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

OMB No 1545-0052 2015

Department of the Treasury

► 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 <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

Earasia	ndar	year 2015, or tax year beginning	2015	, and ending	<u>-</u>	, 1-26	
Name of fo			, 2015	, and ending	Α	Employer identification num	shor
		" IZABETH YOUNG FOUNDATI	ON		^	73-1291004	iibei
Number ar	<u>باند</u> id stree	t (or P O box number if mail is not delivered to stri	eet address)	Room/suite	В	Telephone number (see instru	uctions)
909 F	. P	RITTON ROAD			_	(405) 848-061	•
City or tow	n, state	or province, country, and ZIP or foreign postal coo	le				
OKLAH	AMO	CITY	OK	73114	С	If exemption application is	pending, check here . 🟲 📗
G Che	ck all	that apply Initial return	Initial return of a forme	er public charity		4 Foreign ergenizetione ehe	ali hara
•		Final return	Amended return	,	D	1 Foreign organizations, che	ck nere
		Address change	Name change			2 Foreign organizations mee	ting the 85% test, check
H Che	ok tvr		501(c)(3) exempt private for	Indation		here and attach computation	on ¯ ▶
n Cile		etion 4947(a)(1) nonexempt charitable		rivate foundation	E	If private foundation status	was forminated
			<del></del>		_	under section 507(b)(1)(A)	
l Fair i	narket	value of all assets at end of year J., column (c), line 16)	Accounting method XC	ash Accrual			
-	i i aici		Other (specify)	,_,	F	If the foundation is in a 60-	
<b>▶</b> \$	J .		t I, column (d) must be on c	ash basis )		under section 507(b)(1)(B)	, cneck nere
Part I		nalysis of Revenue and	(a) Revenue and	(b) Net investment	t	(c) Adjusted net	(d) Disbursements
	E>	<b>(penses</b> (The total of amounts in lumns (b), (c), and (d) may not neces-	expenses per books	income		income	for charitable
•	sai	rily equal the amounts in column (a)					purposes (cash basis only) ~
		ee instructions) )			ŀ		(Cash basis only)
	1	Contributions, gifts, grants, etc, received (attach schedule)	73,897.		? <b>)</b> \$	166 7.2	-1:1
	2	Ck ► If the foundation is not required to attach So	hB	15 <b>4</b> (15:54) (16)	(	<b>(</b>	· · · ·
	_						
`	3	Interest on savings and temporary cash investments • •	769.	76	9.		
	4 5 a	Dividends and interest from securities	•				4,233,344
		Gross rents	• •		<u> </u>		· · · · · · · · · · · · · · · · · · ·
ļ		or (loss)	/* */ \$* */ ;* ;*		v w	<b>€</b> ¸; ``	********
R		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	• •	******	13 \$	\$401::17	
EV	, ,	assets on line 6a		·			***
Ě	7	Capital gain net income (from Part IV, line 2) .	C			* * * * * *	# N % ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
N U	8 9	Net short-term capital gain	, , , , , , , , , , , , , , , , , ,	. , , , , , , , , , , , , , , , , , , ,	6 g.		(3.6934.8.5.
Ĕ		Gross sales less	• • • • • • • • • • • • • • • • • • • •				*
-	iva	returns and allowances					
	b	Less Cost of	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	( ¥ ) ( * ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	***		13
		goods sold	3 3 3	1 ( Salata 1917)		< <u>}</u> ′	* * * * * * * * * * * * * * * * * * * *
		Gross profil or (loss) (allach schedule)	• •	***	2.2		17.1
	11	Other income (attach schedule)					
	40	Table Addition Advances 44	74.666	7.0	_		
	12	Total Add lines 1 through 11	<del></del>	76	9.		<u> </u>
	14	Compensation of officers, directors, trustees, etc Other employee salaries and wages					
	15	Pension plans, employee benefits					<del>-</del>
		Legal fees (attach schedule)					
A		- · · · · · · · · · · · · · · · · · · ·		2.6	_		
M			nt. 365.	36	٥.		
N		Other prof fees (attach sch)	• •		∤		
O I P S E T	17	Taxes (attach schedule)(see instrs) INCOME TAX	F C			· · · · · · · · · · · · · · · · · · ·	
RR	18		2.		2.		* *********
A A	19	Depreciation (attach schedule) and depletion					
- Z	20	Occupancy · · · · · · · · · · · · · · · · · · ·		January and Control	-	-	← 18 / 3 × · · ·
GE	21	Travel, conferences, and meetings		RECEI			<del>-</del>
ΑE	22	Printing and publications	-	- CEVE	٧i	ED.	37. 7
A E X P	23	Other expenses (attach schedule)		8		<del></del>	1 1.
E N				MAY 13	201	: K	:-
· s	24	Total operating and administrative	Ā		<del>~∪+</del>	, M	
E S		expenses Add lines 13 through 23 · · · ·	1.	O CO POS	7,.,	<b>_</b> J∂7	
3	25	Contributions, gifts, grants paid	10,500.	∠ ≺⇔⊓EIΛ			10,500.
<b>3</b>	26	Total expenses and disbursements.			_ [	4	
2		Add lines 24 and 25	10/007:	36	7.		10,500.
3	27	Subtract line 26 from line 12	in in the second se				
	а	Excess of revenue over expenses and disbursements	63,799.				<b>1</b> 521/3864
	h	Net investment income (if negative, enter -0-)		40	2		
		Adjusted net income (if negative, enter -0-)	W. C. W. A. A. A.		_	* % % / _ *	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
				9: 0 2 × 30 v m 3.	A 4"		Law 140 V Lat Law

