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Form 990-PF

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

OMB No 1545-0052

2015

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

		ar year 2015, or tax year beginning	, 2015	, and ending				
	of founda				A Employer identification number			
Numbe	r and str	ULLIAN FOUNDATION, INC. eet (or P.O. box number if mail is not delivered to street	Room/suite	73-1463646 B Telephone number (see instructions)				
980	0 NC	RTH OKLAHOMA AVENUE	,		(405) 748-9400			
City or town, state or province, country, and ZIP or foreign postal code								
OKL	AHOM	IA CITY	OK	73114-7406	C If exemption application is pending, check here. ►			
G C	heck a	all that applyInitial return	Initial return of a form	er public charity	D 1 Foreign organizations, check here			
		Final return	Amended return		Troleigh organizations, thetic here			
		Address change	Name change		2 Foreign organizations meeting the 85% test, check here and attach computation			
H C			I(c)(3) exempt private for	undation	nere and attach computation			
	S	ection 4947(a)(1) nonexempt charitable tru	st Other taxable p	rivate foundation	E If private foundation status was terminated			
I F	ır mark	et value of all assets at end of year J Acc	counting method: X C	ash Accrual	under section 507(b)(1)(A), check here · · · · . ►			
(11		t II, column (c), line 16)	Other (specify)		F If the foundation is in a 60-month termination —			
	\$		column (d) must be on o	cash basis.)	under section 507(b)(1)(B), check here			
Par		analysis of Revenue and	(a) Revenue and	(b) Net investment	(c) Adjusted net (d) Disbursements			
	C	xpenses (The total of amounts in olumns (b), (c), and (d) may not neces-	expenses per books	income	income for charitable			
	S	arily equal the amounts in column (a)			purposes (cash basis only)			
		see instructions).)			(0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			
	1	Contributions, glifts, grants, etc, received (attach schedule)	2,161,069.					
	2	Ck If the foundation is not required to attach Sch B		,	•			
	3	Interest on savings and temporary cash investments	51.	5	1.			
	4	Dividends and interest from securities	121,665.	121,44				
	,	a Gross rents		· · · · · · · · · · · · · · · · · · ·				
		b Net rental income or (loss)		-				
R		a Net gain or (loss) from sale of assets not on line 10	41,673.	L-6a Stmt				
E	_	b Gross sales price for all assets on line 6a 1,265,812.						
E	7	Capital gain net income (from Part IV, line 2)		41,67				
U	8	Net short-term capital gain	·	<u> </u>	0.			
Ē	10	a Gross sales less		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
€,		returns and allowances			-			
© ny		b Less Cost of goods sold						
\mathcal{Q}	(Gross profit or (loss) (attach schedule)		-	, , , , , , , , , , , , , , , , , , , ,			
€	11	Other income (attach schedule)						
ود					-			
7	12	Total Add lines 1 through 11.	2,324,458.	163,16				
<u>~</u>	13	Compensation of officers, directors, trustees, etc. Other employee salaries and wages	71,960.	3,59	8. 68,362.			
ر <u>ا</u> ۔		Pension plans employee benefits						
	16	Pension plans, employee benefits.	-					
A A		Accounting fees (attach sch). L-16b_Stmt.	3,100.	3 55	0 1 550			
) Imm	1	Other prof fees (attach sch)	3,100.	1,55	0. 1,550.			
N N	17	Interest						
P S	18	Taxes (attach schedule)(see Instrs) See Line. 18 Stmt	7,363.	1,03	3,430.			
OPERATING	19	Depreciation (attach	1,303.	1,03.	3,430.			
ŢÎ		schedule) and depletion						
N V	20	Occupancy						
	21	Travel, conferences, and meetings						
A E X P	23	Other expenses (attach schedule)						
E		BANK CHARGES	7,200.	7,200	n.			
N S	24	Total operating and administrative	.,,200.	7,200	<u> </u>			
S		expenses. Add lines 13 through 23	89,623.	13,38	1. 73,342.			
	25	Contributions, gifts, grants paid	53,500.		73,342. 53,500.			
	26	Total expenses and disbursements						
	27	Add lines 24 and 25	143,123.	13,38	1. 126,842.			
		Excess of revenue over expenses	·					
		and disbursements	2,181,335.					
	b	Net investment income (if negative, enter -0-)		149,78	7.			
		Adjusted net income (if negative, enter -0-)			0.			
		namuade Daduation Ast Nation and In-						

BAA For Paperwork Reduction Act Notice, see Instructions.

TEEA0301 12/04/15



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' (a) List and describe	Losses for Tax on Investmenthe kind(s) of property sold (e.g., reale; or common stock, 200 shares MLC	estate,	(b) How acc P — Purch D — Dona	nase	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a SEE ATTM		· · · · · · · · · · · · · · · · · · ·				
b						
<u> </u>						
d		_ 				
(a) Cross soles pries	(9.0	(-) O ((·		(1) (2)	(1000)
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale			(h) Gain or (e) plus (f) mi	
a 1,265,812.	 	1 22	4,139.			41,673.
b			1,109.			41,073.
c						
d					· · · · · · · · · · · · · · · · · · ·	
e						
	ng gain in column (h) and owned by th	e foundation on 12/31/69			(I) Gains (Col	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		g th	ain minus col (k), bu an -0-) or L osses (fro	ut not less om col. (h))
а						41,673.
b						
c						
e		<u> </u>				
in Part I, line 8	r Section 4940(e) for Reduce foundations subject to the section 494 s part blank. on 4942 tax on the distributable amount y under section 4940(e). Do not complete the section 4940(e).	d Tax on Net Investment in the base per the	ncome)			-2,880. X No
	each column for each year; see the in		v entres.			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use ass	-	(col.	(d) Distribution (b) divided by co	
2014	68,216.	2,24	7,518.			0.030352
2013	67,694.		3,347.			0.032338
2012	87,506.		3,523.			0.044909
2011	165,155.		3 , 942.		_·	0.081400
2010	162,244.	2,09	0,511.			0.077610
•				2		0.266609
3 Average distribution ratio for the number of years the foundation	5-year base period — divide the total has been in existence if less than 5 years.	on line 2 by 5, or by the ars		3		0.053322
4 Enter the net value of noncharita	able-use assets for 2015 from Part X, I	ine 5		4	2	2,855,329.
5 Multiply line 4 by line 3				5_		152,252.
6 Enter 1% of net investment incom	me (1% of Part I, line 27b)			_6_		1,498.

