Form 390-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052 2015

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf Open to Public Inspection

		endar year 2015 or tax year beginning		<u>07/</u>	01 , 2015 ,	and ending				30, 20	16_
		of foundation					AE	imployer identific			
		OLIVER DEWEY MAYOR FOUNDATION					ـــ		<u> 186463(</u>		
١	lumbe	er and street (or P O box number if mail is not delivered t	o street	address)		Room/suite	B 1	elephone number	r (see instruc	tions)	
	_					:	1				
		. BOX 1620				L	ـــــــ	91	8-619-1	1527	
C	ity or	town, state or province, country, and ZIP or foreign posta	ode :								
		OV 54101 1505						exemption applicati ending, check here.		▶	
_		SA, OK 74101-1620		T			-				
G	Che	ck all that apply' Initial return	<u> </u>	Initial return	=	ublic charity		Foreign organization			Ш
		Final return		Amended ret			2	Foreign organization 85% test, check he		е	\Box
_	Cha	Address change ck type of organization: X Section 501(c	V21 ==	Name change			4	computation		▶	Ш
r T								private foundation		_	
⊥ I		ection 4947(a)(1) nonexempt charitable trust market value of all assets at J Accou		ther taxable pri method: X Ca		rual	1	inder section 507(b)			
•			-	ecify)	isii Acc	ruai		the foundation is in			· []
			•	d) must be on cas	sh hacie l		· ["	inder section 507(b)	(I/(D), Check he	. P	Ш
9	- i	Analysis of Revenue and Expenses (The		T	uasis /		Н		(d) Disbi	ursemer	nts
_	eu t L	total of amounts in columns (b), (c), and (d)		Revenue and penses per	(b) Net inve			justed net	for ch	arıtable	
		may not necessarily equal the amounts in column (a) (see instructions))	٧٨	books	incom	ie	tr	ncome	purposes (cash basis only)		v)
٦	1	Contributions, gifts, grants, etc., received (attach schedule) .							,		••
l	2	Check if the foundation is not required to									
ļ	3	attach Sch B						_			
j	4	Dividends and interest from securities		94,528.	9	4,528.				STM	<u>IT 1</u>
	5a	Gross rents									
ļ	ь	b Net rental income or (loss)						RECE	VED		
ē		Net gain or (loss) from sale of assets not on line 10		44,055.				INLUL	VCU	عد[
evenue	b	Gross sales price for all 2,583,864.					0	A12311 17	4 KA1A	S(
Š	7	Capital gain net income (from Part IV, line 2) .			4	4,055.	8	NOV 1	<u> 2016</u>	8	
ĭ	8	Net short-term capital gain								그쯦	
j	9	Income modifications					_	OGDE	V. UT		
Į	104										
İ		Less Cost of goods sold .									
		Gross profit or (loss) (attach schedule)		16,873.	 1	6 972				СПК	(TT) 2
	11	Other income (attach schedule)		155,456.		6,873. 5,456.				511	<u>IT 2</u>
4				183,133.		7,350.				45	783
S	13 14	Compensation of officers, directors, trustees, etc Other employee salaries and wages			13	NONE		NONE	-	- - 2 /	103
enses						NONE		NONE			
be	162	Legal fees (attach schedule) STMT 3	_	73,942.	2	0,222.		NONE		53	720
ŭ	h	Accounting fees (attach schedule) STMT 4		6,000.		NONE		NONE			000
<u>S</u>	c	Other professional fees (attach schedule)									
rat	17	Interest									
ist	18	Taxes (attach schedule) (see instructions. 5.		5,355.		1,609.				3,	746
틸	19	Depreciation (attach schedule) and depletion.									
ģ	20	Occupancy									
7	21	Travel, conferences, and meetings				NONE		NONE			
ᆱ	22	Printing and publications				NONE		NONE			
Бu	23	Other expenses (attach schedule) STMT. 6 .]		215,726.	2	5,836.					
ä	24	Total operating and administrative expenses.									
õ		Add lines 13 through 23		484,156.	18	5,017.		NONE			249
0	25	Pension plans, employee benefits		281,300.					· · · · · · · · · · · · · · · · · · ·		300
4				765,456.	18	5,017.		NONE		390,	549
	27	Subtract line 26 from line 12		610 000							
i		Excess of revenue over expenses and disbursements		-610,000.							
		Net investment income (if negative, enter -0-)				-0-					
=		Adjusted net income (if negative, enter -0-) nerwork Reduction Act Notice, see instructions.			<u> </u>				Form 99	On DE	(2015)
	n rap	ervork neduction Act Notice, see mstructions.							rorm 🗗	JU-FF	(2015)