Par	t.II	Balance Sheets  Altached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	r year
	70.75	(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash – non-interest-bearing			,
	2	Savings and temporary cash investments	191,811.	255,610.	255,610.
	3	Accounts receivable ▶	trascould in		
		Less allowance for doubtful accounts	According to the state of the s	The state of the s	and the second s
	4	Pledges receivable	100 A 200 A		· > .
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			-
	7	Other notes and loans receivable (attach sch)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Α	'	Less allowance for doubtful accounts	Sundannan mare manage a ch man from	mante a summa tertain de la	are an architecture on the common common common and
A S	R	Inventories for sale or use			:3
- S E T	١	Prepaid expenses and deferred charges			
! T S	10				1
3	1	a Investments – U S and state government obligations (attach schedule)			'
		<b>b</b> Investments — corporate stock (attach schedule)			
	1	c Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			<del></del>
	14	•	4914 i		2 7 2 1
		Less accumulated depreciation (attach schedule)	American Commission and Control of the Control of t	manus San III	handrakan ser a sa sa da adharan a anna f
		Other assets (describe			
	16	see the instructions Also, see page 1, item I)	191,811.	255,610.	255,610.
ī	17	Accounts payable and accrued expenses			
A	18	Grants payable			
B	19	Deferred revenue			
Ĺ	20	Loans from officers, directors, trustees, & other disqualified persons			
ť	21	Mortgages and other notes payable (attach schedule)			
I E	22	`			
<u>_s</u>	23	(			
		Foundations that follow SFAS 117, check here X and complete lines 24 through 26 and lines 30 and 31.			
N F	24	Unrestricted	191,811.	255,610.	
N F E U T N	25	Temporarily restricted			
D	26	Permanently restricted			
A B S A L T A		Foundations that do not follow SFAS 117, check here . Pand complete lines 27 through 31.			
ĘĻ	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, bldg, and equipment fund		-,	
С	29	Retained earnings, accumulated income, endowment, or other funds			
O E R S	30	Total net assets or fund balances (see instructions)	191,811.	255,610.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	31	Total liabilities and net assets/fund balances			
		(see instructions).	191,811.	255 <b>,</b> 610.	
Par	t III	Analysis of Changes in Net Assets or Fund Balanc	es	<del></del>	
1	Tota end-	I net assets or fund balances at beginning of year — Part II, column (of-year figure reported on prior year's return)	(a), line 30 (must agree w	/ith	191,811.
2	Ente	er amount from Part I, line 27a		2	63,799.
3			- <b></b>		1 "
4			- <b></b>	4	255,610.
5	Decre	eases not included in line 2 (itemize)		5	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - P	art II, column (b), line 30	6	255,610.

