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DLN: 93491125002306

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015 , an						nd ending 12-31-2015				
	ame of foundation K S ADAMS FOUNDATION CO TRUST						entification numb	er		
κ.	S ADAMS	TOUNDATION CO TROST			73-6091602					
		street (or P O box number if mail is	not delivered to street address;) Room/suite	B Tele	phone nur	nber (see instruction	ıs)		
80	0 N OSA	GE AVE			(918)	337-3279	<u> </u>			
	or town, EY, OK	, state or province, country, and ZIP 74029	or foreign postal code		C If e	xemption	application is pendin	ig, check here	• 「	
G CI	neck al	I that apply	Initial return of a f	ormer public charity		Foreign or	ganizations, check h	oro	▶ □	
		Final return Address char	Amended return nge Name change		2.	- Foreign oi	rganizations, check in rganizations meeting k here and attach co	the 85%	· -	
H Ch	neck ty ection 4	pe of organization	n 501(c)(3) exempt privat able trust Other taxabl	e foundation e private foundation			undation status was t n 507(b)(1)(A), chec		▶ □	
of	year <i>(fr</i>	et value of all assets at end rom Part II, col. (c), \$ 1,289,410	JA ccounting method Other (specify) (Part I, column (d) must	<u> </u>	1 - 11 -		ation is in a 60-mont n 507(b)(1)(B), chec		▶ □	
	rt I	Analysis of Revenue	and Evnenses				Ι	Disburse	ements	
(The total of amounts in columns (b), (c), necessarily equal the amounts in column (a instructions))		(b), (c), and (d) may not	Revenue and expenses per (a) books	Net inve (b) inco		Adjusted net (c) income	for cha purpo (d) (cash ba	rıtable oses		
	1	Contributions, gifts, grants,	etc , received (attach							
		schedule)								
	2	Check 🟲 🦵 If the foundation	n is not required to attach							
		Sch B								
	3	Interest on savings and tem	porary cash investments							
	4	Dividends and interest from		35,227		34,881				
	5a	Gross rents								
	b	Net rental income or (loss)		12 222						
3	6a	Net gain or (loss) from sale		12,223						
Revenue	Ь	Gross sales price for all ass 116,595	ets on line 6a							
₩	7	Capital gain net income (fro	m Part IV, line 2)			12,223				
	8	Net short-term capital gain					C)		
	9	Income modifications								
	10a	Gross sales less returns an allowances	d							
	b	Less Cost of goods sold.								
	С	Gross profit or (loss) (attacl	nschedule)							
	11	Other income (attach sched	•							
	12	Total.Add lines 1 through 1:		48,122		47,104				
	13	Compensation of officers, di		8,673		4,337			4,337	
	14	Other employee salaries an	-			0	C		0	
φ	15	Pension plans, employee be				0	С)		
ens	16a	Legal fees (attach schedule							0	
Expenses	b	Accounting fees (attach sch		675		338	С)	338	
	C	O ther professional fees (att	ach schedule)						0	
atıv	17	Interest		86		86			0	
ᅜ	18	Taxes (attach schedule) (se	•	339		339			0	
Administrative	19	Depreciation (attach schedu	ıle) and depletion	0		0				
듣	20	Occupancy								
and #	21	Travel, conferences, and me	_			0	С			
	22	Printing and publications.				0	C	<u>'</u>		
Ē	23	Other expenses (attach sch								
Operating	24	Total operating and adminis		0.773		E 100	_		A C75	
ă O		Add lines 13 through 23.		9,773		5,100		'	4,675 70,500	
_	25	Contributions, gifts, grants		70,500					, 0, 500	
	26	Total expenses and disburse 25	ments.Add lines 24 and	80,273		5,100	0		75,175	
	27	Subtract line 26 from line 13	2							
	а	Excess of revenue over expe	enses and disbursements	-32,151						
	b	Net investment income (If n	egatıve, enter -0-)			42,004				
	c	Adjusted net income(If nega	tive, enter -0 -)				C)		