477006019

, Pa	(a) List and	describe the kind(s) of property sold (sick warehouse; or common stock, 200	e g , real estate,	(b) How acquired P - Purchase D - Donation		(d) Date sold (mo , day, yr)
1a	PUBLICLY TRADED	SECURITIES		D - DOMATION		ļ
b						
С						
d						
_е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
	2,583,864.		2,539,809.			44,055.
b						
c						
ď						
e						
	Complete only for assets s	howing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col. (h) g	ain minue
	(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		(k), but not less Losses (from co	than -0-) or
a						44,055.
b						
C						
d						
е						
2	Capital gain net income o		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		44,055.
3		in or (loss) as defined in sections 1 irt I, line 8, column (c) (see ins	222(5) and (6):			
	- ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	3		
Pa			uced Tax on Net Investment I	ncome		
Wa		·	outable amount of any year in the b Do not complete this part	ase perio	od?	Yes X No
1	Enter the appropriate am	ount in each column for each year	; see the instructions before making	g any ent	tries.	
Ca	(a) Base period years lendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by	
	2014	356,882.	15,893,815.		· · · · · · · · · · · · · · · · · · ·	0.022454
	2013	940,614.	16,135,868.			0.058293
	2012	900,632.	14,369,772.			0.062675
	2011	705,297.				0.048178
	2010	871,306.	10,555,136.		<u> </u>	0.082548
2	Total of line 1, column (d)		2		0.274148
			e the total on line 2 by 5, or by the	}		
	•		s than 5 years	3		0.054830
4	Enter the net value of nor	ncharitable-use assets for 2015 fro	om Part X, line 5	4	15	,034,716.
5	Multiply line 4 by line 3.			5		824,353.
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		824,353.
8	Enter qualifying distributi If line 8 is equal to or g Part VI instructions	ons from Part XII, line 4 reater than line 7, check the box	ın Part VI, line 1b, and complete	8 that part	using a 1% ta	390,549. x rate. See the
JSA						990 PE 19915

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Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	s)
b	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary - see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% of Part I, line 27b		1	ONE
	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		 -	TONTE
3	Add lines 1 and 2			IONE
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4 Tax based on investment income. Subtract line 4 from line 3 if zero or less enter -0-			<u>IONE</u>
5 6	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		<u>_</u>	NOINE
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 6,328 .			
ь	NOVE			
c	Tax paid with application for extension of time to file (Form 8868)			
d				
7	Total credits and payments Add lines 6a through 6d · · · · · · · · · · · · · · · · · ·		6,3	328.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<u> 28.</u>
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ► NONE Refunded ► 11		6,3	328.
	t VII-A Statements Regarding Activities			
1a	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
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	16		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	10		_^
	published or distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	}		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			ĺ
	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			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			7,
_	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a		4a		X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or		i	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		v	
_	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7		

X

<u>X</u>

8b

10

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		ŀ	
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► BANK OF TEXAS, N.A. Telephone no ► (918) 619		7	
	Located at ▶ PO BOX 1620, TULSA, OK ZIP+4 ▶ 74101-			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. ▶	Ш
	and enter the amount of tax-exempt interest received or accrued during the year		1	
16	,		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		<u> X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country	<u></u>	[
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		163	
1a	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 X No			
	(1) Engage in the series of extension of the property than a series of the series of t			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		j	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		ļ	
	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)			
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)?	1b		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?	1c		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?			
	24,4 24,4 24,4 24,4 24,4 24,4 24,4 24,4			
	If "Yes," list the years			
	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		Χ
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	olf "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.)	3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		_ X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4.		37
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b orm 99()_DE	(2015)
	FC	nm フゴリ	9-FF	(2015)

	and Contractors (continued)	- n
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		NONE
NOME		NONE
<u> Fotal</u>	number of others receiving over \$50,000 for professional services	NONE
Part	X-A Summary of Direct Charitable Activities	
	he foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of nizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1NC	NE	
2		
_		
3_		
4		
•		
Part	X-B Summary of Program-Related Investments (see instructions)	
	ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>NC</u>	NE	
_		
,		
2_		
All	ther program-related investments. See instructions	
3 N C	NE	
_		
Total.	Add lines 1 through 3	

Parţ	Minimum Investment Return (All domestic foundations must complete this part. F see instructions.)	oreign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, e	tc.,	
	purposes:		
а	Average monthly fair market value of securities	1a	<u>5,5</u> 31,460.
b	Average of monthly cash balances	1b	352,211.
c	Fair market value of all other assets (see instructions)	1c	9, <u>3</u> 80,000.
d			15,263,671.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	15,263,671.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,	see	
	instructions)	4	228,955.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line		15,034,716.
6	Minimum investment return. Enter 5% of line 5	6	751,736.
Part	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here ▶ and do not complete this part)	foundations	
1	Minimum investment return from Part X, line 6	1	751,736.
2a	Tax on investment income for 2015 from Part VI, line 5	IONE	
b			
С		2c	NONE
3	Distributable amount before adjustments. Subtract line 2c from line 1	1 . 1	751,736.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4		751,736.
6	Deduction from distributable amount (see instructions)		NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part 3		
	<u>line 1</u>	7	751,736.
Part	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
a			390,549.
b			
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, e	tc,	
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а			NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, lin		390,549.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment inco		
	Enter 1% of Part I, line 27b (see instructions)	5	_N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	390,549.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years whe qualifies for the section 4940(e) reduction of tax in those years.		vhether the foundation