(a) List and descri	d Losses for Tax on Investmen be the kind(s) of property sold (e.g., real e use, or common stock, 200 shares MLC C	estate, (b) Hor	w acquired Purchase Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a					7.7
b				` `	, r
С					
d					
e					<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	
а					
b					
С					
d					
е					
	wing gain in column (h) and owned by the			(I) Gains (Co	
(i) F.M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (ı) over col. (ֈ), ıf any		gain minus col (k), t ian -0-) <b>or</b> Losses (f	
а					-
b					
С					
d					•
е			1		
2 Capital gain net income or (ne		enter in Part I, line 7 r -0- in Part I, line 7	. 2		
3 Net short-term capital gain or	(loss) as defined in sections 1222(5) and	' '		1	
If gain, also enter in Part I, lin	e 8, column (c) (see instructions). If (loss	), enter -0-	.   ,		
	da-Ca-tia- 4040/a) far Dadusa		·   3	<u> </u>	
	der Section 4940(e) for Reduce to the section 4940			<del>)</del>	
f 'Yes,' the foundation does not qua	ection 4942 tax on the distributable amour alify under section 4940(e) Do not compl	ete this part.		··. ··· Yes	X No
Enter the appropriate amount	t in each column for each year, see the in	structions before making any entri	es.		
<b>(a)</b> Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(col	(d) Distribution (b) divided by c	n ratio sol (c))
2014	49,998.		0.		0.00000
2013	0.		0.		0.00000
2012	0.	<del></del>	0.		0.00000
2011	0.		0.		0.00000
2010	0.		0.	·····	0.00000
2 Total of line 1, column (d) .					0.00000
3 Average distribution ratio for number of years the foundation	the 5-year base period — divide the total on has been in existence if less than 5 ye	on line 2 by 5, or by the ars	. 3		0.00000
4 Enter the net value of noncha	antable-use assets for 2015 from Part X, I	ıne 5	. 4		0
5 Multiply line 4 by line 3			. 5		0
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)		. 6		4
					4
8 Enter qualifying distributions	from Part XII, line 4		. 8		10,500
If line 8 is equal to or greater Part VI instructions.	than line 7, check the box in Part VI, line	1b, and complete that part using a		rate. See the	

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instr	uction	s)		
	Exempt operating foundations described in section 4940(d)(2), check here   and enter 'N/A' on line 1	* 8.	* 3			
	Date of ruling or determination letter (attach copy of letter if necessary – see instrs)		}			
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1				4.
	check here . ► X and enter 1% of Part I, line 27b	\$ 27 m	ž 4.	. '		
c	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-)	2				0.
3	Add lines 1 and 2	3				4.
4	Subtitle A (Income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5				4.,
6	Credits/Payments:	· il	VX	C. I.		
	2015 estimated tax pmts and 2014 overpayment credited to 2015 6 a				\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
	Exempt foreign organizations — tax withheld at source 6 b					vý.
	Tax paid with application for extension of time to file (Form 8868) 6c 0.	, , , , , , , , , , , , , , , , , , ,			***	
d	Backup withholding erroneously withheld			<u>.</u>		
7	Total credits and payments Add lines 6a through 6d	7	ļ <u>.</u>			0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here	8	ļ			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				4.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				0.
11	Enter the amount of line 10 to be Credited to 2016 estimated tax • Refunded •	11				
Par	t VII-A- Statements Regarding Activities					<del>- ; -</del>
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			<u> } * // /</u>	Yes	No
	participate or intervene in any political campaign?	• • •	• • •	1 a		-X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes					٠.
	(see Instructions for the definition)	• • •		1 b		X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published			, s,		2.2.
_	or distributed by the foundation in connection with the activities  Did the foundation file Form 1120-POL for this year?			<u>:</u>		
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			1 c		X
	(1) On the foundation ► \$ (2) On foundation managers ► \$				130	, "
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			" g',"	<b>V</b> 7, 50	3
	foundation managers * \$			<u>.</u> '	2 -44	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If 'Yes,' attach a detailed description of the activities			» , »	a 1s	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes					::
				3		:X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4 a		X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?			4 b		X
3	If 'Yes,' attach the statement required by General Instruction T			<b>3</b>	à 4, c	X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			ν., .	1 1	100
U	By language in the governing instrument, or				-	\$ 150
				" '%	· .	
	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		- î X
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	X	_^
	Enter the states to which the foundation reports or with which it is registered (see instructions)			. 8 2 2	Λ \$%	<del>.</del> .
	OK - Oklahoma		_		W.	45.2
L	o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					5. °
•	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation			8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j			1	`.J.	*****
Ū	for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part'	άĬ		9		*** X-
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names				`	<i>-</i> ^ -
	and addresses			10		ΙŸ

