 cose included on line 1—service (c) Compensation	O See instructions). If none, er Contributions to employee benefit plans and deferred	0 Onter "NONE." Expense account,
5925 STATE KANSAS CI SAMUEL C STOI 2204 SOUT TULSA, O K SARA STONE LA 620 WEST 4 NEW YORK, BRITTON HUNT 5815 STATE KANSAS CI 2 Compen	E LINE TY, MO 64113 NE H ST LOUIS 74114 AUGHREN 12ND ST APT 58D NY 10036 TER E LINE TY, MO 64113 Isation of five highest-pa	PRES 1 00 PRES 5 00 TRUS 1 00 TRUS 1 00	IDENT/SECRETARY IDENT TEE loyees (other than the hours per week hours per week	0 0 0 0 cose included on line 1—service (c) Compensation	O See instructions). If none, er Contributions to employee benefit plans and deferred	0 Onter "NONE." Expense account,

and Contractors (continued) 3 Five highest-paid independent contractors for professional services (s	see instructions). If none, enter "NON	NF".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services.		• 0
Part IX-A Summary of Direct Charitable Activities		•
·	aught statutural information such as the number	or of
ist the foundation's four largest direct charitable activities during the tax year. Include rele rganizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1		
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	the tax year on lines 1 and 2	A mount
1		
2		
All other program-related investments See instructions		
· -		
3		I
3		

Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
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	8,973,823
b	Average of monthly cash balances	1b	126,388
c	Fair market value of all other assets (see instructions)	1 c	0
d	Total (add lines 1a, b, and c)	1d	9,100,211
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	9,100,211
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ % of line 3 (for greater amount, see		
	ınstructions)	4	136,503
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	8,963,708
6	Minimum investment return. Enter 5% of line 5	6	448,185
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► □ and do not complete this part.)	rtaın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	448,185
2a	Tax on investment income for 2015 from Part VI, line 5 2a 4,842		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	4,842
3	Distributable amount before adjustments Subtract line 2c from line 1	3	443,343
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	443,343
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	443,343
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	437,525
	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	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	437,525
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	437,525
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

Ρ	art XIII Undistributed Income (see insti	ructions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line 7				443,343
	Undistributed income, if any, as of the end of 2015				
	Enter amount for 2014 only			0	
	Total for prior years 20		0		
	Excess distributions carryover, if any, to 2015				
	From 2010				
	From 2011				
	From 2012				
	From 2013				
	From 2014				
	Total of lines 3a through e	14,770			
	Qualifying distributions for 2015 from Part	·			
•	XII, line 4 🕨 \$ 437,525				
а	Applied to 2014, but not more than line 2a			0	
	Applied to undistributed income of prior years		0		
	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election	0			
	required—see instructions)				
	Applied to 2015 distributable amount				437,525
	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2015	5,818			5,818
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	8,952			
b	Prior years' undistributed income Subtract		0		
	line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed		0		
d	Subtract line 6c from line 6b Taxable amount				
	—see instructions		0		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see			0	
_	Instructions			-	
Т	Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				0
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may	0			
	be required - see instructions)				
٥	applied on line 5 or line 7 (see instructions)	0			
9	Excess distributions carryover to 2016.				
_	Subtract lines 7 and 8 from line 6a	8,952			
10	Analysis of line 9				
а	Excess from 2011				
b	Excess from 2012				
	Excess from 2013				
	Excess from 2014 8,952				
е	Excess from 2015				

	n 990-PF (2015)					Page 10
Ŀ	art XIV Private Operating Foundate	tions (see ınstru	ictions and Part	VII-A, question	າ 9)	
	If the foundation has received a ruling or determ foundation, and the ruling is effective for 2015,	enter the date of t	he ruling	▶ ∟		
b	Check box to indicate whether the organization	ıs a prıvate opera	ing foundation de	scribed in section	「 4942(j)(3) or	厂 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) lotal
	yearlisted					
	35% of line 2a					
C	Qualifying distributions from Part XII, line 4 for each year listed					
d	A mounts included in line 2c not used directly for active conduct of exempt activities					
e	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					
а	"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)					
	(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					
Pa	rt XV Supplementary Information (Complete this	part only if th	e organizatio	n had \$5,000 o	r more in
	assets at any time during the	year—see inst	tructions.)			
L a	Information Regarding Foundation Managers: List any managers of the foundation who have of before the close of any tax year (but only if the					ation
	List any managers of the foundation who own 10	0% or more of the	stock of a corpora	tion (or an equally	large portion of the	
	ownership of a partnership or other entity) of wh				runge portion of the	-
	, , ,		J			
<u>. </u>	Information Regarding Contribution, Grant, Gif	t. Loan. Scholarshi	p. etc Programs:			
_	Check here ► if the foundation only makes c				nd does not accent	
	unsolicited requests for funds If the foundation other conditions, complete items 2a, b, c, and o	n makes gifts, gran				s under
а	The name, address, and telephone number or e	e-mail address of th	ne person to whom	n applications sho	uld be addressed	
	SAMUEL C STONE					
	320 S BOSTON AVE STE 1900					
	TULSA,OK 741034708 (918)583-1178					
_				.h		
b	The form in which applications should be subm	ittea and informati	on and materials t	ney snould includ	е	
	SPECIFIC FORM NOT REQUIRED					
C	Any submission deadlines APPLICATIONS AND REQUESTS ARE ACCE	ΡΤΕΝ ΔΤ ΔΝΥΤΙΜ	l F			
و.				o fiolds lundf.:	notitiitiona on the	
a	Any restrictions or limitations on awards, such	i as by geographica	ıı areas, charitabl	e neius, kinas of li	nstitutions, or other	