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Pa	t XIII Undistributed Income (see instruc		(b)	(c)	(d)
	Distributable amount for 2015 from Part XI,	(a) Corpus	Years prior to 2014	(c) 2014	2015
'	line 7	,	· · ·		751,736.
2	Undistributed income, if any, as of the end of 2015				
	Enter amount for 2014 only			NONE	
	Total for prior years 20 13 ,20 ,20 ,20		NONE		
	Excess distributions carryover, if any, to 2015				1
	From 2010 347,273.				
	From 2011 NONE				
	From 2012 195,067.	1			
	From 2013 142,727.				
	From 2014 · · · · · NONE				
	Total of lines 3a through e	685,067.			
	Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 390,549.				
а	Applied to 2014, but not more than line 2a			NONE	
	Applied to undistributed income of prior years				
	(Election required - see instructions)		NONE		
c	Treated as distributions out of corpus (Election				
Ĭ	required - see instructions)	NONB			
d	Applied to 2015 distributable amount				390,549.
е	Remaining amount distributed out of corpus	NONE			
5	Excess distributions carryover applied to 2015 .	361,187.			361,187.
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	323,880.			
t	Prior years' undistributed income Subtract	1	NONE		
	Inne 4b from line 2b		NONE		
•	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)	,	NONE		
	tax has been previously assessed		Nonz		
•	Subtract line 6c from line 6b. Taxable amount - see instructions		NONE		
•	Undistributed income for 2014 Subtract line				
	4a from line 2a. Taxable amount - see			NONE	
	instructions				_
1	Undistributed income for 2015 Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2016				NONE
7	Amounts treated as distributions out of corpus				
•	to satisfy requirements imposed by section		1		
	170(b)(1)(F) or 4942(g)(3) (Election may be	İ			
	required - see instructions)	NONE			·
8	Excess distributions carryover from 2010 not				
_	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	323,880.			
10	Analysis of line 9				
	Excess from 2011 NONE				
١	Excess from 2012 181,153.				
	Excess from 2013 142,727.				
	Excess from 2014 NONE				
	Excess from 2015 NONE				Form 990-PF (2015)

rm 990-PF (2015)				-1864630		Page 10
	perating Foundations					NOT APPLICABLE
	received a ruling or de					
	ng is effective for 2015, ente				T	
Check box to indicate	whether the foundation i	s a private operating		in section	4942(j)(3	3) or 4942(j)(5)
Enter the lesser of the ad-			Prior 3 years			(e) Total
justed net income from Part I or the minimum investmer return from Part X for each year listed	nt	(b) 2014	(c) 2013	(d) 2	012	
3 85% of line 2a			<u> </u>			
Qualifying distributions from Par XII, line 4 for each year listed	i i					
Amounts included in line 2c no used directly for active conduct of exempt activities	t					
Qualifying distributions made directly for active conduct o exempt activities Subtract line 2d from line 2c	f e					
Complete 3a, b, or c for the alternative test relied upon						
"Assets" alternative test - enter						
(1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i)	9					
Tendowment alternative test enter 2/3 of minimum invest ment return shown in Part X	t- -					
line 6 for each year listed			 			
C "Support" alternative test - enter (1) Total support other than gross investment incomi (interest, dividends, rents payments on securities loans (section 512(a)(5))	n e e,,					
or royalties)	e s					
provided in section 4942 (j)(3)(B)(iii)						
organization						
(4) Gross investment income , irt XV Suppleme	ntary Information (C	emplete this part	anti if the found	lation had ¢	F 000 07	
	during the year - see i		. Only it the lound	ation nau p	3,000 01	more in assets at
	g Foundation Managers					
List any managers of	f the foundation who have tax year (but only if the	ave contributed mo	re than 2% of the to more than \$5,000). (otal contributi See section 5	ons receive 07(d)(2))	d by the foundation
N/A						
ownership of a partne	f the foundation who cership or other entity) of	which the foundatio	n has a 10% or greate		an equally	large portion of the
N/A Information Regardin	g Contribution, Grant,	Gift, Loan, Scholarsh	nip, etc., Programs:			
Check here ► If unsolicited requests	the foundation only n for funds If the founda plete items 2a, b, c, and	nakes contributions ition makes gifts, g	to preselected cha			
a The name, address, a	nd telephone number or		e person to whom a	oplications sho	ould be addi	ressed:
•			ion and materials the	y should inclu	de.	
Any submission dead						
•	STATEMENT FOR LI	NE 2				
d Any restrictions or factors:	limitations on awards,	such as by geog	raphical areas, char	itable fields,	kinds of it	nstitutions, or other
SEE ATTACHED S	STATEMENT FOR LI	NE 2				
000						Form 990-PF (2015)
	11/14/2016 15:24	:04	477006019			14 -