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Form **990-PF** (2015)

OH	1990-PF (2015) CAROL ELIZABETH YOUNG FOUNDATION 73-1291	.004		aye J
Par	Ttvli-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		x X
	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)			x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address			
14	The books are in care of CAROL ELIZABETH YOUNG FOUNDATION Telephone no. (40)	<u>5) 84</u>	<u>8-061</u>	0
	Located at 909 E. BRITTON ROAD OKLA. CITY OK 21P+4 /3114			- <del></del>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here		•	Ш
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country	1.00		No.
Pài	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			-11.
	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?	0		, ,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	0		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes	30.8.2		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes XN	o   ~~~		٠, ٣٤
	(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)?	0		
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.).	o		
t	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1	b L	X,
	Organizations relying on a current notice regarding disaster assistance check here	100	. as	*, , 8
ď	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?	1	C	* * L
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$ )		*	
ā	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?	o   * * *		
	If 'Yes,' list the years   20 , 20 , 20	s , 3°		
ŀ	b Are there any years listed in 2a for which the foundation is <b>not</b> 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.)			
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1, 2	<u></u>	***X;
	► 20 , 20 , 20			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	lo 🏥		
ŀ	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 penod (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 if the foundation had excess business holdings in 2015.)			****
	• • • • • • • • • • • • • • • • • • • •	3	וט	X
4 a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4	a	х
ŀ	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?	4	b	X

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Part VII-B   Statements Regarding Activiti	es for Which Form	<u> 4720 May Be Req</u>	uired (continued)					
5 a During the year did the foundation pay or incur ar	•			" "				
(1) Carry on propaganda, or otherwise attempt to	o influence legislation (se	ection 4945(e))?	· · · · Yes X	No				
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration	n drive?			No				
(3) Provide a grant to an individual for travel, study, or other similar purposes?								
(4) Provide a grant to an organization other than a charitable, etc. organization described								
(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	charitable, scientific, lite of cruelty to children or ar	rary, or nimals?	· · · · Yes X	No No				
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in a (see instructions)?	current notice regarding	disaster assistance		5 b X				
Organizations relying on a current notice regarding	ng disaster assistance ch	neck here	▶ [					
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib	foundation claim exempt ility for the grant?	on from the	Yes	]No				
If 'Yes,' attach the statement required by Regulat	ions section 53.4945-5(d	d).						
<b>6 a</b> Did the foundation, during the year, receive any fon a personal benefit contract?	unds, directly or indirectl	y, to pay premiums	Yes X	]No				
b Did the foundation, during the year, pay premium	is, directly or indirectly, o	n a personal benefit con	tract?	6b X				
If 'Yes' to 6b, file Form 8870.				No No				
7 a At any time during the tax year, was the foundation				]				
b If 'Yes,' did the foundation receive any proceeds  Part VIII								
and Contractors	irectors, Trustees,	roundation manag	gers, riigiliy Falu i	_mployees,				
1 List all officers, directors, trustees, foundatio	n managers and their c	ompensation (see inst	ructions).					
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances				
LEE W. YOUNG, 909 E. BRITTON ROAD								
OKLAHOMA	PRES & TRUSTEE			1				
CITY, OK 73114	0.00	0.	0.	0.				
MARIE ELIZE YOUNG, 909 E. BRITTON ROAD								
OKLAHOMA	TREAS & TRUSTEE							
CITY, OK 73114	0.00	0.	0.	0.				
JEAN_MWARREN, 6610_HILLCREST OKLHOMA	VP & TRUSTEE							
CITY OK 73116	0.00	0.	0.	0.				
				•				
2 Compensation of five highest-paid employee								
(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				
<u> NŌNE</u>			'					
				, ėj				
				<u>j</u>				
				` ,				
	<u> </u>			<del>                                     </del>				
Fotal number of other employees paid over \$50,000 .			·	None				
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Form 990-PF (2015) CAROL ELIZABETH YOUNG FOUNDATION