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.

153,750.

126,842.

Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	instr	uctions)
1:	a Exempt operating foundations described in section 4940(d)(2), check here ► and enter 'N/A' on line 1	7.7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	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	2,996.
	check here . ▶ ☐ and enter 1% of Part I, line 27b		
•	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	2,996.
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	_	2,996.
6	Credits/Payments:		
	2 2015 estimated tax pmts and 2014 overpayment credited to 2015		
	Exempt foreign organizations — tax withheld at source		
	Tax paid with application for extension of time to file (Form 8868) 6 c 2,200.		
	Backup withholding erroneously withheld	_	
7	Total credits and payments. Add lines 6a through 6d	7	4,951.
8	Enter any penalty for underpayment of estimated tax. Check here	. 8	5.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1,950.
11	Enter the amount of line 10 to be Credited to 2016 estimated tax	11	
Par	AVII AT Statements Regarding Activities		<u></u>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes No
	participate or intervene in any political campaign?		1a X
k	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	. .	1b X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	1	
	Did the foundation file Form 1120-POL for this year?		1c X
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		
	(1) On the foundation > \$ (2) On foundation managers > \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		
Ĭ	foundation managers > \$		
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.		200 200 air
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
Αs	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		
	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		
3	If 'Yes,' attach the statement required by General Instruction T.	• • •	5 X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		
·	By language in the governing instrument, or		
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 		6 X
	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
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)		
	OK - Oklahoma		
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation		8 b X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part	j)(5) X/V .	9 X
10	Did any persons become substantial contributors during the tax year? If Yes,' attach a schedule listing their names and addresses	<u></u> .	10 X
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Par	Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified p advisory privileges? If 'Yes,' attach statement (see instructions)	erson had		12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption app	lication?	[13	Х	
	Website address					
14	The books are in care of MARION STORY Located at 9800 NORTH OKLAHOMA AVENUE OKLAHOMA CITY OK ZIP + 4	e no.	(<u>405)</u> 4-7406		<u>-921</u>	<u> </u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here					ГТ
	and enter the amount of tax-exempt interest received or accrued during the year					Ш
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authori bank, securities, or other financial account in a foreign country?	ty over a	[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					
Par	松川野屋 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):		I			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		X No		,	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	XYes	No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes [χNο			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	∏Yes [XNo			
b	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		X
	Organizations relying on a current notice regarding disaster assistance check here	▶ [
С	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		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):					
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?	Yes	X No			100
	If 'Yes,' list the years ► 20 _ , 20 _ , 20 , 20			: }		
	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) all years listed, answer 'No' and attach statement — see instructions.)	to		2 b	N	
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				///	<u> </u>
-	► 20 , 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?	Yes	X No			
	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 if the foundation had excess business holdings in 2015.)	. ت		3 b		A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4 a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?			4 b		X
BAA					-PF (2	
					٠,-	- /

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Partivil B. Statements Regarding Activit		4720 May Be Req	uired (continued)	
5 a During the year did the foundation pay or incur a	ny amount to:			
(1) Carry on propaganda, or otherwise attempt t	- ,	• ,,	Yes X	No A A
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registratio	n drive?			No la
(3) Provide a grant to an individual for travel, stu			Yes X	No la
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions).	a chantable, etc, organiz	zation described	Yes X	No No
(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 la la la
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		5b N/A
Organizations relying on a current notice regardi				
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?	ion from the	Yes	No Riversity
If 'Yes,' attach the statement required by Regular	tions section 53.4945-5(a	().		
6 a Did the foundation, during the year, receive any on a personal benefit contract?				No Shanna
b Did the foundation, during the year, pay premium If 'Yes' to 6b, file Form 8870	is, airectly or indirectly, o	n a personal benefit con	tract?	6 b X
7 a At any time during the tax year, was the foundati	on a party to a prohibited	tax shelter transaction?	Yes V	No.
b If 'Yes,' did the foundation receive any proceeds	or have any net income a	attributable to the transac	ction?	7b M/A
PartVIII Information About Officers, D				
and Contractors	,			
1 List all officers, directors, trustees, foundation	n managers and their c	ompensation (see Insti		
(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
MARION J. STORY				
9800 NORTH OKLAHOMA AVENUE OKLAHOMA CITY OK 73114-7406	PRESIDENT 25.00	70,760.	0.	0.
E. CAREY JOULLIAN IV				
9800 NORTH OKLAHOMA AVENUE	VICE PRESIDENT	į.		_
OKLAHOMA CITY OK 73114-7406	5.00	0.	0.	0.
ALICE_B. MEARES 9800 NORTH OKLAHOMA AVENUE	ASSISTANT SEC/TREAS.			
OKLAHOMA CITY OK 73114-7406	15.00	1,200.	0.	0.
2 Compensation of five highest-paid employee	s (other than those incl	luded on line 1 – see ir	nstructions). If none, e	nter 'NONE.'
(a) Name and address of each employee	(b) Title, and average	(c) Compensation	(d)Contributions to	(e) Expense account,
paid more than \$50,000	hours per week devoted to position		employee benefit plans and deferred	other allowances
			compensation	
NONE	ĺ			
				ļ
				