orm 990-PF (2015)				Page
Part XV Supplementary Information				
3 Grants and Contributions Paid Du	ring the Year or Appr If recipient is an individual,		T	
Recipient Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a rola during the year				
SEE STATEMENT 20				281,30
		}		·
		1		
Total			▶ 3a	281,30
b Approved for future payment				
TORTH COLLEGE				
USTIN COLLEGE 00 N GRAND AVE SHERMAN,	NONE	501(C)(3)	OSCAR & ANNA PAGE TRIBUTE SCHOLARSHIP	
OU N GRAND AVE SHERMAN,	NONE	201(0)(3)	SCHOLARSHIP	
OME HOSPICE OF GRAYSON COUNTY			GROWING FOR FUTURE CAPITAL	
O BOX 2306 SHERMAN,	NONE	501 (C) (3)		
NAYES COUNTY PREMIUM AUCTION CORP				
401 S 448.5 ROSE,	NONE	501(C)(3)	BUILDING ADDITION	
Total		1	▶ 3b	

t XVI-A Analysis of Income-Produ	icing Act	ivities		·	
r gross amounts unless otherwise indicated		ated business income		section 512, 513, or 514	(e) Related or exemp
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
ı					
o					
:		<u> </u>			_
·					
?					
·					
Fees and contracts from government agencies					
Membership dues and assessments			-		
nterest on savings and temporary cash investments •			14	93,962.	
Dividends and interest from securities			+ + + + + + + + + + + + + + + + + + + +	73, 902.	
Net rental income or (loss) from real estate					
Debt-financed property				-189,890.	
Not debt-financed property	- -			20370301	
Other investment income			- 1		
Gain or (loss) from sales of assets other than inventory	i		18	44,055.	
Net income or (loss) from special events · · ·					
Gross profit or (loss) from sales of inventory.					
Other revenue a					
OTHER INTEREST			14	566.	
PRIVATE EQUITY			14	16,873.	
<u> </u>					
d					
	ılatıons)				-34,4
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns (b). Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcust XVLB Relationship of Activities	ilations) to the A	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns (b). Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns (b). Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns (b). Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns (b). Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns (b). Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns (b). Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns (b). Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns (b). Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcutations. Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of h income is reported to purposes (other than	Exempt Pur in column (and by providing	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcutations. Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of	Exempt Pur in column (and by providing	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcutations. Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of h income is reported to purposes (other than	Exempt Pur in column (and by providing	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns (b). Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of h income is reported to purposes (other than	Exempt Pur in column (and by providing	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns (b). Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of h income is reported to purposes (other than	Exempt Pur in column (and by providing	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns (b). Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of h income is reported to purposes (other than	Exempt Pur in column (and by providing	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns (b). Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of h income is reported to purposes (other than	Exempt Pur in column (and by providing	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns (b). Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of h income is reported to purposes (other than	Exempt Pur in column (and by providing	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns (b). Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of h income is reported to purposes (other than	Exempt Pur in column (and by providing	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns (b). Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of h income is reported to purposes (other than	Exempt Pur in column (and by providing	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns (b). Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of h income is reported to purposes (other than	Exempt Pur in column (and by providing	poses e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns (b). Relationship of Activities e No. Explain below how each activity	ilations) to the A	ccomplishment of h income is reported to purposes (other than	Exempt Pur in column (and by providing	poses e) of Part XVI-A contribu	ted importantly to

Form 990)-PF_(20					75-186463			Pa	age 13
Part X		Exempt Orgai	nizations	ansfers To and Tran					ritabl	е
in	secti			engage in any of the fol section 501(c)(3) organi					Yes	No
	•		g foundation to	a noncharitable exempt	organization o	f:				
(1) Cas	h						1a(1)	X
						• • • • • •		1a(2)	X
		ransactions:							۵.	v
				pt organization le exempt organization.						X
				assets						X
								I .		X
								ſ		X
				o or fundraisıng solıcitatı						X
				ts, other assets, or paid e						X
				s," complete the follow ces given by the reporti						
(a) Line	$\overline{}$	n any transaction or (b) Amount involved	r	gement, show in column concharitable exempt organization			ers, transactions, a			
(u) Line		(b) Amount involved	(c) Hame of the	one in the compt of game at	(4) 50.	scription of trans.	cro, transactions, t	and sharing a	Trangerin	
-	+	<u>.</u>								
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de	escrib	ed in section 501(c)	of the Code (o	filiated with, or related ther than section 501(c)(· ·	t organization		Yes	X No
D IT	Yes,	" complete the follow (a) Name of organization		(b) Type of organiz	ation		(c) Description of	relationship		
-		1.,								
				·						
				_ .						
		·								
				ned this return, including accompa			to the best of my	knowledge an	d belief, i	t is true,
Sign	correc	t, and complete Declaration o	preparer (other than t	axpayer) is based on all information of	of which preparer has	any knowledge	1400	the IRS dis		
Here		saux s	MYSUNX	11/14/2016	SENI	OR VICE	PRE with		r shown	return below
Here	1 -	ature of officer or trustee		Date	Title		(see ii	nstructions)?	Yes	No
	BO	KF, N.A., TRU Print/Type preparer's na	STEE	Preparer's signature		Date		ıf PTIN		
Paid		Timo Type preparer Sna		i reparer s signature		Date	Checkself-emple	- 」"∣		
Prepa	rer	Firm's name					Firm's EIN	-,00		
Use C	nly	Firm's address	=							
				· 			Phone no			
								Form 9	90-PF	(2015)