3	Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
<u>NON</u>	E	•
- <b>-</b> -		
		-
		, ·
i otai	number of others receiving over \$50,000 for professional services	None
Par	IX-A Summary of Direct Charitable Activities	
		<u> </u>
cisi ini organi	e foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of cations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1	DONATION TO THE CHILDREN'S HOSPITAL FOUNDATION TO FUND A	
	FELLOWSHIP TO BOOST THE DEPT. OF PEDIATRICS FOR RESEARCH	
	ON PEDIATRIC GASTROENTEROLOGY	7,500.
2	DONATION TO EVICENCE ACTION TO HELP FUND 'DEWORM THE	_
	WORLD INITIATIVE'-THE INITIATIVE TREATED MORE THAN 90 MILLION	
_	CHILDREN IN THE 2014/2015 SCHOOL YEAR	3,000.
3		
4		
•		
Dar	IX-B Summary of Program-Related Investments (see instructions)	·
r,ai	Summary of Frogram-Related investments (see instructions)	
Desc	ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1		Ì
2		-
2		
All o	her program-related investments. See instructions	
3	, •	
Total	. Add lines 1 through 3	
RAA		Form 990-PE (2015)

Qualifying distributions, Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required).......

Enter 1% of Part I, line 27b (see instructions) . . . . . . . . . . . . .

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Form 990-PF (2015)

10,500

10,496.

4.

3 a

3 b

4

5

### Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2014	<b>(c)</b> 2014	<b>(d)</b> 2015
1 Distributable amount for 2015 from Part XI, line 7			-	0.
2 Undistributed income, if any, as of the end of 2015  a Enter amount for 2014 only				
<b>b</b> Total for prior years 20 0 5 , 20 , 20		20,000.		
3 Excess distributions carryover, if any, to 2015				
a From 2010				
<b>b</b> From 2011 0 .				
<b>c</b> From 2012				
d From 2013 0 .	1		*	
e From 2014				, , , , ,
f Total of lines 3a through e	50,000.	1 7 7 7 7 7 8 2 7 7 8 2 7 7 8 2 7 7 8 2 7 7 8 2 7 7 8 2 7 7 8 2 7 7 8 2 7 7 8 2 7 7 8 2 7 8	***	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4 Qualifying distributions for 2015 from Part XII, line 4. ► \$ 10,500.				
a Applied to 2014, but not more than line 2a				\$**,
<b>b</b> Applied to undistributed income of prior years		**************************************		· · · · · · · · · · · · · · · · · · ·
(Election required — see instructions)	· 334		·	` ` ` ` ` ` ` ` ` .
c Treated as distributions out of corpus (Election required — see instructions)		. 3		
<b>d</b> Applied to 2015 distributable amount	1.3 4.45.4	•	·	
e Remaining amount distributed out of corpus	10,500.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the		16.7		
same amount must be shown in column (a).)		,		, , , , , , , , , , , , , , , , , , ,
		121633(6x2x7)	>	, ,
6 Enter the net total of each column as	4. 14. 19. 14.		* 	
indicated below:  a Corpus Add lines 3f, 4c, and 4e Subtract line 5	60,500.		* * * * * * * * * * * * * * * * * * * *	
·			* <	y
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b	landa (filia	20,000.	***	
c Enter the amount of prior years' undistributed			\$32 Prog. 3435	30
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		20,000.		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount — see instructions			0.	,
f Undistributed income for 2015 Subtract lines		* * * * * * * * * * * * * * * * * * * *		
4d and 5 from line 1 This amount must be distributed in 2016			, , , , , , , , , , , , , , , , , , ,	0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				3
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)		* * * * * * * * * * * * * * * * * * * *		·
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	0.	*** .		*
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	60,500.	- '		·
10 Analysis of line 9	, , , ;		• • •	1
a Excess from 2011 0.	, , , , ,	****	* , ;	* 5, °   °
b Excess from 2012 0.	* * *		13 Ta	Jan A
© Excess from 2013				· · · · · ·
d Excess from 2014	· · · · · ·			
e Excess from 2015   10,500.	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>	<u> </u>	Form 990-PF (2015)