NONE

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of A mount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 435,000 **b** Approved for future payment

Enter gros		ing Activities				(2)
	s amounts unless otherwise indicated	Unrelated but	(b)	Excluded by section	(d)	(e) Related or exempt function income
_	m service revenue	Business code	A mount	Exclusion code	A mount	(See instructions)
2 Membe	and contracts from government agencies ership dues and assessments st on savings and temporary cash					
invest	ments			14	30,852	
5 Net re	nds and interest from securities ntal income or (loss) from real estate			14	226,875	13,391
b Not o	-financed property debt-financed property					
	ntal income or (loss) from personal rty					
	Investment income r (loss) from sales of assets other than					
invent	cory . ´			18	2,349	
	profit or (loss) from sales of inventory					
	revenue a					
с						
	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				260,076 L 3	13,391 273,467
	worksheet in line 13 instructions to verify I-B Relationship of Activities to		olishment of E	xempt Purpos	es	
Line No.	Explain below how each activity for who the accomplishment of the foundation's instructions)	ch income is rep	orted in column (e) of Part XVI-A c	ontributed importa	
	··· /		FROM TAY BY S	SECTION 103		
4 E	INTEREST ON STATE AND LOCAL BO	NDS EXCLUDED	TROM TAX DI S	COTTON 105		
1 E	INTEREST ON STATE AND LOCAL BO	NDS EXCLUDED	TROMITANDIS	7201101V 103		
1 E	INTEREST ON STATE AND LOCAL BO	NDS EXCLUDED	TROPITALDI	201101110		
4 E	INTEREST ON STATE AND LOCAL BO	NDS EXCLUDED	TROPITAL BITS	201101110		
4E	INTEREST ON STATE AND LOCAL BO	NDS EXCLUDED	TROPITAL BITS			
4 E	INTEREST ON STATE AND LOCAL BO	NDS EXCLUDED	TROPITAL BITS			
4 E	INTEREST ON STATE AND LOCAL BO	NDS EXCLUDED	TROPITAL BIS			
4 E	INTEREST ON STATE AND LOCAL BO	NDS EXCLUDED	THOM TAX BITS			
4 E	INTEREST ON STATE AND LOCAL BO	NDS EXCLUDED				
4 E	INTEREST ON STATE AND LOCAL BO	NDS EXCLUDED				
4E	INTEREST ON STATE AND LOCAL BO	NDS EXCLUDED				
4E	INTEREST ON STATE AND LOCAL BO	NDS EXCLUDED				
4E	INTEREST ON STATE AND LOCAL BO	NDS EXCLUDED				
4E	INTEREST ON STATE AND LOCAL BO	NDS EXCLUDED				
4 E	INTEREST ON STATE AND LOCAL BO	NDS EXCLUDED				