				
Total number of other employees paid over \$50,000			· · · · · · · · · · · · · · · · · · ·	None Form 990-PF (2015)
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Partivilla Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	None
	None
Partix-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
	0.
2	
3	
·	
4	
Partix B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
	0.
2	
All other program-related investments. See instructions.	
3 NONE	
· NOTE	
	0.
Total. Add lines 1 through 3	None
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see instructions.)		
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:	المراجة المراجة	
a Average monthly fair market value of securities		2,700,944.
b Average of monthly cash balances		197,867.
C Fair market value of all other assets (see instructions)		
d Total (add lines 1a, b, and c)		2,898,811.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets		
3 Subtract line 2 from line 1d	. 3	2,898,811.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	43,482.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	. 5	2,855,329.
6 Minimum Investment return. Enter 5% of line 5	. 6	142,766.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operation and certain foreign organizations check here ► ☐ and do not complete this part.)	ng founda	ations
1 Minimum investment return from Part X, line 6	. 1	142,766.
2a Tax on investment income for 2015 from Part VI, line 5		
b Income tax for 2015. (This does not include the tax from Part VI)		
c Add lines 2a and 2b	. 2c	2,996.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	139,770.
4 Recoveries of amounts treated as qualifying distributions	. 4	
5 Add lines 3 and 4	. 5	139,770.
6 Deduction from distributable amount (see instructions)	. 6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	139,770.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc. purposes:	10.12.12 20.12.12	
a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26		126,842.
b Program-related investments — total from Part IX-B	1 b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes		
3 Amounts set aside for specific charitable projects that satisfy the	१२ खरूका १९ ५०० वर्ष	
a Suitability test (prior IRS approval required)	. 3 a	
b Cash distribution test (attach the required schedule)	. 3 b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	126,842.
Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)		0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	. 6	126,842.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the qualifies for the section 4940(e) reduction of tax in those years.	foundation	
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Part XIII Undistributed Income (see instructions)

	•	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI,			,	139,770.
2	Undistributed income, if any, as of the end of 2015			4	
	Enter amount for 2014 only	, ,	·	0.	· · · · ·
ŧ	Total for prior years 20 , 20 , 20				3
3	Excess distributions carryover, if any, to 2015		-		1
a	From 2010 41,436.	**			- 1
t	From 2011 64, 482 .			-	, , , ,
c	From 2012		,		, , ,
c	From 2013		,	. , -	. '
€	From 2014 0 .	,	,	, , , , ,	
f	Total of lines 3a through e	105,918.			
4	Qualifying distributions for 2015 from Part		·		j '
	XII, line 4: \$ 126,842.				
ε	Applied to 2014, but not more than line 2a				<u></u>
Ł	Applied to undistributed income of prior years (Election required — see instructions)				
	: Treated as distributions out of corpus (Election required – see instructions)			, <u>,</u> , , , , , , , , , , , , , , , , ,	, ,
	Applied to 2015 distributable amount				126,842.
€	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2015	12,928.	<u> </u>	*	12,928.
	(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:	<u></u>			
ē	Corpus Add lines 3f, 4c, and 4e Subtract line 5	92,990.			
t	Prior years' undistributed income Subtract line 4b from line 2b		0.	,	, ,,
Ċ	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.		- 3
c	Subtract line 6c from line 6b. Taxable amount – see instructions		0.	-	
	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				
	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)	28,508.		,	,
9	Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	64,482.			, ,
10	Analysis of line 9				
	Excess from 2011 64, 482.			1	1
	Excess from 2012 0 .	1		1	
•	Excess from 2013 0 .	1			
	Excess from 2014 0 .	1			;
•	Excess from 2015 0 .	1		<u> </u>	<u> </u>
					Form 990-PF (2015)

Part:XIV Private Operating Foundation			VII-A question 9	73-1463646	N/A
1a If the foundation has received a ruling or deter	`				14 / 14
is effective for 2015, enter the date of the rulin	g			<u>.</u>	
b Check box to indicate whether the foundation	is a private operati	ng foundation descr	ribed in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Pnor 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
b 85% of line 2a					
C Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
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:					
a 'Assets' alternative test - enter.		!		1	
(1) Value of all assets				<u> </u>	
(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	1	1	
(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					
art XV Supplementary Information (assets at any time during the Information Regarding Foundation Manage a List any managers of the foundation who have	year — see in	structions.)			
close of any tax year (but only if they have con E. CAREY JOULLIAN MARION STORY	tributed more than	\$5,000). (See secti	ion 507(d)(2).)	,	
b List any managers of the foundation who own a partnership or other entity) of which the found N/A	10% or more of the dation has a 10%	e stock of a corporator greater interest.	tion (or an equally la	rge portion of the owner	ership of
Information Regarding Contribution, Grant, Check here if the foundation only make requests for funds. If the foundation makes gift complete items 2a, b, c, and d.	es contributions to	preselected charita	ble organizations and		
a The name, address, and telephone number or	e-mail address of	the person to whom	applications should	be addressed:	
MARION JOULLIAN STORY 9800 NORTH OKLAHOMA AVENUE					
OKLAHOMA CITY	ок 7311	4-7406 (40	05) 748-9400		
b The form in which applications should be subm					
WRITTEN REQUESTS, INCLUDING EXEMPT PURPOS	E, INFORMATION A	BOUT THE ORGANIZAT	TION AND PROOF OF E	EXEMPT STATUS UNDER	SECTION 501(C)
c Any submission deadlines: NONE					
d Any restrictions or limitations on awards, such LIMITED TO 501(C)(3) ORGANIZ		al areas, chantable f	ields, kinds of institut	tions, or other factors:	
					