Taxpayer's Name THE OLIVER DEWEY	MAYOR FOUN	DATION	477	006	019			Identify -186	ng Number 4630
DESCRIPTION OF PROPERTY CENTENNIAL (2.67) ACRES LO	T 7. A	LVAR	ADO					
Yes No Did you ac	tively participate in the	operation o	f the act	ivity d	uring the tax year?				
TYPE OF PROPERTY: 4 - C	OMMERCIAL								
OTHER INCOME-			_ • •	• • •					
TOTAL GROSS INCOME				• • •	<u></u>				
OTHER EXPENSES:INSURANCE							142.		
TAXES						25,	314.		
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	 -							_	
DEPRECIATION (SHOWN BELOW)								-	
LESS: Beneficiary's Portion					• •				
AMORTIZATION						- -		_	
LESS: Beneficiary's Portion . DEPLETION									
LESS: Beneficiary's Portion								_	
TOTAL EXPENSES								\neg	25,456.
TOTAL RENT OR ROYALTY INCOME									-25,456.
Less Amount to	. (2000)								
Rent or Royalty									
Depreciation							-		
Depletion									
Investment Interest Expense									
Other Expenses						· · · · <u></u>			
Net Income (Loss) to Others .									
Net Rent or Royalty Income (Loss)								•	25,456.
Deductible Rental Loss (if Applicable		<u></u>		<u></u>	<u> </u>	<u> </u>			
SCHEDULE FOR DEPRECIATI	ON CLAIMED	·			 -				··
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(ı) Lıfe or rate	(j) Depreciation for this year
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			L	1	<u> </u>	l	<u> </u>	<u> </u>	
Totals		<u> </u>			<u></u>	<u> </u>		<u></u>	<u> </u>

Taxpayer's Name THE OLIVER DEWEY	MAYOR FOUN	DATION	477	0060)19			Identifyi -186	ng Number 4630
DESCRIPTION OF PROPERTY CENTENNIAL II (.	84 ACRES) L	OT 2 A	LVAR:	DO,_					
Yes No Did you ac	tively participate in the	operation o	f the acti	vity du	iring the tax year?				
TYPE OF PROPERTY 4 - C	OMMERCIAL						_		
OTHER INCOME:									
TOTAL GROSS INCOME	<u> </u>					<u> </u>			
OTHER EXPENSES: INSURANCE							142.		
REPAIRS							379.		
TAXES						9,	955.		
	_								
	· · ·								
		_						_	
						-			
DEPRECIATION (SHOWN BELOW)								_	
LESS: Beneficiary's Portion					•				
AMORTIZATION									
LESS: Beneficiary's Portion .							· · ·		
DEPLETION								\dashv	
LESS: Beneficiary's Portion TOTAL EXPENSES					-			\dashv	10,476.
TOTAL RENT OR ROYALTY INCOME									-10,476.
Less Amount to	(1000)				<u> </u>	<u> </u>	<u></u>		
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses									
Net Income (Loss) to Others .								•	
Net Rent or Royalty Income (Loss)									-10,476.
Deductible Rental Loss (if Applicable		<u></u> .			<u> </u>	<u></u>	<u></u>		
SCHEDULE FOR DEPRECIATI	ON CLAIMED					_			
(a) Description of property	(b) Cost or unadjusted basis	(c) Date	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
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Totals	L	<u> </u>			<u> </u>	<u></u>	· · · ·		

Taxpayer's Name THE OLIVER DEWEY	MAYOR FOUN	DATION	477	006	019			Identifyi -186	ng Number 4630
DESCRIPTION OF PROPERTY CENTENNIAL II (0	.84 ACRES)	LOT 3							
	tively participate in the		f the act	ıvıty dı	uring the tax year?				
	OMMERCIAL								
OTHER INCOME:									
TOTAL GROSS INCOME									
OTHER EXPENSES: INSURANCE				_			142.		
TAXES							955.		
									
					 				
DEPRECIATION (SHOWN BELOW)									
LESS: Beneficiary's Portion AMORTIZATION					• •				
LESS: Beneficiary's Portion .									-
DEPLETION									
LESS: Beneficiary's Portion									
TOTAL EXPENSES					·				10,097.
TOTAL RENT OR ROYALTY INCOME									-10,097.
Less Amount to									
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses						· · · · ·			
Net Income (Loss) to Others .									10.000
Net Rent or Royalty Income (Loss)									-10,097.
Deductible Rental Loss (if Applicable SCHEDULE FOR DEPRECIATI		<u> </u>	• • • •		<u> </u>		· · · · <u>· -</u>	<u></u>	
SCHEDOLE FOR DEFRECIATI	ON CLAIMED		1				T		
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(ı) Lıfe or rate	(j) Depreciation for this year
									<u> </u>
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Totals		<u> </u>		<u> </u>	 	 	<u></u>	<u></u>	

Taxpayer's Name THE OLIVER DEWEY	MAYOR FOUN	DATION	477	0060	019			ldentifyi -186	ng Number 4630
DESCRIPTION OF PROPERTY CENTENNIAL (1.8	ACRES) LOT	6, ALV	ARAD(O					
7	tively participate in the				ring the tax year?				
	OMMERCIAL								
OTHER INCOME:						• • • •			
									