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End o (b) Book Value	·
	1	Cash—non-interest-bearing	(a) Book Value	(D) DOOK Value	(c) Fair Market Value
	2	Savings and temporary cash investments	3,570	21,916	21,916
	3	Accounts receivable	3,370	21,510	21,510
	3	Less allowance for doubtful accounts		O	0
	4	Pledges receivable		O	
	4	Less allowance for doubtful accounts			
	_				
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶0			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	486,156	473,145	675,122
	С	Investments—corporate bonds (attach schedule)	567,335	540,907	553,942
	11	Investments—land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) 🟲			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	42,228	31,732	38,430
	14	Land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe 🟲)			
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	1,099,289	1,067,700	1,289,410
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ě	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
a e	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe			
	23	Total liabilities(add lines 17 through 22)		0	
		Foundations that follow SFAS 117, check here			
Balances		and complete lines 24 through 26 and lines 30 and 31.			
ž	24	Unrestricted			
<u> 8</u>	25	Temporarily restricted			
	26	Permanently restricted			
H		Foundations that do not follow SFAS 117, check here			
or Fund		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	1,099,289	1,067,700	
š	28	Paid-in or capital surplus, or land, bldg , and equipment fund		, ,	
Assets	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances(see instructions)	1,099,289	1,067,700	
2	31	Total liabilities and net assets/fund balances(see instructions)	1,099,289	1,067,700	
Da	rt III		_,,	_,,.	
			(a) line 20 (milet		
1		Total net assets or fund balances at beginning of year—Part II, column with end-of-year figure reported on prior year's return)		1 1	1 000 200
2				 	1,099,289
2				% 3	-32,151 1,080
		Other increases not included in line 2 (itemize)		- 3	
4		Add lines 1, 2, and 3		· · · · · · · · · · · · · · · · · · ·	1,068,218
5		Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5)—P			
6		i otal net assets of fund paralices at end of year (line 4 minus line 5)—P	arcii, colullii (D), IIN6	: JO . O	1,067,700

Part IV Capital Gains and Losses for Tax on Investment Income

		the kınd(s) of property sold (e g , re house, or common stock, 200 shs	,	How acquired P—Purchase (b) D—Donation	L	Date acquired mo , day, yr)	Date sold (d) (mo , day, yr)
1a	See Additional Data T	able					
b							
С							
d							
e							
(e	e) Gross sales price	Depreciation allowe (f) (or allowable)		t or other basis expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)		
а	See Additional Data T	able					
b							
С							
d							
e							
Со	mplete only for assets s	howing gain in column (h) and owne	ed by the foundation	n on 12/31/69		Gains (Col	(h) gain minus
	FMV as of 12/31/69	A djusted basis		cess of col (ı)	7 ,	col (k), bùt no	ot less than -0-) or
(1)		(j) as of 12/31/69	(k) ove	(k) over col (j), if any		Losses	(from col (h))
a	See Additional Data T	able					
b							
С							
d							
е							
2	Capital gain net incon	ne or (net capital loss)	If gain, also enter If (loss), enter -0-		2		12,223
3	Net short-term capita	ıl gaın or (loss) as defined ın sectio	ns 1222(5) and (6)			
	If gain, also enter in P in Part I, line 8 .	Part I, line 8, column (c) (see instru	ictions) If (loss), e	nter -0 -	. 3		
Part	V Qualification II	Inder Section 4940(e) for R	Peduced Tay on	Net Investme		l Icome	
(For opt		rivate foundations subject to the se					
		e section 4942 tax on the distribut	able amount of any	voar in the bace n	oriod?		┌ Yes ┌ No
		ot qualify under section 4940(e) D	•	•	enour		1 165 14 110
		unt in each column for each year, s			ries		
Base vear ((a) period years Calendar or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncha	rıtable-use assets		(d) Distribution (col (b) divided	n ratio
7 (2014	76,287		1,389,489		((-)	0 054903
	2013	68,315		1,330,070			0 051362
	2012	63,546		1,265,142			0 050228
	2011	62,713		1,249,609			0 050186
	2010	61,128		1,197,640			0 05104
2	Totalof line 1, column	(d)			2		0 257719
3	the number of years th	ratio for the 5-year base period—di he foundation has been in existenc	e ıf less than 5 yea	rs	3		0 051544
4		noncharitable-use assets for 201!	•	<u> </u>	4		1,351,985
5		3		F-	5		69,687
6		tment income (1% of Part I, line 2	•	<u> </u>	6		420
7	Add lines 5 and 6				7		70,107