Form 990-PF (2015) CAROL ELIZABETH				73-1291004	Page <b>10</b>
Part:XIV. Private Operating Foundations (see instructions and Part VII-A, question 9)  1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling					
is effective for 2015, enter the date of the ru	ing			· · <u>· ·</u> · · · · · · · · · · · · · · ·	<u> </u>
<b>b</b> Check box to indicate whether the foundation	r	ng foundation descri		4942(j)(3) or	4942(J)(5) -
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Pnor 3 years	1	
investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
<b>b</b> 85% of line 2a				ļ	
C Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					• 5
3 Complete 3a, b, or c for the alternative test relied upon.					s t <del>er</del>
a 'Assets' alternative test — enter				1	
(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					ζ <sub>ε</sub> .
in section 4942(j)(3)(B)(III)					
an exempt organization					, ,
Part XV Supplementary Information	(Complete this	part only if the	foundation ha	d \$5.000 or more	in
assets at any time during the	nè year – see in	structions.)			<u> </u>
Information Regarding Foundation Mana     a List any managers of the foundation who had close of any tax year (but only if they have	ve contributed more	than 2% of the total a \$5,000) (See secti	contributions receiv on 507(d)(2) )	ed by the foundation be	efore the
LEE W. YOUNG-PRESIDENT; MA					
<b>b</b> List any managers of the foundation who over a partnership or other entity) of which the fo	n 10% or more of the undation has a 10%	e stock of a corporat or greater interest	ion (or an equally la	irge portion of the owne	ership of
NONE					. 4
2 Information Regarding Contribution, Gra		-		,	
Check here Lifthe foundation only m requests for funds. If the foundation makes complete items 2a, b, c, and d					
a The name, address, and telephone number	or e-mail address of	the person to whom	applications should	be addressed.	
See Information Regarding Contribution, Gi	ant, Gift, Loan, Scho	larship, etc, Progran	ns		
<b>b</b> The form in which applications should be su	bmitted and informat	ion and materials the	ey should include		
c Any submission deadlines				<u> </u>	
					·a
d Any restrictions or limitations on awards, su	ch as by geographica	al areas, chantable fi	elds, kinds of institu	itions, or other factors;	••••
					٠

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Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, oundation Recipient show any relationship to any foundation manager or substantial contributor Purpose of grant or Amount status of contribution recipient Name and address (home or business) a Paid during the year 501C(3) FELLOWSHIP TO BOOST CHILDREN'S HOSPITAL FOUNDATION 6501 N. BROADWAY EXT. STE 190 IRS SECTION DEPT OF PEDIATRICS 7,500. OKLAHOMA CITY OK 73116 EIN:73-1200262 EVIDENCE ACTION 501C(3) DEWORM THE WORLD IRS SECTION INITIATIVE 641 S. STREET NW/3RD FLOOR EIN:90-0874591 3,000. WASHINGTON DC 20001 10,500. b Approved for future payment

3b

#### Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indica	ated. Unrela	ted business income	Excluded	d by section 512, 513, or 514	(0)
	(a) Business code	(b)	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions.)
Program service revenue			code		
a					
b					
С			ļ		
d					
e			ļ		
f			ļ		
g Fees and contracts from government a					
2 Membership dues and assessments .					,
3 Interest on savings and temporary cash investr			14	769.	
4 Dividends and interest from securities			<u> </u>		
5 Net rental income or (loss) from real es	state		\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
a Debt-financed property					`
<b>b</b> Not debt-financed property			ļ		
6 Net rental income or (loss) from personal prope	erty				
7 Other investment income					
8 Gain or (loss) from sales of assets other than in	nventory				
9 Net income or (loss) from special even	nts				
10 Gross profit or (loss) from sales of inve	entory				
11 Other revenue	* \$ /	· 1,72			
a					
b					,
С					,
d					<u> </u>
e					Ť, ·.
e	)			769.	
	)				769.
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all	nd (e)				769.
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify)	nd (e)			13	769.
Part XVI-B Relationship of Activ	nd (e)	plishment of Exem	pt Purp	ooses	
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
Part XVI-B Relationship of Activ	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Active  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activ  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), all (See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Active  Line No. Explain below how each activity	ind (e)	plishment of Exem	pt Purp	ooses	the