TOTAL GROSS INCOME						<u>l.</u> ,		_	
OTHER EXPENSES:		<u> </u>		<u> </u>				•	
INSURANCE						1	142.		
TAXES							066.		
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				_					
								_	
								\dashv	
DEPRECIATION (SHOWN BELOW)									
LESS: Beneficiary's Portion					• •			\dashv	
AMORTIZATION								-	
LESS: Beneficiary's Portion .						- -			
DEPLETION									
TOTAL EXPENSES									17,208.
TOTAL RENT OR ROYALTY INCOME									-17,208.
Less Amount to	12000/					100 70 80 10			
Rent or Royalty					. <i></i>				
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses						· · · ·			
Net Income (Loss) to Others .								•	15.000
Net Rent or Royalty Income (Loss)									-17,208.
Deductible Rental Loss (if Applicable		<u></u>	• • • •	• • •	<u> </u>	<u></u>	· · · · <u>·</u>	·	
SCHEDULE FOR DEPRECIATI	LAIMED	Ĭ	1				Γ		
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
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			L	<u> </u>	L	L	L	L	
Totals	<u> </u>	<u> </u>			<u> </u>				

Taxpayer's Name THE OLIVER DEWEY MAYOR FOUNDATION 477006019 75-18									ng Number 4630
DESCRIPTION OF PROPERTY BRAND ROAD (21.2)	55 ACRES) D	ALLAS (COUN'	ΓY,					
	tively participate in the				ring the tax year?				
TYPE OF PROPERTY: 4 - C	OMMERCIAL	*							
OTHER INCOME:			_						
TOTAL GROSS INCOME									
OTHER EXPENSES:									
INSURANCE							<u>142.</u>		
REPAIRS					· ·		595.		
TAXES						90,	<u>683.</u>		
	<u> </u>								
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	•		•		=:-				
DEDDECKTION (CHOMAN DELOW)								_	
DEPRECIATION (SHOWN BELOW)									
LESS: Beneficiary's Portion					• •				
AMORTIZATION									
LESS: Beneficiary's Portion .									
DEPLETION									
LESS: Beneficiary's Portion								 	00 420
TOTAL EXPENSES									99,420.
TOTAL RENT OR ROYALTY INCOME	(LOSS)	<u> </u>	· · · ·					• •	-99,420.
Less Amount to									
Rent or Royalty									
Depreciation						• • • • • • • • • • • • • • • • • • • •			
Depletion						• • • • • • • • • • • • • • • • • • • •			
Investment Interest Expense									
Other Expenses						· · · ·			
Net Income (Loss) to Others .								·	
Net Rent or Royalty Income (Loss)									<u>-99,420.</u>
Deductible Rental Loss (if Applicable				· · ·_	<u></u>	<u> </u>	<u></u>	•	·
SCHEDULE FOR DEPRECIAT	ION CLAIMED	T .		-		· · · · · · · · · · · · · · · · · · ·			
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(ı) Lıfe or rate	(j) Depreciation for this year
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Totals	<u> </u>	1	• • • •	<u></u>	<u> </u>		<u></u>	<u>· · · ·</u>	<u> </u>

Taxpayer's Name THE OLIVER DEWEY MAYOR FOUNDATION 477006019 The object of the state									ng Number 4630
DESCRIPTION OF PROPERTY MEADOWDALE (10.7	689 ACRES)	JOSIAH	PHE	LPS					
Yes No Did you ac	tively participate in the	operation o	f the acti	vity du	iring the tax year?				
TYPE OF PROPERTY: 4 - C	OMMERCIAL								
						🖳			
OTHER INCOME:									
TOTAL GROSS INCOME		<u> </u>				<u> </u>			
OTHER EXPENSES:									
INSURANCE							<u>142.</u>		
REPAIRS							640.		
TAXES						25,	451.		
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					<u>-</u>				
DEPRECIATION (SHOWN BELOW)								\dashv	
LESS: Beneficiary's Portion				· · ·	• •			\dashv	
AMORTIZATION								_	
LESS: Beneficiary's Portion .					· ·			_	
DEPLETION					· · <u> </u>				
LESS. Beneficiary's Portion					[
TOTAL EXPENSES									27,233.
TOTAL RENT OR ROYALTY INCOME	(LOSS)					<u> </u>		<u> l </u>	-27,233.
Less Amount to									
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses									
Net Income (Loss) to Others .								_	
Net Rent or Royalty Income (Loss)									-27,233.
Deductible Rental Loss (if Applicable									2.,255.
SCHEDULE FOR DEPRECIATI		<u></u>	<u></u>	<u></u>				•	
SCHEDOLE FOR DEFINECIATI	OIT OLAIMED	···-	1				T	I	
(a) Description of property	(b) Cost or unadjusted basis	(c) Date	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
		<u> </u>							
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					<u> </u>	-		1	
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Totals		1		<u> </u>	<u></u>			<u></u>	L. <u></u> .