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

75,175

8

	990-PF (2015) t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b),	940(e)	. or 4948—se	ee page	= 18 of	the inst	ructio		age 4
1a	Exempt operating foundations described in section 4940(d)(2), check here		<u>, </u>	<u> </u>					
	and enter "N/A" on line 1	'							
	Date of ruling or determination letter			}					
_	(attach copy of letter if necessary-see instructions)				_				
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V,	, check		ļ	1				420
	here 🟲 🔽 and enter 1% of Part I, line 27b			•					
С	All other domestic foundations enter 2% of line $27b$ Exempt foreign organization Part I, line 12 , col (b)	ations	enter 4% of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four enter $-0-$)	ndation	s only Othe	ers	2				0
3	Add lines 1 and 2			•	3				420
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable fou	ndatıor	ns only Oth	ers	4				0
_	enter -0-) Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	ntor - (١_		5				420
5	Credits/Payments	inter - c	,	•	5				420
6	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	Ī	640					
a b	Exempt foreign organizations—tax withheld at source	6b		040					
	Tax paid with application for extension of time to file (Form 8868)	6c		0					
C	Backup withholding erroneously withheld	6d		0					
d 7	Total credits and payments Add lines 6a through 6d				7				640
7 8	Enter any penalty for underpayment of estimated tax. Check here if Form 2				8				040
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				10			-	220
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	220	Refunded		11				0
	t VII-A Statements Regarding Activities	220	- Ner unaca			<u> </u>			
1a	During the tax year, did the foundation attempt to influence any national, state	orlo	al legislatio	n or di				Yes	No
	it participate or intervene in any political campaign?				<u> </u>		1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for productions and the production of the pr	politica	l purposes i	see In	structi	ons			
	for definition)?						1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	and co	opies of any i	materia	ls				
	published or distributed by the foundation in connection with the activities.		,						
c	Did the foundation file Form 1120-POL for this year?						1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) impo			r					
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers	- \$ _							
e	Enter the reimbursement (if any) paid by the foundation during the year for pol	ıtıcal e	xpenditure t	ax ımp	osed				
	on foundation managers 🕨 \$								
2	Has the foundation engaged in any activities that have not previously been re	ported	to the IRS?				2		No
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in $\bar{\Gamma}$	ts gove	erning instru	ıment,	articles	5			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conf	formed	copy of the c	hanges			3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more decomposed by the foundation have unrelated business gross income of $$1,000$ or more decomposed by the foundation have unrelated business gross income of $$1,000$ or more decomposed by the foundation have unrelated business gross income of $$1,000$ or more decomposed by the foundation have unrelated by the foundation have unless the foundation have unless the foundation have unless the foundation have unless the foundation have the foundation have unless the foundation has a foundation	during t	he year?.				4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?						4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the substantial contraction during	ırıng th	e year [?]				5		No
	If "Yes," attach the statement required by General Instruction T.								
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	45)sa	itisfied eithe	r					
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so the state of the s					1			
_	that conflict with the state law remain in the governing instrument?						6	Yes	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year and Part XV.		s," complete		, coi. (c	,, 	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see ins	structions)						
	► <u>ок</u>								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99								
	General (or designate) of each state as required by General Instruction G? $\it If$						8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the i		_						
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (s	see inst	tructions for	Part X	ΊV)?		_		
4.5	If "Yes," complete Part XIV	, ,			• •		9	$\vdash\vdash\vdash$	No
10	Did any persons become substantial contributors during the tax year? If "Yes,			=	tneir n	ames	10		NI
	and addresses.	• •					10		No

Form	990-PF (2015)		Р	age 5
Pai	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ▶			
14	The books are in care of ►Arvest Trust Company N A Telephone no ►(918) 337-	-3279	
	Located at ►POBOX 2248 BARTLESVILLE OK ZIP+4 ►7400522			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		b [-
13	and enter the amount of tax-exempt interest received or accrued during the year		- 1	
			1	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	1	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Do				
Pal	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
4-			165	NO
та	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	 (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes ▼ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) 			
	a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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 V No			
	(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)			
ь	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)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
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?			
	If "Yes," list the years 🕨 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
ь	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	ıf the foundation had excess business holdings in 2015.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
ь	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 jeonardy before the first day of the tax year beginning in 2015?	4b		No