# Form 990-PF (2015) CAROL ELIZABETH YOUNG FOUNDATION 73-1291004 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

					<del> </del>	<del></del>		1 -2
descr	he organization directly or ribed in section 501(c) o ng to political organization	f the Code (othe	age in any of the follor fr than section 501(c	owing with any )(3) organizati	other organization ons) or in section 527,			Yes No
a Trans	sfers from the reporting	foundation to a r	noncharitable exemp	t organization	of			
1., -	Cash						1 a (1)	X
(2)	Other assets						1 a (2)	X
<b>b</b> Other	r transactions:						*	×
(1) S	Sales of assets to a none	charitable exem <sub>l</sub>	pt organization				1 b (1)	l x
(2) F	ourchases of assets fron	n a noncharitabl	e exempt organization	on			1 b (2)	Х
(3) F	Rental of facilities, equip	ment, or other a	ssets				1 b (3)	Х
(4) F	Reimbursement arrangei	ments					1 b (4)	Х
(5) L	oans or loan guarantee	s					1 b (5)	Х
(6) F	Performance of services	or membership	or fundraising solicit	ations			1 b (6)	Х
c Shari	ing of facilities, equipme	nt, mailing lists,	other assets, or paid	d employees.			1 c	Х
			•					
the a	e answer to any of the ab goods, other assets, or so ransaction or sharing ar	ervices given by	the reporting founds	ation. If the fou	ndation received less th	an fair market value		•
(a) Line no	(b) Amount involved	(c) Name o	of noncharitable exempt of	organization	(d) Description of trai	nsfers, transactions, and	sharing arran	gements
· · · · · · · · · · · · · · · · · · ·			······································		<del></del>			
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						<del></del>		
					·	·		
desc	e foundation directly or in ribed in section 501(c) o es,' complete the followin	of the Code (othe	d with, or related to, er than section 501(c	one or more to (3)) or in sect	ex-exempt organizations ion 527?	; 	Yes	s XNo
	(a) Name of organization		(b) Type of	organization	1	c) Description of rela	tionship	<del></del>
	\_/		(2) 1) 50 01	3	<u>'</u>	,		
						<del></del>		
	· · · · · · · · · · · · · · · · · · ·					<del></del>		<u> </u>
							·	
Line	der penalties of perjury, I declare	e that I have examine	d this return, including acco	omnanying schedul	es and statements, and to the h	est of my knowledge and h	elief it is true	
Sign cor	rect, and complete Declaration	of preparer (other tha	in taxpayer) is based on all	information of which	h preparer has any knowledge	est of my knowledge and b	May the I	RS discuss
Here	Mu W	(Sul		5-4-16	_ Presid	le t		shown below
5	Signature of officer or trustee	177	Da	te	Title		(see instr	Yes No
l,	Print/Type preparer's nar	me( /	Preparer's signa	ature /7	Date	Check If	PTIN	
Paid	KEITH A. RO	BBEN	hit	es A. Ka	Mes 05/03/16	self-employed	POOME	1201
				<u> </u>	103/03/10	T - '	P00450	1 <u>Z</u> UI
Prepare	•   -		ROBBEN, C.P.A	A. PC		Firm's EIN ► 80-0	<u> 297678</u>	
Use Onl	_		BRITTON ROAD			-		
D.4.4	<u> </u>	OKLAHOMA C	CITY		K 73114	Phone no (405		
RΔΔ							Earm 00	O DE (DOIE)