Part	XVI	I Information Re Noncharitable					actions and	Relationships	With		
		organization directly or i	ndırectly (engage ın ar	ny of th	e following wit				V	
		501(c) of the Code (othe	er than se	ction 501(c	:)(3) org	ganızatıons) o	rın section 527,	relating to politic	al	Yes	No
_		tions?	dation to		tabla av	amat araanis	ation of				
		s from the reporting four							1a(:	1)	No
		erassets							1a(_	No
` '		ansactions							14(2	-7	140
		es of assets to a noncha	ritable ex	emnt organi	ızatıon				1h(:	1)	No
		chases of assets from a									No
		tal of facilities, equipme									No
		mbursement arrangemen									No
		ns or loan guarantees.								_	No
		rmance of services or m									No
		of facilities, equipment, i								-	No
	_	swer to any of the above	_							value	
ın a	ny tr	ods, other assets, or se ansaction or sharing arr	angement	, show in co	olumn (d	i) the value of	f the goods, other	r assets, or servic	ces received		
(a) Line	: NO	(b) Amount involved	(C) Name	or nonchantat	Die exem	pt organization	(a) Description	of transfers, transact	ions, and snaming a	rrangeme	nis
des	cribe	undation directly or indi d in section 501(c) of th complete the following : (a) Name of organization	ne Code (d schedule		ection!		in section 527?.		otion of relationship	·	No
Sign	the	der penalties of perjury, e best of my knowledge a ormation of which prepar	nd belief,	ıt ıs true, co	orrect,					pased on	n all
Here	•	*****				2016-05-10	****** 	· 	return with the pre		
	'	Signature of officer or t	rustee			Date	r Title		(see instr.)?	√ Yes ြ	No
	•	Print/Type preparer's DIANE POESCHEL		Preparer's	s Sıgnat	ure	Date 2016-05-10	Check if self- employed ►	PTIN P0013	6199	
Paid Prepa Use	arei		ERED					Firm's EIN ► 0	2-0657787		
Use Only		Firm's address ► 114 W LOCUST PO BOX 230 EL DORADO, KS 67042						Phone no (316)321-1350		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
VANGUARD GNMA FUND ADM FUND #536			2015-12-11
CHICAGO IL DIRECT ACCESS BOND PROGRAM SERIES E-3B AMBAC		2008-12-26	2015-05-15
COMMERCE BANCSHARES INC		1954-04-03	2015-12-17
HARRIS NA MARKETABLE CERTIFICATE OF DEPOSIT		2009-03-26	2015-03-31
JP MORGAN CHASE BANK NA MARKETABLE CERTIFICATE OF DEPOSIT		2009-04-14	2015-04-30
MORGAN STANLEY INSTITUTIONAL FUND TRUST		2009-06-10	2015-12-18
OH ST DEPT ADMIN SVCS RICKENBACKER PORT AUTH		2009-09-10	2015-06-15
PRUDENTIAL QMA SMALL CAP VALUE CLASS Z		2009-06-10	2015-02-18
VANGUARD GNMA FUND ADM FUND #536		2010-07-09	2015-12-11
CAPITAL GAINS DIVIDENDS	Р		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
214,243		221,825	-7,582
8,560		8,605	-45
24			24
50,000		50,000	0
50,000		50,000	0
2,500		1,759	741
5,000		5,000	0
5,993		3,295	2,698
20,757		21,338	-581
27,699			27,699

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus
(i) F M V as of 12/31/69	A djusted basıs (j) as of 12/31/69	Excess of col (1) (k) over col (1), If any	col (k), but not less than -0-) or (I) Losses (from col (h))
			-7,582
			-45
			24
			0
			0
			741
			0
			2,698
			-581
			27,699