	CVII D Statements Regi	aruning Activities for	WillCii Fui iii 4720	May Be Required (Cont	inueu)
5a	During the year did the foundatio	n pay or incur any amour	nt to		
	(1) Carry on propaganda, or othe	erwise attempt to influenc	e legislation (section 49	45(e))? 	No
	(2) Influence the outcome of any	specific public election	(see section 4955), or to	carry	
	on, directly or indirectly, any				√ No
	(3) Provide a grant to an individu			⊤ Yes ि	
	(4) Provide a grant to an organiz			·	
				Yes 🖟	√ No
	(5) Provide for any purpose othe			, ,	
	educational purposes, or for			Г Yes F	Z No
ь	If any answer is "Yes" to 5a(1)-			, ,	
_	Regulations section 53 4945 or				5b
	Organizations relying on a currei			<u>_</u>	_
_	If the answer is "Yes" to question				
C					- No
	tax because it maintained expen			res ;	140
_	If "Yes," attach the statement requ	· -	• •		
6a	Did the foundation, during the ye			·	- N
	a personal benefit contract?				
b	Did the foundation, during the ye	ar, pay premiums, directi	y or indirectly, on a perso	onal benefit contract?	. 6b No
	If "Yes" to 6b, file Form 8870.				_
7a	At any time during the tax year,				
ь	If yes, did the foundation receive				
Dai	31 38 V A B B B B	it Officers, Director	s, Trustees, Founda	ition Managers, Highly	Paid Employees,
	LEATTE and Contractors				
	and Contractors	e foundation managers	and their compensation (see instructions)	
	and Contractors List all officers, directors, trustee				
	List all officers, directors, trustee	Title, and average	(c) Compensation(If	see instructions). (d) Contributions to	Expense account,
	and Contractors	Title, and average hours per week	(c) Compensation(If not paid, enter	(d) Contributions to employee benefit plans	Expense account, (e) other allowances
1	List all officers, directors, trustee (a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to	
1 Arves	(a) Name and address	Title, and average hours per week	(c) Compensation(If not paid, enter	(d) Contributions to employee benefit plans	
Arves	(a) Name and address t Bank and Trust Co NA Box 2248	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans	
Arves P O Bart	t Bank and Trust Co NA Box 2248 lesville, OK 740052248	Title, and average hours per week (b) devoted to position Trustee 2	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) other allowances
Arves P O Bart	t Bank and Trust Co NA Box 2248 lesville, OK 740052248 Compensation of five highest-pair	Title, and average hours per week (b) devoted to position Trustee 2 d employees (other than	(c) Compensation(If not paid, enter -0-) 8,673 those included on line 1-	(d) Contributions to employee benefit plans and deferred compensation	(e) other allowances
Arves P O Bartl	t Bank and Trust Co NA Box 2248 lesville, OK 740052248 Compensation of five highest-pair	Title, and average hours per week (b) devoted to position Trustee 2 d employees (other than Title, and average	(c) Compensation(If not paid, enter -0-) 8,673 those included on line 1-	(d) Contributions to employee benefit plans and deferred compensation -see instructions). If none, en Contributions to employee benefit	(e) other allowances nter "NONE." Expense account,
Arves P O Bartl	t Bank and Trust Co NA Box 2248 lesville, OK 740052248 Compensation of five highest-pair	Title, and average hours per week (b) devoted to position Trustee 2 d employees (other than Title, and average	(c) Compensation(If not paid, enter -0-) 8,673 those included on line 1- rage ek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -see instructions). If none, en Contributions to employee benefit plans and deferred	(e) other allowances
Arves P O Bart 2	List all officers, directors, trustee (a) Name and address It Bank and Trust Co NA Box 2248 lesville, OK 740052248 Compensation of five highest-pair (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position Trustee 2 d employees (other than Title, and average hours per we	(c) Compensation(If not paid, enter -0-) 8,673 those included on line 1- rage ek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -see instructions). If none, en Contributions to employee benefit	(e) other allowances nter "NONE." Expense account,
Arves P O Bartl	List all officers, directors, trustee (a) Name and address It Bank and Trust Co NA Box 2248 lesville, OK 740052248 Compensation of five highest-pair (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position Trustee 2 d employees (other than Title, and average hours per we	(c) Compensation(If not paid, enter -0-) 8,673 those included on line 1- rage ek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -see instructions). If none, en Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,
Arves P O Bart 2	List all officers, directors, trustee (a) Name and address It Bank and Trust Co NA Box 2248 lesville, OK 740052248 Compensation of five highest-pair (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position Trustee 2 d employees (other than Title, and average hours per we	(c) Compensation(If not paid, enter -0-) 8,673 those included on line 1- rage ek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -see instructions). If none, en Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,
Arves P O Bart 2	List all officers, directors, trustee (a) Name and address It Bank and Trust Co NA Box 2248 lesville, OK 740052248 Compensation of five highest-pair (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position Trustee 2 d employees (other than Title, and average hours per we	(c) Compensation(If not paid, enter -0-) 8,673 those included on line 1- rage ek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -see instructions). If none, en Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,
Arves P O Bart 2	List all officers, directors, trustee (a) Name and address It Bank and Trust Co NA Box 2248 lesville, OK 740052248 Compensation of five highest-pair (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position Trustee 2 d employees (other than Title, and average hours per we	(c) Compensation(If not paid, enter -0-) 8,673 those included on line 1- rage ek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -see instructions). If none, en Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,
Arves P O Bart 2	List all officers, directors, trustee (a) Name and address It Bank and Trust Co NA Box 2248 lesville, OK 740052248 Compensation of five highest-pair (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position Trustee 2 d employees (other than Title, and average hours per we	(c) Compensation(If not paid, enter -0-) 8,673 those included on line 1- rage ek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -see instructions). If none, en Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,
Arves P O Bart 2	List all officers, directors, trustee (a) Name and address It Bank and Trust Co NA Box 2248 lesville, OK 740052248 Compensation of five highest-pair (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position Trustee 2 d employees (other than Title, and average hours per we	(c) Compensation(If not paid, enter -0-) 8,673 those included on line 1- rage ek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -see instructions). If none, en Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,
Arves P O Bart 2	List all officers, directors, trustee (a) Name and address It Bank and Trust Co NA Box 2248 lesville, OK 740052248 Compensation of five highest-pair (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position Trustee 2 d employees (other than Title, and average hours per we	(c) Compensation(If not paid, enter -0-) 8,673 those included on line 1- rage ek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -see instructions). If none, en Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,
Arves P O Bart 2	List all officers, directors, trustee (a) Name and address It Bank and Trust Co NA Box 2248 lesville, OK 740052248 Compensation of five highest-pair (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position Trustee 2 d employees (other than Title, and average hours per we	(c) Compensation(If not paid, enter -0-) 8,673 those included on line 1- rage ek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -see instructions). If none, en Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,
Arves P O Bart 2	List all officers, directors, trustee (a) Name and address It Bank and Trust Co NA Box 2248 lesville, OK 740052248 Compensation of five highest-pair (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position Trustee 2 d employees (other than Title, and average hours per we	(c) Compensation(If not paid, enter -0-) 8,673 those included on line 1- rage ek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -see instructions). If none, en Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,
Arves P O Bart 2	List all officers, directors, trustee (a) Name and address It Bank and Trust Co NA Box 2248 lesville, OK 740052248 Compensation of five highest-pair (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position Trustee 2 d employees (other than Title, and average hours per we	(c) Compensation(If not paid, enter -0-) 8,673 those included on line 1- rage ek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -see instructions). If none, en Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,