IA	TEI	EA0310 10/13/15		Fo	orm 990-PF (20

3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager or	Julia Ci	Purpose of grant or contribution	Amount				
Name and address (home or business)	substantial contributor	recipient	<u> </u>					
a Paid during the year	}	}	1	1				
THE NATURE CONSERVANCY	ŀ]	1					
408 NW 7TH ST.								
OKLAHOMA CITY OK 731)2 N/A	N/A	GENERAL DONATION	1,000.				
OKLAHOMA CENTENNIAL HORSE SHOW		1		1				
P.O. BOX 30426		{	(
EDMOND OK 730)3 N/A	N/A	GENERAL DONATION	5,000.				
THE COLONIAL WILLAMSBURG FOUNDATI	ON	1						
PO BOX 1776	Ĭ)	1]				
WILLIAMSBURG VA 231	87 N/A	N/A	GENERAL DONATION	10,000.				
CASADY SCHOOL		1						
9500 N PENNSYLVANIA AVE	}	ľ						
OKLAHOMA CITY OK 731	56 N/A	N/A	GENERAL DONATION	25,000.				
YMCA OF GREATER OKLAHOMA CITY	}		1	1				
1000 N PENNSYLVANIA AVENUE		-						
OKLAHOMA CITY OK 731)7 N/A	N/A	GENERAL DONATION	1,500.				
TRINITY SCHOOL				į				
321 NORTHWEST 36TH STREET		1						
OKLAHOMA CITY OK 731	.8 N/A	N/A	GENERAL DONATION	10,000.				
DESERT COMMUNITY FOUNDATION			1	ļ				
46000 FAIRWAY DRIVE								
INDIAN WELLS CA 922	.0 N/A	N/A	GENERAL DONATION	1,000.				
		1						
		1	1					
		1]					
		1	1	}				
		İ	1					
		1	İ					
]					
	1		}					
		l	<u> </u>					
Total	 		3a	53,500.				
b Approved for future payment			•					
		1	ì					
		1	}					
		(,					
		1						
		ļ						
		1						
		<u> </u>	<u> </u>					
Total			<u>.</u> <u> ►</u> 3 b	1				

Part XVI-A Analysis of Income-Producing Activities

Ente	er gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
	. December of the second	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions.)
1	Program service revenue: a			code		<u></u>
		 		 		<u> </u>
	5 B	 		 		
•	d					
•	•			ļ		
1		 		 	ļ	
2	g Fees and contracts from government agencies	<u> </u>		ļ		
3	Interest on savings and temporary cash investments			14	51.	
4	Dividends and interest from securities			14	121,665.	
5	Net rental income or (loss) from real estate.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,	
	Debt-financed property					
_	Not debt-financed property			ļ		
6 7	Net rental income or (loss) from personal property Other investment income	<u></u>		 		
8	Gain or (loss) from sales of assets other than inventory	 		18	41,673.	
9	Net income or (loss) from special events	 		1		
10	Gross profit or (loss) from sales of inventory					•
11	Other revenue:	2 2 2	1964, - 20	. ,		
ā		ļ	 	<u> </u>		
,		 -		 		
,		 		 -		
•		 		 -		
12	Subtotal Add columns (b), (d), and (e)	Synth Tr			163,389.	
13	Total. Add line 12, columns (b), (d), and (e)				13	163,389.
(See	worksheet in line 13 instructions to verify calculations	s.)				
Par	TXVI-B Relationship of Activities to the	e Accomp	lishment of Exem	pt Purp	oses	
Lin	e No. Explain below how each activity for which inc	ome is report	ed in column (e) of Part	XVI-A co	ontributed importantly to t	 he
	▼ accomplishment of the foundation's exempt p	urposes (oth	er than by providing fun-	ds for su	ch purposes). (See instru	ctions.)
	N/A					
						
						
						
					<u>, </u>	
			······			
						
			_ 			
						
			··-			
BAA						Form 990-PF (2015)
		TEEA	0502 10/13/15			1 OHH 330 TF (2013)

TEEA0502 10/13/15

Form 990-PF (2015) THE JOULLIAN FOUNDATION, INC. Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

describ relating a Transfe (1) Ca (2) Oth b Other tr (1) Sal (2) Pur (3) Re (4) Rei (5) Los	organization directly of the properties of the p	f the Code (othons? coundation to a charitable exem a a noncharitab ment, or other a nents	er than section 50 noncharitable exempt organization le exempt organization assets	o1(c)(3) organization	cations) or	in section 527,		1a (1) 1a (2) 1b (1) 1b (2) 1b (3) 1b (4) 1b (5)	Yes No X X X X X X X X X X X
d If the ar	g of facilities, equipments swer to any of the abods, other assets, or seen saction or sharing arr	ove is 'Yes,' co	mplete the follow	ing schedule. C	olumn (b)	should always s	show the fair marke	et value of	X
(a) Line no	(b) Amount involved		of noncharitable exer		 -		nsfers, transactions, an	nd sharing arrange	ements
	.,	1				, ,		3 3	
		1							
		 							
									
		 		·	+				
									
					+				
		 			+				
+		 							
		 			 -				
		 			 				
+		 	 						
							 		
		 			 -				
	_ <u></u> .								
		<u> </u>						· · · · · · · · · · · · · · · · · · ·	
describe	oundation directly or in ed in section 501(c) of complete the following	the Code (other	ed with, or related er than section 50	to, one or more	e tax-exen ection 527	npt organizations	· · · · · · · · · · · · · · · · · · ·	· · · Tyes	XNo
(a) Name of organizatio	n	(b) Type	of organizatio	n	(0	c) Description of re	lationship	
	- <u>-</u> -								
Sign Here	penalties of perjury, I declare, and complete Declaration o	that I have examine f preparer (other tha	ed this return, including an taxpayer) is based o	n all information of	which prepare	VICZ -	est of my knowledge and	May the IR: this return of preparer sh (see Instruc	with the lown below ctions)?
Signa	ature of officer or trustee			Date	1	Title		XY	es No
ľ	Print/Type preparer's name	e	Preparers	signature)	Date	Checktf	PTIN	
Paid	ERIC F. PERC	IVAL		04	<u>, </u>	11-11-1	self-employed	P00295	536
Preparer	Firm's name ► H	SPG & ASS	SOCIATES, E	ec /			Firm's EIN ► 20-	5861398	
Use Only			RAND BLVD.,	STE. 33)				
···y		KLAHOMA (3112	Phone no. (40	5) 844-9	995
BAA							· · · · · · · · · · · · · · · · · · ·		PF (2015)