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
AGRICULTURAL FUTURE OF AMERICA PO BOX 414838 KANSAS CITY,MO 64141	N/A	PC	OPERATIONS	22,000
ARTS & HUMANITIES COUNCIL OF TULSA 101 E ARCHER ST TULSA,OK 74103	N/A	PC	OPERATIONS	5,000
BIG HOLE WATERSHED COMMITTEE PO BOX 21 DIVIDE,MT 59727	N/A	PC	OPERATIONS	10,000
BOTANICA THE WICHITA GARDENS 701 N AMIDON WICHITA,KS 67203	N/A	PC	OPERATIONS	10,000
CATSKILL MOUNTAINS JUNIOR GOLF INC 33 PROSPECT ST STAMFORD,NY 12167	N/A	PC	OPERATIONS	6,000
CENTRAL KANSAS COMMUNITY FOUNDATION 301 N MAIN STE 200 NEWTON,KS 67114	N/A	PC	OPERATIONS	5,000
CHILDREN'S CENTER FOR THE VISUALLY IMPAIRED 3101 MAIN ST KANSAS CITY, MO 64111	N/A	PC	OPERATIONS	3,000
CHILDREN'S MERCY HOSPITAL 2401 GILLHAM RD KANSAS CITY,MO 64108	N/A	PC	OPERATIONS	5,000
COUTTS MUSEUM OF ART INC 110 N MAIN ST EL DORADO,KS 67042	N/A	POF	OPERATIONS	25,000
EARLY CHILDHOOD DEVELOPMENT CENTER 1900 SECOND AVE 9TH FLOOR NEW YORK,NY 10029	N/A	PC	OPERATIONS	6,500
ELMWOOD CEMETERY SOCIETY PO BOX 27255 KANSAS CITY,MO 64127	N/A	NC	OPERATIONS	8,000
FRIENDS OF KC ANIMALS 4741 CENTRAL ST BOX 348 KANSAS CITY, MO 64112	N/A	PC	OPERATIONS	3,000
FRIENDS OF SLS INC 45 EAST 9TH ST APT 7 NEW YORK,NY 10003	N/A	PC	OPERATIONS	2,000
FRIENDS SEMINARY 222 E 16TH ST NEW YORK,NY 100032703	N/A	PC	OPERATIONS	7,000
GRACE AND HOLY TRINITY CATHEDRAL PO BOX 412048 KANSAS CITY,MO 64141	N/A	PC	OPERATIONS	2,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
JUNIOR LEAGUE OF CITY OF NEW YORK 130 E 80TH ST NEW YORK,NY 10075	N/A	PC	OPERATIONS	3,500
KANSAS GOVERNOR'S ONE SHOT TURKEY HUNT 200 S MAIN STE 2 EL DORADO,KS 67042	N/A	PC	OPERATIONS	5,000
KANSAS HISTORICAL FOUNDATION 6425 SW 6TH AVE TOPEKA,KS 666151099	N/A	PC	OPERATIONS	5,000
KANSAS OIL MUSEUM INC 383 E CENTRAL EL DORADO,KS 67042	N/A	POF	OPERATIONS	31,750
KCPT PUBLIC TELEVISON 19 125 E 31ST ST KANSAS CITY,MO 64108	N/A	PC	OPERATIONS	5,000
LIBERTY MEMORIAL FOUNDATION 100 WEST 26TH ST KANSAS CITY,MO 64108	N/A	PC	OPERATIONS	15,000
MUSIC THEATRE WICHITA 225 W DOUGLAS STE 202 WICHITA,KS 67202	N/A	PC	OPERATIONS	5,000
OKLAHOMA SCHOOL OF SCIENCE & MATH FOUNDATION 1141 N LINCOLN BLVD OKLAHOMA CITY,OK 73104	N/A	PC	OPERATIONS	5,000
PEMBROOK HILL SCHOOL PO BOX 412244 KANSAS CITY,MO 641791050	N/A	PC	OPERATIONS	14,000
PHILBROOK MUSEUM OF ART 2727 S ROCKFORD RD TULSA,OK 74114	N/A	PC	OPERATIONS	10,000
RANCHLAND TRUST OF KANSAS 6031 SW 37TH ST TOPEKA,KS 66614	N/A	PC	OPERATIONS	10,000
ROSE BROOKS CENTER PO BOX 320599 KANSAS CITY,MO 64132	N/A	PC	OPERATIONS	5,000
RUSSELL CHILD DEVELOPMENT CENTER 714 BALLINGER GARDEN CITY,KS 67846	N/A	PC	OPERATIONS	6,000
SAFEHOME INC PO BOX 4563 OVERLAND PARK,KS 66204	N/A	PC	OPERATIONS	5,000
SOONER ROWING ASSOCIATION 715 W 21ST ST TULSA,OK 74107	N/A	PC	OPERATIONS	8,750
Total				435,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year	or substantial contributor			
ST ANDREW'S EPISCOPAL CHURCH 6401 WARNALL TERR KANSAS CITY, MO 64113	N/A	PC	OPERATIONS	2,000
THE EPISCOPAL DIOCESE OF KANSAS 835 SW POLK ST TOPEKA,KS 666121688	N/A	PC	OPERATIONS	2,500
THE NATURE CONSERVANCY - OKLAHOMA CHAPTER 10425 S 82ND E AVE STE 104 TULSA,OK 74133	N/A	PC	OPERATIONS	30,000
THE NATURE CONSERVANCY - OKLAHOMA CHAPTER 10425 S 82ND E AVE STE 104 TULSA,OK 74133	N/A	PC	OPERATIONS	20,000
THE UNIVERSITY OF KANSAS ENDOWMENT PO BOX 7380 LAWRENCE, KS 66044	N/A	PC	OPERATIONS	3,000
THE UNIVERSITY OF KANSAS HOSPITAL 2330 SHAWNEE MISSION PARKWAY STE 302 MS 5001 WESTWOOD,KS 66205	N/A	PC	OPERATIONS	7,000
THE UNIVERSITY OF PITTSBURGH - MEDICAL AND HEALTH SCIENCES FOUNDATION FORBES TOWER STE 8084 3600 FORBES AVE MEYRAN AVE PITTSBURGH, PA 15213	N/A	PC	OPERATIONS	5,000
THE WICHITA CENTER FOR THE ARTS 9112 E CENTRAL WICHITA, KS 67206	N/A	PC	OPERATIONS	12,000
TRINITY EPISCOPAL CHURCH 400 W ASH EL DORADO,KS 67042	N/A	PC	OPERATIONS	35,000
TULSA BOTANIC GARDEN PO BOX 707 TULSA,OK 74101	N/A	PC	OPERATIONS	5,000
TULSA YOUTH ROWING ASSOCIATION PO BOX 52268 TULSA,OK 74152	N/A	PC	OPERATIONS	25,000
UNIVERSITY OF TULSA 800 S TUCKER DR TULSA,OK 74104	N/A	PC	OPERATIONS	10,000
WICHITA ART MUSEUM 1400 W MUSEUM BLVD WICHITA,KS 67203	N/A	PC	OPERATIONS	10,000
WICHITA SYMPHONY 225 W DOUGLAS STE 207 WICHITA, KS 67202	N/A	PC	OPERATIONS	10,000
WORLD WAR II HISTORY CENTER FOUNDATION 119 W CENTRAL AVE EL DORADO,KS 67042	N/A	PC	OPERATIONS	5,000
Total				435,000