Part VIII Information About Officers, Directors, Tr and Contractors (continued)	ustees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional servi	ices (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 servi	ces	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Included organizations and other beneficiaries served, conferences convened, research papers		Expenses
1 NONE		
2		
3		
4		
Part IX-B Summary of Program-Related Investmen	nts (see instructions)	
Describe the two largest program-related investments made by the foundation d	uring the tax year on lines 1 and 2	A mount
1 NONE		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		1

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	<u> </u>	
	purposes		
а	A verage monthly fair market value of securities	1a	1,337,456
b	A verage of monthly cash balances	1b	35,118
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,372,574
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	2	0
3	Subtract line 2 from line 1d	3	1,372,574
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	20,589
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,351,985
6	Minimum investment return. Enter 5% of line 5	6	67,599
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► □ and do not complete this part.)	rtaın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	67,599
2a	Tax on investment income for 2015 from Part VI, line 5 2a 420		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	420
3	Distributable amount before adjustments Subtract line 2c from line 1	3	67,179
4	Recoveries of amounts treated as qualifying distributions	4	1,000
5	Add lines 3 and 4	5	68,179
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	68,179
	Qualifying Distributions (see instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc., purposes	4 -	75.475
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	75,175
	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
_	purposes	2	0
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0
ь	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	75,175
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	
_	income Enter 1% of Part I, line 27b (see instructions)	5	420
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	74,755
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	roundation qualifies for

P	art XIIII Undistributed Income (s	ee ınstrı	uctions)			
			(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI,	line 7				68,179
2	Undistributed income, if any, as of the end o	f 2015				
а	Enter amount for 2014 only				0	
b	Total for prior years 2013, 20, 2	20		0		
3	Excess distributions carryover, if any, to 20					
а	From 2010	61,498				
b	From 2011	1,275				
c	From 2012	4,445				
d	From 2013	3,763				
е	From 2014	8,093				
f	Total of lines 3a through e	[79,074			
4	Qualifying distributions for 2015 from Part					
	XII, line 4 🕨 \$ 75,175					
а	Applied to 2014, but not more than line 2a				0	
b	Applied to undistributed income of prior year (Election required—see instructions)			0		
C	Treated as distributions out of corpus (Elect required—see instructions)	ion	0			
d	Applied to 2015 distributable amount					68,179
е	Remaining amount distributed out of corpus		6,996			
5	Excess distributions carryover applied to 20	15	0			0
	(If an amount appears in column (d), the same amount must be shown in column (d	a).)				
6	Enter the net total of each column as indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract lin	ie 5	86,070			
	Prior years' undistributed income Subtract					
	line 4b from line 2b			0		
C	Enter the amount of prior years' undistributed	d				
	income for which a notice of deficiency has been issued, or on which the section 4942(a	`				
	tax has been previously assessed	,		0		
d	Subtract line 6c from line 6b Taxable amour					
	—see instructions			0		
e	Undistributed income for 2014 Subtract line	9				
	4a from line 2a Taxable amount—see				0	
	instructions				v	
Т	Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must					
	be distributed in 2015					0
7	A mounts treated as distributions out of					
	corpus to satisfy requirements imposed by					
	section 170(b)(1)(F) or 4942(g)(3) (Election		0			
	be required - see instructions)					
ð	Excess distributions carryover from 2010 no applied on line 5 or line 7 (see instructions)		61,498			
9	Excess distributions carryover to 2016.	· · ·				
_	Subtract lines 7 and 8 from line 6a		24,572			
10	Analysis of line 9					
а	Excess from 2011	1,275				
b	Excess from 2012	4,445				
	Excess from 2013	3,763				
	Excess from 2014	8,093				
е	Excess from 2015	6,996				