Schedule B

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

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

Department of the Treasury Internal Revenue Service	► Attach to Form 990, Form 990-EZ, or Form 990 Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is		
Name of the organization			fication number
THE JOULLIAN FO	UNDATION, INC.	73-14636	546
Organization type (check	k one).		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not tre	eated as a private foundation	n
	527 political organization	,	
	OZI pomozi organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated	d as a private foundation	
	501(c)(3) taxable private foundation	- 4- 4 p	
	30 1(0)(3) taxable private louridation		
Check if your organization	is covered by the General Rule or a Special Rule.		
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule. See ins	tructions.
General Rule			
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contribution	ons totaling \$5,000 or more	(in money or
property) from any one	e contributor. Complete Parts I and II. See instructions for determining a co	ontributor's total contribution	is.
Special Rules			
For an organization de	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3	% support test of the regula	tions
received from any one	(1) and 170(b)(1)(A)(vı), that checked Schedule A (Form 990 or 990-EZ), is contributor, during the year, total contributions of the greater of (1) \$5,000		
Form 990, Part VIII, lin	ne 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	. ,	• •
For an organization de	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rec	sowed from any one contribu	utor
during the year, total c	contributions of more than \$1,000 exclusively for religious, charitable, scien	ntific, literary, or educational	iloi,
purposes, or for the pro	revention of cruelty to children or animals. Complete Parts I, II, and III.		
П			
	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rec butions exclusively for religious, charitable, etc., purposes, but no such co		
<u> </u>	hecked, enter here the total contributions that were received during the ye		
	se. Do not complete any of the parts unless the General Rule applies to the	ي ح	
it received nonexclusive	vely religious, charitable, etc., contributions totaling \$5,000 or more during	the year ▶ ♀	'
Caution An arganization t	that is not covered by the Conoral Bulls and/arthe Consid Bulls and	file Cahadula D /Farm 202	000 E7 or
990-PF), but it must answe	that is not covered by the General Rule and/or the Special Rules does not er 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its it does not meet the filing requirements of Schedule B (Form 990, 990-E2	Form 990-EZ or on its Form	

Name of or	nanization	Fmploye	r identification number
	OULLIAN FOUNDATION, INC.		463646
Parti	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	JOULLIAN FAMILY 2000 CHARITABLE UNITRUST 9800 N. OKLAHOMA AVE. OKLAHOMA CITY OK 73114	\$2 <u>_161</u> _069.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroli 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 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.)

1 to

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

of Part II

Name of organization

THE JOULLIAN FOUNDATION, INC.

73-1463646

Employer identification number

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PUBLICLY TRADED SECURITIES	-	
		\$1,945,195.	09/10/15
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		-	
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
BAA	Cab	edule B (Form 990, 990-EZ	7 or 990 PE\ /201

Name Employer Identification Number THE JOULLIAN FOUNDATION, INC. 73-1463646 Asset Information: Description of Property: 2991.25 SH ABERDEEN ASIA-PAC_XJ-INST EQUITY FUND Date Acquired: . Various How Acquired: . . . Purchased Name of Buyer: . . . Date Sold . . . 07/29/15 Sales Price: . . Cost or other basis (do not reduce by depreciation) . . . 35,000. 33,711. Sales Expense: . . Valuation Method: . . . Total Gain (Loss). . . -1, 289. Accumulation Depreciation: . . . Description of Property: 529.474 SH AMER CENT EQUITY INCOME INV FUND Date Acquired . Various How Acquired: . . . Purchased Name of Buyer: . . . Date Sold: . . . 07/29/15 Sales Price: . . 4,569. Cost or other basis (do not reduce by depreciation) . . . 4,656. Valuation Method: . . . Sales Expense . . Total Gain (Loss): . . -87. Accumulation Depreciation: . . . Description of Property: 41.307 SH AMER CENT EQUITY INCOME INV FUND Date Acquired: . 09/10/15 How Acquired: . . . Donated Date Sold: . . . Name of Buyer: . . . Sales Price: . . 348. Cost or other basis (do not reduce by depreciation) . . . 339. Sales Expense: . . Valuation Method: . . . Total Gain (Loss): . . 9. Accumulation Depreciation: . . . Description of Property: 2166.38 SH CAPITAL PRIVATE CLIENT SVCS Date Acquired: . 02/28/14 How Acquired: . . . Purchased Date Sold. . . . 02/11/15 Name of Buyer: . . . Cost or other basis (do not reduce by depreciation) . . . 25,715. Sales Price: . . Sales Expense: . . Valuation Method Total Gain (Loss) . . -932. Accumulation Depreciation: . . . Description of Property 30 ISHARES MSCI EAFE INDEX FUND Date Acquired. . 10/14/14 How Acquired. . . . Purchased Date Sold . . . 01/30/15 Name of Buyer: . . . Sales Price: . . _____ Cost or other basis (do not reduce by depreciation) . . . 1,821. 1,846. Valuation Method: . . . Sales Expense . . Total Gain (Loss). . . 25. Accumulation Depreciation: . . . Description of Property 25 ISHARES MSCI EAFE INDEX FUND Date Acquired . 10/14/14 How Acquired. . . . Purchased Date Sold. . . . 02/02/15 Name of Buyer: . . . Sales Price . . 1,540. Cost or other basis (do not reduce by depreciation) . . . 1,518. Sales Expense . . Valuation Method Total Gain (Loss) . . 22. Accumulation Depreciation: . . . Description of Property: 5136.986 SH JPM CORE BD FUND Date Acquired: 08/10/15How Acquired: . . . Purchased Date Sold. . . . 09/16/15 Name of Buyer: . . . Sales Price. . . Cost or other basis (do not reduce by depreciation) . . . 60,000. 59,743. Sales Expense . . Valuation Method: . . . Total Gain (Loss): . . -257. Accumulation Depreciation: . . . Description of Property: See Net Gain or Loss from Sale of Assets Date Acquired . How Acquired . . . Date Sold: . . . Name of Buyer: . . . Cost or other basis (do not reduce by depreciation) . . . Sales Price: . . Valuation Method: . . . Sales Expense: . . Total Gain (Loss). . . Accumulation Depreciation. . . .