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

NET INVESTMENT INCOME	6,118. 14,945. 11,712. 13,549. 1,746. 1,746. 3,062. 3,062. 3,062. 414. 7,310. 94,528.	
REVENUE AND EXPENSES PER BOOKS	6,118. 14,945. 11,712. 13,549. 1,746. 1,851. 3,062. 3,062. 3,062. 6,711. 6,414. 7,310.	11 11 11 11 11 11 11
DESCRIPTION	AMERICAN AADVANTAGE GROWTH & INC FD ARTISAN M/C VAL-INST #2450 DODGE & COX INTL STK #1048 DODGE & COX STK FD FEDERATED HI YLD BD-INST #0900 FIDELITY CONTRAFUND NATIXIS GATEWAY-Y #1986 HENDERSON GLBL EQ INC-INST #1145 MET WEST TOT RET BD-I #0512 NEUBERGER BERMAN GENESIS INSTL #1229 OPPENHEIMER DEV MKTS-I #0799 PIMCO FGN BD USD HEDGED-INST #0103 PIMCO ALL ASSET-INST #0034 TEMPLETON GLBL BD-ADV #0616 VANGUARD SHORT TERM BOND IDX ADMIRAL CL VANGUARD LTD TERM T/E-ADM #5832 VANGUARD LTD TERM T/E-ADM #0531 BOT SHORT-TERM CASH FUND I	

FORM 990PF, PART I - OTHER INCOME

NET INVESTMENT EXPENSES PER BOOKS REVENUE AND

INCOME

16,873.

16,873.

16,873.

16,873 ----

BOKF PRIVATE EQUITY

DESCRIPTION

TOTALS

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STATEMENT

- LEGAL FEES FORM 990PF, PART I

CHARITABLE PURPOSES	53,720. 53,720. ==========
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	20,222.
REVENUE AND EXPENSES PER BOOKS	73,942.
	TOTALS
DESCRIPTION	LEGAL FEES

477006019

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	1 1 1 1 1 1 1 1 1 1	.000,9	ŀ	
ADJUSTED NET INCOME	1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1	
NET INVESTMENT INCOME	! ! !	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	
REVENUE AND EXPENSES PER BOOKS	 1 1 1 1 1	6,000.	6,000.	
DESCRIPTION		TAX PREPARATION FEE (NON-ALLOC	TOTALS	

4

RT I - TAXES
PART
990PF,
FORM 9

		CHARITABLE	PURPOSES	1 1 1 1 1 1 1 1	3,746.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3,746.	11 11 11 11 11 11 11 11 11 11 11 11 11
	NET	INVESTMENT	INCOME	i i i i		1,428.	181.	1 1 1 1 1 1 1 1 1 1 1	1,609.	
REVENUE	AND	EXPENSES	PER BOOKS	 	3,746.	1,428.	181.		5,355.	
			DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FEDERAL ESTIMATES - PRINCIPAL	FOREIGN TAXES ON QUALIFIED FOR	FOREIGN TAXES ON NONQUALIFIED		TOTALS	

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EXPENSES
OTHER
1
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PART
990PF,
FORM

NET INVESTMENT INCOME	244. 25,592.	25,836.
REVENUE AND EXPENSES PER BOOKS	189,890. 244. 25,592.	215,726.
DESCRIPTION	RENT AND ROYALTY EXPENSES OTHER NON-ALLOCABLE EXPENSE - OTHER NON-ALLOCABLE EXPENSE -	TOTALS

9

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FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

DESCRIPTION

BONDS

TOTALS

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STATEMENT

CORPORATE STOCK FORM 990PF, PART II

DESCRIPTION

MET WEST TOT RET BD-I #0512 PIMCO FGN BD USD HEDGED-INST # VANGUARD S/T BD INDX-ADM #5132 VANGUARD LTD TERM T/E-ADM #053 TEMPLETON GLBL BD-ADV #0616 EQUITY SECURITIES

ENDING FMVBOOK VALUE ENDING

469,494. 529,684. 220,173 204,809 200,383 200,004. 238,572. 445,458. 526,046. 214,000.

1,624,543. 1,624,080.

TOTALS

31

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STATEMENT

FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION	ENDING BOOK VAL	ING VALUE	END ING FMV
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		I I I	1 1 1
FIXED INCOME SECURITIES			
AMER BEACON L/C VAL-INST #0066	\dashv	α	72,0
DODGE & COX STOCK #0145	ന	9,65	42,95
FIDELITY CONTRAFUND-I #0022	9	2,78	21,35
HENDERSON GLBL EQ INC-INST FD#	S	3,76	32,66
JOHN HANCOCK DISC VAL M/C-I #3	S	6,67	97,97
MAINSTAY L/C GRWTH-I #1483	0	0,08	68,82
UB BERMAN GENESIS-INST #1229	0	8,42	46,15
OPPENHEIMER DEV MKTS-I #0799	179	9,942.	152,385.
T ROWE NEW HORIZONS-I #0532	7	5,52	96,12
VANGUARD M/C GRWTH INDX-ADM #5	^	, 26	79,40
AQR MULTI STRAT ALT-I #15217		, 92	6,00
DIAMOND HILL LONG/SHORT-I #001	18	, 56	3,92
NATIXIS GATEWAY-Y #1986		, 47	4,93
TOTALS	3,000 3,000	0,761.	3,654,806.
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	ENDING FMV 	117,320.	117,320.
	ENDING BOOK VALUE	117,320.	117,320.
VESTMENTS	COST/ FMV C OR F	บ	TOTALS
FORM 990PF, PART II - OTHER INVESTMENTS	DESCRIPTION	PARTNERSHIP INTEREST	