Part	XIV	Private Operating Foundat	t ions (see instru	uctions and Part	VII-A, questior	۱9)	
		ition has received a ruling or detern and the ruling is effective for 2015,					
b Ch	eck box t	o indicate whether the organization	ıs a prıvate opera	tıng foundatıon de	scribed in section		厂 4942(j)(5)
		sser of the adjusted net	Tax year		Prior 3 years		
		Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
		return from Part X for each	(4) 2020	(2) 2021	(5) 2 5 2 5	(4) 2012	
		stributions from Part XII,					
		ch year listed					
		cluded in line 2c not used					
	•	ictive conduct of exempt					
-		istributions made directly onduct of exempt activities					
		e 2d from line 2c					
Com	nplete 3a	b, or c for the					
		est relied upon					
		ernative test—enter					
		fall assets					
(2)		f assets qualifying ection 4942(j)(3)(B)(i)					
"Fr		" alternative test— enter 2/3					
		investment return shown in					
	•	5 for each year listed					
		ternative test—enter					
(1)		upport other than gross nent income (interest,					
		ds, rents, payments					
		rities loans (section					
		5)), or royalties)					
(2)		from general public					
		r more exempt ations as provided in					
	_	4942(j)(3)(B)(III)					
(3)) Largest	amount of support					
		exempt organization					
	•	nvestment income	 				
art)		oplementary Information (Gets at any time during the			e organizatio	n nad \$5,000 o	r more in
Inf		Regarding Foundation Managers:	year see ms	ti detions: j			
List	t any mar	nagers of the foundation who have c					atıon
bef	ore the c	ose of any tax year (but only if they	/ have contributed	more than \$5,00	0) (See section 5	07(d)(2))	
N.C	N N I E						
	NE	and a feth a foundation who own 10	\0/ ar mara af tha	ataal: af a aawaawa	tion (or on or in the	, lawer nawtyon of th	
		nagers of the foundation who own 10 a partnership or other entity) of wh				riarge portion of th	e
NC	NE						
Inf	ormation	Regarding Contribution, Grant, Gift	t, Loan, Scholarshi	ip, etc., Programs:			
		If the foundation only makes co				nd does not accept	
		equests for funds If the foundation					
oth	er condit	ions, complete items 2a, b, c, and d	I				
Th	e name, a	ddress, and telephone number or e	-mail address of t	he person to whom	n applications sho	uld be addressed	
		pson Arvest Trust Compan					
	O Box 22						
	rtlesville 18)337-	OK 740052248 3470					
			ittod and informati	on and materials	hov chould make	0	
		which applications should be submi			•	c	
		ld Be Submitted Including Exempt 9	otatus of Organiza	icion making kequ	2515		
	•	sion deadlines					
	ne						
		ions or limitations on awards, such	as by geographic	al areas, charitabl	e fields, kinds of i	nstitutions, or othe	r
	ctors						
n l o	ne						

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of A mount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 70,500 **b** Approved for future payment

Part XVI-A Analysis of Income-Produc	ing Activities					
nter gross amounts unless otherwise indicated	Unrelated bus	(b)	Excluded by section	512, 513, or 514 (d)	(e) Related or exemp function income	
1 Program service revenue	Business code	A mount	Exclusion code	A mount	(See instructions)	
a b						
c						
d e						
f						
g Fees and contracts from government agencies Membership dues and assessments						
Interest on savings and temporary cash investments						
Dividends and interest from securities			14	35,227		
Net rental income or (loss) from real estate a Debt-financed property						
b Not debt-financed property						
Net rental income or (loss) from personal property						
Other investment income						
Gain or (loss) from sales of assets other than inventory			18	12,223		
Net income or (loss) from special events Gross profit or (loss) from sales of inventory .						
Other revenue a FEDERAL TAX REFUND			1	672		
b						
c						
d e						
Subtotal Add columns (b), (d), and (e).				48,122		
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify			1	3	48,122	
art XVI-B Relationship of Activities to	the Accomp					
ine No. Explain below how each activity for wh the accomplishment of the foundation's instructions)						