Asset Information:
Description of Property 228.938 SH JPM HIGH YIELD FD
Business Code . Exclusion Code 18
Date Acquired Various How Acquired . Purchased
Date Sold Name of Buyer
Check Box, if Buyer is a Business
Sales Price 1,703. Cost or other basis (do not reduce by depreciation) 1,826.
Sales Expense
Total Gain (Loss)123 . Accumulated Depreciation
Description of Property 4203.218 SH JPM TAX AWARE R/R FD
Business Code Exclusion Code 18
Date Acquired 09/10/15 How Acquired . Donated
Date Sold 10/13/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price39,973. Cost or other basis (do not reduce by depreciation)40,221.
Sales Expense
Total Gain (Loss)
Description of Property 42.752 SH_AMER_CENT_EQUITY_INCOME_INV_FUND
Business Code Exclusion Code 18
Date Acquired 06/12/14 How Acquired . Purchased
Date Sold07/29/15 Name of Buyer
Check Box, if Buyer is a Business
Sales Price 369. Cost or other basis (do not reduce by depreciation) 390.
Sales Expense Valuation Method Valuation Method
Total Gain (Loss)21. Accumulated Depreciation
Description of Property 4761.905 SH DOUBLELINE TOTAL RET BD-1
Business Code Exclusion Code 18
Date Acquired Various How Acquired . Purchased
Date Sold 07/29/15 Name of Buyer
Check Box, if Buyer is a Business
Sales Price 52,000. Cost or other basis (do not reduce by depreciation) 53,563.
Sales Expense Valuation Method
Total Gain (Loss)1,563. Accumulated Depreciation
Description of Property 144 SH ISHARES MSCI EAFE INDEX FUND
Business Code Exclusion Code 18
Date Acquired . 10/17/13 How Acquired . Purchased
Date Sold 01/29/15 Name of Buyer .
Check Box, if Buyer is a Business
Sales Price 8,954. Cost or other basis (do not reduce by depreciation) 9,415.
Sales Expense Valuation Method
Total Gain (Loss) - 461. Accumulated Depreciation
Description of Property 103 SH ISHARES MSCI EAFE INDEX FUND
Business Code Exclusion Code 18
Date Acquired10/17/13 How Acquired . Purchased
Date Sold01/29/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price6,382. Cost or other basis (do not reduce by depreciation)6,734.
Sales Expense
Total Gain (Loss) — 352 . Accumulated Depreciation
332. Accommission Depreciation

Asset Information:
Description of Property 211 SH ISHARES MSCI EAFE INDEX FUND
Business Code Exclusion Code 18
Date Acquired Various How Acquired . Purchased
Date Sold01/29/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 13,076. Cost or other basis (do not reduce by depreciation) 13,177.
Sales Expense Valuation Method
Total Gain (Loss)
Description of Property 37 SH ISHARES MSCI EAFE INDEX FUND
Business Code Exclusion Code 18
Date Acquired 08/23/13 How Acquired . Purchased
Date Sold 01/30/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 2,273. Cost or other basis (do not reduce by depreciation) 2,279.
Sales Expense Valuation Method
Total Gain (Loss)6. Accumulated Depreciation
Description of Property 26 SH ISHARES MSCI EAFE INDEX FUND
Business Code Exclusion Code 18
Date Acquired 08/23/13 How Acquired . Purchased
Date Sold01/30/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price $\dots = 1,593$. Cost or other basis (do not reduce by depreciation) $\dots = 1,601$.
Sales Expense Valuation Method
Total Gain (Loss) — 8. Accumulated Depreciation
Description of Property 174 SH ISHARES MSCI EAFE INDEX FUND
Business Code Exclusion Code 18
Date Acquired08/23/13 How Acquired . Purchased
Date Sold 01/30/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 10,705. Cost or other basis (do not reduce by depreciation) 10,717.
Sales Expense
Total Gain (Loss)12. Accumulated Depreciation
Description of Property 903.614 SH JPM CHINA REGION FD
Business Code Exclusion Code 18
Date Acquired 07/09/13 How Acquired . Purchased
Date Sold <u>07/31/15</u> Name of Buyer Check Box, if Buyer is a Business
Sales Price16,744. Cost or other basis (do not reduce by depreciation)16,500.
Sales Expense
Total Gain (Loss) 244 . Accumulated Depreciation
Description of Property 2025.834 SH JPM HIGH YIELD FD
Business Code Exclusion Code 18
Date AcquiredVarious How Acquired . Purchased
Date Sold08/10/15 Name of Buyer.
Check Box, if Buyer is a Business[]
Sales Price 15,072. Cost or other basis (do not reduce by depreciation) 16,383.
Sales Expense Valuation Method
Total Gain (Loss)1,311. Accumulated Depreciation

Asset Information:
Description of Property 173.515 SH JPM HIGH YIELD FD
Business Code Exclusion Code 18
Date Acquired Various How Acquired . Purchased
Date Sold 11/10/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 1,244. Cost or other basis (do not reduce by depreciation) 1,459.
Sales Expense Valuation Method
Total Gain (Loss) —215 . Accumulated Depreciation
Description of Property 426.803 SH JPM LARGE CAP GROWTH FD
Business Code . Exclusion Code 18
Date Acquired 06/08/12 How Acquired . Purchased
Date Sold 10/13/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 15, 309. Cost or other basis (do not reduce by depreciation) 10,000.
Sales Expense Valuation Method
Total Gain (Loss) 5,309. Accumulated Depreciation
Description of Property 4587.156 SH JPM SHORT DURATION BD FD
Business Code Exclusion Code 18
Date Acquired 08/06/13 How Acquired . Purchased
Date Sold10/13/15 Name of Buyer.
Check Box, if Buyer is a Buşiness
Sales Price 50,000. Cost or other basis (do not reduce by depreciation) 50,000.
Sales Expense Valuation Method
Total Gain (Loss) 0 . Accumulated Depreciation
Description of Property 1383.323 SH JPM STRAT INC OPP FD
Business Code Exclusion Code 18
Date Acquired08/16/13 How Acquired . Purchased
Date Sold 11/10/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 15,728. Cost or other basis (do not reduce by depreciation) 16,406.
Sales Expense Valuation Method
Total Gain (Loss)678 . Accumulated Depreciation
Description of Property 3700.585 SH JPM STRAT INC OPP FD
Business Code Exclusion Code 18
Date Acquired Warious How Acquired Donat od
Date Sold11/30/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price41,706. Cost or other basis (do not reduce by depreciation)41,382.
Sales Expense Valuation Method
Total Gain (Loss)
Description of Property 2410.8 SH JPM UNCONSTRAINED DEBT FD
Business Code Exclusion Code 18
Date Acquired . 02/28/14 How Acquired . Purchased
Date Sold08/10/15 Name of Buyer
Check Box, if Buyer is a Business
Sales Price23,770. Cost or other basis (do not reduce by depreciation)25,000.
Sales Expense Valuation Method
Total Gain (Loss)1,230 . Accumulated Depreciation