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Employer Identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of the organization		Employer Identification number	
CAROL ELIZABETH YOUNG FO	UNDATION	73-1291004	
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	501(c)( ) (enter nu	umber) organization	·.
	4947(a)(1) nonexempt ch	nantable trust <b>not</b> treated as a private foundation	1
	527 political organization		35 1 7 7
Form 990-PF	X 501(c)(3) exempt private	foundation	
	4947(a)(1) nonexempt ch	naritable trust treated as a private foundation	
	501(c)(3) taxable private	·	
	30 I(c)(3) taxable bilvate	Touridation	
Check if your organization is covered by	the General Rule or a Special Rule.		
Note. Only a section 501(c)(7), (8), or (1	)) organization can check boxes for bo	th the General Rule and a Special Rule. See instructions.	
General Rule			
Y For an organization filing Form 990.	990-EZ, or 990-PF that received, during	the year, contributions totaling \$5,000 or more (in money or	
property) from any one contributor (	omplete Parts I and II. See instructions	s for determining a contributor's total contributions.	
			-
Special Rules			
For an organization described in sec	ion 501(c)(3) filing Form 990 or 990-E2	Z that met the 33-1/3% support test of the regulations	
received from any one contributor, d	iring the year, total contributions of the	rm 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that greater of (1) \$5,000 or (2) 2% of the amount on (i)	
Form 990, Part VIII, line 1h, or (ii) Fo	rm 990-EZ, line 1. Complete Parts I an	d II.	
For an organization described in sec	ion 501(c)(7) (8) or (10) filing Form 99	90 or 990-EZ that received from any one contributor,	
during the year, total contributions o	more than \$1,000 exclusively for religion	ous, charitable, scientific, literary, or educational	
purposes, or for the prevention of cr	elty to children or animals. Complete F	ans I, II, and III.	
Π-	504/ V7\ (0) (40) 5lm v 5 mm 0	20 000 5746-4	
during the year, contributions exclus	ion 501(c)(7), (8), or (10) filing Form 9: ve/v for religious. charitable, etc., purpo	90 or 990-EZ that received from any one contributor, oses, but no such contributions totaled more than	
\$1,000 If this box is checked, enter	nere the total contributions that were re	ceived during the year for an exclusively religious,	
		ral Rule applies to this organization because 5,000 or more during the year	
it received nonexclusively religious,	naritable, etc., contributions totaling \$5	,000 or more during the year	
			•
Caution An organization that is not cover	ored by the General Rule and/or the Sn	pecial Rules does not file Schedule B (Form 990, 990-EZ, or	
990-PF), but it must answer 'No' on Par	IV. line 2, of its Form 990; or check the	e box on line H of its Form 990-EZ or on its Form 990-PF.	
Part I, line 2, to certify that it does not m	et the filing requirements of Schedule	ಶ (Form 990, 990-EZ, or 990-PF).	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

CAROL	ELIZABETH YOUNG FOUNDATION	[/3-1	291004
Part 10	Contributors (see instructions). Use duplicate copies of Part I if additional space	e is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JMW CHARITABLE LEAD UNITRUST  1606 COVENTRY PARK  OKLAHOMA CITY  OK 73120	- \$73,897.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
		- - - -	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-     \$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-    \$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
BAA	TEEA0702 10/12/15	Schedule B (Form 9	 90, 990-EZ, or 990-PF) (2015

Page

1 of

Employer identification number

1 of Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)
Name of organization

Form 990-PF, Page	10, Part XV, Line 2			<del></del>	<del></del>				
Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs									
Name . THE BOA	ARD OF DIRECTORS	S							
Address CAROL E. YOUNG FOUNDATION, INC., 909 E. BRITTON ROAD									
City, St, Zıp, Phone.	OKLAHOMA CITY		OK 7	3114 (405)	848-0610				
E-mail					<del></del>				
The form in which applications should be submitted and information and materials they should include:									
LETTER FORMAT, AMOUNT DESIRED AND USE OF FUNDS									
Any submission dead	dlines.								
NONE									
Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of									
institutions, or other factors:									
	DE ASSISTANCE TO		EOPLE THOUG	HOUT THE AME	ERICAS AND				
Address	· · · · · · · · · · · · · · · · · · ·								
City, St, Zip, Phone .									
E-mail									
The form in which applications should be submitted and information and materials they should include:									
Any submission deadlines									
Any restrictions or lin	nitations on awards, si	uch as by geogra	aphical areas, ch	aritable fields, kir	nds of				
institutions, or other t		75 5	,	•	i				
Form 990FBF,TPMgeF	Pomartin the stat	TE OF OKLAH	AMC		-				
Line 16b - Accounting Fees									
Name of	Type of Service	Amount	Net	Adjusted	Disbursements				
Provider	Provided	Paid Per Books	Investment Income	Net Income	for Charitable Purposes				

Total TAX PREPARATION 365.