TY 2015 Accounting Fees Schedule

Name: STONE FAMILY FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
M & L CPA'S, CHARTERED	2,525	0		2,525

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TY 2015 Investments Corporate Bonds Schedule

Name: STONE FAMILY FOUNDATION

Name of Bond	End of Year Book Value	End of Year Fair Market Value	
EASTMAN KODAK COMPANY SENIOR NOTE	32,201	4	

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TY 2015 Investments Corporate Stock Schedule

Name: STONE FAMILY FOUNDATION

EIN: 43-1773536					
Name of Stock	End of Year Book Value	End of Year Fair Market Value			
COMMERCE BANCSHARES INC	86,652	125,536			
FORESTAR REAL ESTATE GROUP	129,153	40,106			
GENERAL ELECTRIC CO	21,444	37,380			
CIT GROUP INC	8,195	7,305			
FORD MOTOR COMPANY	33,840	28,180			
ARTISAN MID CAP VALUE FUND - INV	16,460	16,549			
COMMERCE MIDCAP GROWTH FUND INST	7,422	7,945			
JANUS FORTY FUND I	20,939	19,449			
CLEARBRIDGE SMALL CAP GROWTH FUND CLASS I	7,166	13,436			
MORGAN STANLEY INST FUND TRUST MID CAP GROWTH PORTFOLIO	2,680	3,060			
TARGET SMALL CAPITALIZATION VALUE PORTFOLIO	0	0			
ISHARES MSCI ALL COUNTRY ASIA EX-JAPAN INDEX FUND	3,292	3,205			
JPMORGAN INTERNATIONAL VALUE FUND INS	4,839	5,204			
LAZARD EMERGING MARKETS PORTFOLIO-IN	6,387	4,665			
AMERICAN HOME MORTGAGE INVEST PREFERRED STOCK	1	1			
EASTMAN KODAK COMPANY	2,188	1,154			
ARTISAN MID CAP FUND - INV	3,200	3,258			
DFA US TARGETED VALUE PORTFOLIO	6,000	5,232			

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307,752

TY 2015 Investments Government Obligations Schedule

Name: STONE FAMILY FOUNDATION

EIN: 43-1773536

US Government Securities - End of

Year Book Value: 8,216,477

US Government Securities - End of

Year Fair Market Value: 8,074,341

State & Local Government

Securities - End of Year Book Value:

value:

State & Local Government

Securities - End of Year Fair

Market Value: 317,608

TY 2015 Investments - Other Schedule

Name: STONE FAMILY FOUNDATION

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
HARRIS NA CD	AT COST	0	0
JP MORGAN CHASE BANK CD	AT COST	0	0
EASTMAN KODAK COMPANY WARRANT	AT COST	3	86
EASTMAN KODAK COMPANY WARRANT	AT COST	3	57

TY 2015 Other Assets Schedule

Name: STONE FAMILY FOUNDATION

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value	
ORGANIZATION COSTS	0	0	0	l

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TY 2015 Other Professional Fees Schedule

Name: STONE FAMILY FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
THE COMMERCE TRUST COMPANY	40,318	38,531		0

TY 2015 Taxes Schedule

Name: STONE FAMILY FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	49	49		0
2014 EXCISE TAX	4,197	0		0