Asset Information:
Description of Property 3948.667 SH JPM UNCONSTRAINED DEBT FD
Business Code Exclusion Code 18
Date Acquired Various How Acquired . Purchased
Date Sold09/16/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 38,578. Cost or other basis (do not reduce by depreciation) 40,000.
Sales Expense Valuation Method
Sales Expense
Description of Property 5283.14 SH AMER CENT EQUITY INCOME INV FUND
Business Code Exclusion Code 18
Date Acquired Various How Acquired . Purchased
Date Sold07/29/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price45,594. Cost or other basis (do not reduce by depreciation)30,324.
Sales Expense Valuation Method
Total Gain (Loss)
Description of Property 6180.977 SH AMER CENT EQUITY INCOME INV FUND
Business Code Exclusion Code 18
Date Acquired09/10/15 How Acquired . Donated
Date Sold10/13/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 52,106. Cost or other basis (do not reduce by depreciation) 50,192.
Sales Expense Valuation Method
Sales Expense
Total Gain (Loss)
Business Code Exclusion Code 18
Date Acquired02/17/07 How Acquired . Purchased
Date Sold 02/11/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 24,795. Cost or other basis (do not reduce by depreciation) 26,799.
Sales Expense Valuation Method Total Gain (Loss) Acquirillated Depresistion
Total Gain (Loss)2,004. Accumulated Depreciation
Description of Property 20000 SH GS CYCLICAL SECT REL PERF NT Rusiness Code 18
Business Code . Exclusion Code 18 Date Acquired
Date Acquired 02/14/14 How Acquired . Purchased Date Sold 03/04/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price23,233. Cost or other basis (do not reduce by depreciation)
Sales Expense20,000. Valuation Method
Total Gain (Loss)
Description of Property 4465.658 SH JPM HIGH YIELD FD
Business Code Exclusion Code 18
Date AcquiredVarious How Acquired . Purchased
Date Sold08/10/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 33,224. Cost or other basis (do not reduce by depreciation) 36,551.
Sales Expense Valuation Method
Total Gain (Loss)3,327. Accumulated Depreciation

Asset Information:
Description of Property 3313.235 SH JPM HIGH YIELD FD
Business Code Exclusion Code 18
Date Acquired Various How Acquired . Purchased
Date Sold11/10/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 23,756. Cost or other basis (do not reduce by depreciation) 27,778.
Sales Expense
Total Gain (Loss) 4,022. Accumulated Depreciation Description of Property 967.119 SH JPM LARGE CAP GRWTH FD
Business Code Exclusion Code 18
Date Acquired04/11/11 How Acquired . Purchased
Date Sold 10/13/15 Name of Buyer
Date Sold 10/13/15 Name of Buyer. Check Box, if Buyer is a Business
Sales Price34,691. Cost or other basis (do not reduce by depreciation) 21,064.
Sales Expense Valuation Method
Total Gain (Loss) 13, 627 . Accumulated Depreciation
Description of Property
Business Code Exclusion Code <u>18</u>
Date Acquired 07/26/11 How Acquired . Purchased
Date Sold 07/29/15 Name of Buyer
Check Box, if Buyer is a Business
Sales Price 35,260. Cost or other basis (do not reduce by depreciation) 25,000.
Sales Expense Valuation Method
Total Gain (Loss)
Description of Property 8256.881 SH JPM SHORT DURATION BD FD
Business Code Exclusion Code 18
Date Acquired Various How Acquired . Purchased
Date Sold 09/16/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price80,000. Cost or other basis (do not reduce by depreciation)80,897.
Sales Expense Valuation Method
Total Gain (Loss)897. Accumulated Depreciation
Description of Property 2304.147 SH JPM SHORT DURATION BD FD
Business Code Exclusion Code 18
Date Acquired . Various How Acquired . Purchased
Date Sold 10/13/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 90,000. Cost or other basis (do not reduce by depreciation) 88,539.
Sales Expense Valuation Method
Total Gain (Loss) 1,461. Accumulated Depreciation
Description of Property 2304.147 SH JPM SHORT DURATION BD FD
Business Code Exclusion Code 18
Date Acquired01/07/09 How Acquired . Purchased
Date Sold 11/10/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price25,000 . Cost or other basis (do not reduce by depreciation)24,562 .
Sales Expense Valuation Method
Total Gain (Loss)
1001 / Tournation Deproduction 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Asset Information:
Description of Property 815,446 SH JPM STRAT INC OPP FD
Business Code Exclusion Code 18
Date Acquired 07/26/11 How Acquired . Purchased
Date Sold Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 9,272. Cost or other basis (do not reduce by depreciation) 9,688.
Sales Expense
Total Gain (Loss) - 416. Accumulated Depreciation
Description of Property 10927.212 SH JPM STRAT INC OPP FD
Business Code Exclusion Code 18
Date Acquired . Various How Acquired . Purchased
Date Sold 11/30/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price123,150. Cost or other basis (do not reduce by depreciation)127,134.
Sales Expense Valuation Method
Total Gain (Loss)3, 984 . Accumulated Depreciation
Description of Property 4662.303 SH JPM TAX AWARE R/R FD
Business Code Exclusion Code 18
Date Acquired Various How Acquired . Donated
Date Sold 10/13/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price44,339. Cost or other basis (do not reduce by depreciation)43,734.
Sales Expense Valuation Method
Total Gain (Loss) 605 . Accumulated Depreciation
Description of Property 3799.392 SH JPM UNCONSTRAINED DEBT FD
Business Code Exclusion Code 18
Date Acquired 10/19/11 How Acquired . Purchased
Date Sold 08/10/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 37, 462. Cost or other basis (do not reduce by depreciation) 37,500.
Total Gain (Loss)
Description of Property 2026.342 SH JPM UNCONSTRAINED DEBT FD
Business Code Exclusion Code 18
Date Acquired 10/19/11 How Acquired . Purchased
Date Sold 09/16/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 19,797 . Cost or other basis (do not reduce by depreciation) 20,000 .
Sales Expense
Total Gain (Loss)203. Accumulated Depreciation
Business Code Evaluation Code 19
Business Code . Exclusion Code 18
Date Acquired . Various How Acquired . Purchased
Date Sold 08/28/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price82,414. Cost or other basis (do not reduce by depreciation)68,275.
Sales Expense
Total Gain (Loss) 14,139. Accumulated Depreciation