Part XVII	Noncharitable Exempt (sactio	ns and Relations	snips with			
	ganization directly or indirectly end 01(c) of the Code (other than secti	age in an	ny of th	ne following wit					Yes	No
organizati		311 301 (0)(3) 01	yanızacıons) o	i iii sec	tion 527, relating to	political			
	from the reporting foundation to a	noncharit	able e	xempt organiz	ation of	:				
								1a(1)		No
	rassets							1a(2)		No
b Other tran								(-)		
	of assets to a noncharitable exem	pt organi:	zatıon.					1b(1)		No
	nases of assets from a noncharitab							1b(2)		No
	of facilities, equipment, or other a	-	_							No
	bursement arrangements							1b(4)		No
	s or loan guarantees							1b(5)		No
	nance of services or membership o							1b(6)		No
	facilities, equipment, mailing lists							1c		No
	wer to any of the above is "Yes," co								lue lue	
of the goo	ds, other assets, or services given assection or sharing arrangement, s	by the re	portin	g foundation I	f the fo	undation received les	ss than fair marke	et value		
,			•	•	i tile go	ous, other assets, or	services receive	:u		
(a) Line No	(b) Amount involved (c) Name of	noncharitab	ole exen	npt organization	(d)	Description of transfers,	transactions, and sha	ırıng arra	ngemer	nts
described	ndation directly or indirectly affiliat in section 501(c) of the Code (oth complete the following schedule							. FY	es 🔽	No
	(a) Name of organization		(b)	Type of organiza	ition	(c)	Description of relation	onship		
Sign the b	er penalties of perjury, I declare th pest of my knowledge and belief, it mation of which preparer has any k *****	s true, co	orrect,				her than taxpaye May t return with t	r) is ba: he IRS di he prepa	sed on	all
l F s	Signature of officer or trustee			Date	r	Title	below (see ı	nstr)? 🔽	Yes I	No
1	Print/Type preparer's name JOSEPH B HULL	Prepare	er's Sı	gnature		Date 2016-05-02	Check if self- employed ▶	PTIN		
Paid Preparer	Firm's name ► ERNST & YOUNG US LLP	1					Firm's EIN ▶	1		
Use Only	Firm's address 🕨						Phone no			
	800 YARD STREET SUITE 200 GRANDVIEW HEIGHTS, OH 43	212					(614) 232-729	0 0		ed on all cuss this r shown

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

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
437 ISHARES TR MSCI EMERG MKT MFC		2012-11-30	2015-09-17
11 ISHARES TR S&P 500 GRW		2012-11-30	2015-02-03
33 ISHARES TR RSSLL 2000 INDX MFC		2012-11-30	2015-02-03
158 ISHARES TR RSSLL 2000 INDX MFC		2012-11-30	2015-03-10
595 POWERSHARES DB AGRICULTURAL FD		2014-08-22	2015-09-02
11 POWERSHARES DB AGRICULTURAL FD		2015-02-03	2015-09-02
308 POWERSHARES GLBL ETF TRUST FDM HG YLD RAFI		2012-12-05	2015-11-03
7 POWERSHARES GLBL ETF TRUST FDM HG YLD RAFI		2015-02-03	2015-12-16
301 POWERSHARES GLBL ETF TRUST FDM HG YLD RAFI		2013-11-21	2015-12-16
6 SPDR TR		2014-10-31	2015-02-03

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

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
15,228		18,297	-3,069
1,229		839	390
3,909		2,708	1,201
19,036		12,964	6,072
12,237		12,477	-240
226		232	-6
5,623		5,944	-321
121		133	-12
5,208		5,801	-593
1,226		1,210	16

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus
(i) F M V as of 12/31/69	A djusted basıs (j) as of 12/31/69	Excess of col (1) (k) over col (1), If any	col (k), but not less than -0-) or (l) Losses (from col (h))
			-3,069
			390
			1,201
			6,072
			-240
			-6
			-321
			-12
			-593
			16

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

330FF Part IV - Capital Gaills and Losses for Tax on The	estillellt Tilcollle	- Columns a - u	
List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	How acquired P—Purchase (b) D—Donation	!	(d) Date sold (mo , day, yr)
78 SPDRTR		2014-10-31	2015-03-09
18 SPDR S & P MIDCAP 400 ETF TR UTSER1		2012-11-30	2015-02-03
77 084 ABG-EQUITY FUND		1996-01-31	2015-02-09
147 562 ABG-BOND FUND		2014-02-24	2015-02-09
11 907 ABG-BOND FUND		2013-03-01	2015-02-09
027 ABG-BOND FUND		2014-02-24	2015-06-22

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

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
16,259		15,724	535
4,807		3,282	1,525
9,684		4,894	4,790
16,435		16,242	193
1,326		1,359	-33
3		3	

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

m bbott tare to capita		X OII IIIVOSCINOIIC IIICOIIIC	
Complete only for assets showir	Gains (Col (h) gain minus		
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (1) (k) over col (j), if any	col (k), but not less than -0-) or (I) Losses (from col (h))
			535
			1,525
			4,790
			193
			-33