Underpayment Penalty Statement

► Attach to return

Name Employer Identification No. THE JOULLIAN FOUNDATION, INC. 73-1463646 'Event' Date **Amount** Amount **Balance Due** Percent # of Penalty Due Paid (Overpayment) **Days** 05/15/15 Amount Due 637. 637. 3.00 05/15/15 Applied 651. -14. 3.00 Amount Due 06/15/15 637. 623. 3.00 92 4.71 1260. Amount Due 09/15/15 637. 3.00 Payment 09/15/15 1400. -140. 3.00 Amount Due 12/15/15 638. 498. 0 3.00 Payment 12/15/15 700. -202. 3.00 Date Filed 05/15/16 -202. 3.00 4.71

3,430.

Form 990-PF, Page 1, Part I, Line 18 Line 18 Stmt

Taxes	_Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
PAYROLL TAXES	3,611.	181.		3,430.
EXCISE TAX	2,900.			
FOREIGN TAXES	852.	852.		

1,033.

7,363.

Form 990-PF, Page 1, Part I Line 16b - Accounting Fees

Total

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
HSPG & ASSOC. PC	TAX PREPARATION	3,100.	1,550.		1,550.
Total	,	3,100.	1,550.		1,550.

THE JOULLIAN FOUNDATION, INC EIN 73-1463646 2015 FORM 990-PF PAGE 2, PART II, BALANCE SHEETS

		(a) Beginning of	(b)	(c) of Year
		Year	Book	Fair Market
		Book Value	Value	Value
INVESTMENTS	- CORPORATE STOCK (LINE 10b)			
5,801	AMERICAN CENTURY EQ INCOME FD	34,901	0	0
20,000	GS CYCLICAL SECT REL PERF NT 3/4/15	20,000	0	0
2,327	JPM LARGE CAP GROWTH FD-SEL	45,178	70,722	82,839
9,740	JPM LARGE CAP CORE PLUS FD	97,580	219,699	261,122
9,362	NEUBERGER BER MU/C OPP-INS	50,000	150,000	144,861
7,623	SIT DIVIDEND GROWTH	50,000	116,382	116,261
2,854	SPDR S&P 500 ETF TRUST	142,092	522,152	581,845
2,122	ISHARES RUSSELL MID INDEX FD	67,505	252,541	339,902
0	JPM MID CAP EQ FD-SEL	25,000	. 0	0
3,053	ARTISAN INTL VALUE FUND-INV	44,628	91,970	96,790
10,778	CAPITAL PRIVATE CLIENT SVCS	140,000	114,285	120,496
3,050	DEUTSCHE X-TRACKERS MSCI EAF		87,025	82,838
4,573	DODGE & COX INT'L STOCK	145,732	187,959	166.828
85,000	GS EAFE REN MAT 02/18/16		84,262	85,736
2,150	ISHARES MSCI EAFE INDEX FUND	66,083	129,678	126,248
5,228	T ROWE PRICE OVERSEAS STOCK		48,847	47,000
800	VANGUARD FTSE EUROPE ETF		42,541	39,904
7,047	BROWN ADV JAPAN ALPHA OPP-IS	22,500	79,411	76,676
1,699	ABERDEEN ASIA-PAC XJ-INST	20.000	. 0	,
3,358	MATHEWS PACIFIC TIGER FUND	68,277	0	
904	JPM CHINA REGION FD-SEL	16,500	0	
20,478	JPM GLOBAL RES ENH INDEX FD-SEL	128,000	365,555	365,321
2,886	EDGEWOOD GROWTH FUND	. 0	·	,
1,450	JPM TR I MIDCAP CORE-SEL	0		
1,425	ISHARES MSCI EAFE INDEX FUND	0		
1,885	DELAWARE EMERGING MARKETS FUND	0		
	JPM BREN EAFE 01/10/14	0		
20,000	DB MARKET PLUS SX5E 03/19/14	0		
	SG REN SPX 10/16/14	0		
20,000	JPM BREN EAFE 02/05/14	0		
375	VANGUARD FTSE EUROPE ETF	0		
				
		1,183,977	2,563,030	2,734,667

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THE JOULLIAN FOUNDATION, INC EIN 73-1463646 2015 FORM 990-PF PAGE 2, PART II, BALANCE SHEETS

		(a)	(b)	(c)
		Beginning of	End of Year	
		Үеаг	Book	Fair Market
		Book Value	Value	Value
INVESTMENTS	- CORPORATE BONDS (LINE 10c)			
5,852	JPMORGAN STRAT INC OPP FD-SEL	68,078		0
26,476	JPMORGAN TOTAL RETURN FUND	63,380	263,449	255,491
16,846	JPMORGAN HIGH YIELD BOND FUND	105,188	122,097	115,224
23,522	JPMORGAN SHORT DUR BOND FD	142,621	253,476	254,274
16,958	JPMORGAN UNCONSTRAINED DEBT FD-SEL	62,500	163,555	163,304
14,510	JPMORGAN INFLATION MGD BD FD-SEL	65,000	150,000	146,259
17,409	DOUBLELINE TOTAL RET BD-I	145,500	190.687	187,669
11,556	JOHN HANCOCK INCOME FD-I	0	75,000	73,498
5,888	JPMORGAN STRATEGIC INCOME	0	0	0
8,551	EATON VANCE MUT FDS TR	0	0	0
3,799	JPMORGAN TR I MLT SC INC	Ö	0	0
3,224	JPM TAX AWARE R/R FD	0		0
			····	
		652,266	1,218,263	1,195,719