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

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
BARTLESVILLE REGIONAL UNITED WAY PO BOX 7800 BARTLESVILLE,OK 74005	NONE	PC	OPERATING FUNDS	6,000
WASHINGTON COUNTY HISTORICAL SOCIETY ATTN JENIFER PECHONICK 801 N DELAWARE AVE DEWEY,OK 74029	NONE	PC	CHARITABLE CONTRIBUTION	1,000
SUTTON AVIAN RESEARCH CENTER 393636 GAP RD BARTLESVILLE,OK 74003	NONE	PC	GENERAL SUPPORT	5,000
YOUTH AND FAMILY SERVICES 2200 SE WASHINGTON BLVD BARTLESVILLE,OK 74003	NONE	PC	GENERAL SUPPORT	500
NATURE CONSERVANCY 2727 EAST 21ST ST STE 102 TULSA,OK 74114	NONE	PC	CHARITABLE CONTRIBUTION	5,000
MARTHA'S TASK 718 JOHNSTONE AVE BARTLESVILLE,OK 74003	NONE	PC	CHARITABLE CONTRIBUTION	3,000
BOONE & CROCKETT CLUB 250 STATION DRIVE MISSOULA,MT 59801	NONE	PC	OPERATING FUNDS	2,500
BARTLESVILLE CIVIC BALLET INC PO BOX 921 BARTLESVILLE,OK 74005	NONE	PC	CHARITABLE CONTRIBUTION	1,500
BARTLESVILLE SPORTS COMMISSION PO BOX 1304 BARTLESVILLE,OK 74005	NONE	PC	HOUCHIN SCHOLARSHIP FUND	3,000
AMERICAN NATIONAL RED CROSS 2025 E STREET NW WASHINGTON DC, OK 200065009	NONE	PC	FUND LOCAL RED CROSS	2,000
SALVATION ARMY 101 N BUCY AVE BARTLESVILLE,OK 740032208	NONE	PC	THE BARTLESVILLE CITADEL	3,000
AMERICAN LEGION POST 105 501 NE WASHINGTON BLVD BARTLESVILLE,OK 74006	NONE	PC	OPERATING FUNDS	500
WESTSIDE COMMUNITY CENTER PO BOX 1082 BARTLESVILLE,OK 74005	NONE	PC	OPERATING FUNDS	3,000
BOYS & GIRLS CLUB 401 S SEMINOLE AVE BARTLESVILLE, OK 740033334	NONE	PC	OPERATING FUNDS	1,000
FRANK PHILLIPS FOUNDATION PO BOX 1647	NONE	PC	OPERATING FUNDS	10,000

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

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ELDER CARE P O BOX 3916 BARTLESVILLE,OK 740063916	NONE	PC	OPERATING FUNDS	2,000
MUTUAL GIRLS CLUB OF BARTLESVILLE PO BOX 2405 BARTLESVILLE,OK 74005	NONE	PC	OPERATING FUNDS	1,000
HABITAT FOR HUMANITY BARTLESVILLE AREA PO BOX 1284 BARTLESVILLE,OK 74005	NONE	PC	LOCAL HABITAT FOR HUMANITY	5,000
FRIENDS OF FRANK PHILLIPS HOME INC 1107 CHEROKEE AVENUE BARTLESVILLE,OK 74003	NONE	PC	OPERATING FUNDS	1,000
BARTLESVILLE COMMUNITY FOUNDATION 208 E 4TH BARTLESVILLE,OK 74003	NONE	PC	OPERATING FUNDS	4,500
WASHINGTON COUNTY SPCA 16620 STATE HWY 123 BARTLESVILLE,OK 74006	NONE	PC	OPERATING FUNDS	5,000
ALPHA XI OF SIGMA CHI EDUCATIONAL FOUNDATION 2311 W 69TH TERRACE SHAWNEE,KS 63498	NONE	PC	OPERATING FUNDS	5,000
Total			▶ 3a	70,500

TY 2015 Accounting Fees Schedule

Name: K S ADAMS FOUNDATION CO TRUST

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEE (NON-ALLOC	675	338		338

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TY 2015 Other Decreases Schedule

Name: K S ADAMS FOUNDATION CO TRUST

Description	Amount
2015 TRANSACTIONS POSTED IN 2016	458
COMMON TRUST FUND ADJUSTMENT	60

TY 2015 Other Income Schedule

Name: K S ADAMS FOUNDATION CO TRUST

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
IRS REFUND	672	0	

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TY 2015 Other Increases Schedule

Name: K S ADAMS FOUNDATION CO TRUST

Description	Amount
2014 TRANSACTIONS POSTED IN 2015	620
RETURN OF CAPITAL	460

TY 2015 Taxes Schedule

Name: K S ADAMS FOUNDATION CO TRUST

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES ON QUALIFIED FOR	314	314		0
FOREIGN TAXES ON NONQUALIFIED	25	25		0