75-1864630

THE OLIVER DEWEY MAYOR FOUNDATION 477006019

75-1864630

FIXED ASSET DETAIL

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
COMPUTER SOFTWARE	M3	26,006.			26,006.	26,006.			26,006.
COMPUTERS	M3	12,368.			12,368.	12,368.			12,368.
COMPUTER UPGRADE	W3	7,555.			7,555.	3,777.			3,777.
COMPUTER UPGRADE	M3	7,555.			7,555.	3,777.			3,777.
TOTALS		53,484.			53,484.	45,928.			45,928.

477006019

FORM 990PF, PART VII-A, LINE 12 EXPLANATION

no

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES __________ OFFICER NAME: GAIL UTTER ADDRESS: 2027 TEXOMA PARKWAY SHERMAN, TX 75091 TITLE: GOVERNOR AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2 500. OFFICER NAME: BANK OF TEXAS, NA ADDRESS: P.O. BOX 1088 SHERMAN, TX 75091 TITLE: CORPORATE AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 20 COMPENSATION 180,133. OFFICER NAME: JACK DRYDEN ADDRESS: P.O. BOX 1088 SHERMAN, TX 75091 TITLE: GOVERNOR AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2 500. COMPENSATION OFFICER NAME: HORACE GROFF ADDRESS: P.O. BOX 1088 SHERMAN, TX 75091 TITLE: GOVERNOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

COMPENSATION

500.

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

ADDRESS:

TITLE:

GOVERNOR

P.O. BOX 1088 SHERMAN, TX 75091

COMPENSATION 500.

TOTAL COMPENSATION: 183,133.

500.

RECIPIENT NAME:

MELVIN CAMP, THE O.D. MAYOR FDN.

ADDRESS:

C/O BANK OF TX 307 W. WASHINGTON SHERMAN, TX 75090

RECIPIENT'S PHONE NUMBER: 903-813-5118

FORM, INFORMATION AND MATERIALS:

WRITTEN APPLICATION DESCRIBING THE SPECIFIC NEEDS OF THE APPLICANT SUBMISSION DEADLINES:

NONE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

GRANTS ARE PROVIDED TO QUALIFIED ORGANIZATIONS WITHIN MAYES COUNTY, OKLAHOMA OR GRAYSON COUNTY, TEXAS FOR CHARITABLE, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES.

THE OLIVER DEWEY MAYOR FOUNDATION 477006019 75-1864630 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: POTTSBORO KIDS CLUB ADDRESS: PO BOX 543 POTTSBORO, TX 75076 RECIPIENT NAME: UNITED WAY OF GRAYSON COUNTY ADDRESS: 713 E BROCKETT SHERMAN, TX 75090 2,500. AMOUNT OF GRANT PAID RECIPIENT NAME: GRAND CENTRAL STATION CENTER ADDRESS: 2610 SHENANDOAH CIRCLE SHERMAN, TX 75092 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT FOR STATION FOUNDATION STATUS OF RECIPIENT: 501(C)(3) AMOUNT OF GRANT PAID 57,000. RECIPIENT NAME: MAYES COUNTY HOPE FIT KIDS ADDRESS: PO BOX 1346 PRYOR, OK 74362 AMOUNT OF GRANT PAID 1,000.

	864630
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID	
•	
RECIPIENT NAME:	
ADAIR SCHOOL MOVING MINDS, MOVING LEGS	
ADDRESS: PO BOX 197	
ADAIR, OK 74330	
AMOUNT OF GRANT PAID	10,000.
	10,000.
DEGET DETENDE MANO	
RECIPIENT NAME: UNITED WAY OF MAYES COUNTY	
ADDRESS:	
PO BOX 1165	
CLAREMORE, OK 74018	
AMOUNT OF GRANT PAID	10,000.
	·
RECIPIENT NAME:	
PRYOR AREA ARTS & HUMANITIES COUNCIL	
ADDRESS:	
6 N ADAIR ST	
PRYOR, OK 74361	
AMOUNT OF GRANT PAID	20,500.
RECIPIENT NAME:	
PRYOR AREA FOUNDATION	
ADDRESS: P.O. BOX 367	
PRYOR, OK 74362-0367	
RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
SUPPORT OF FARMER'S MARKET	
FOUNDATION STATUS OF RECIPIENT:	
501 (C) (3)	02 500
AMOUNT OF GRANT PAID	93,500.

THE OLIVER DEWEY MAYOR FOUNDATION 477006019 75-1864630 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: GRAYSON COUNTY JUVENILE ALTERNATIVES, INC ADDRESS: P.O. BOX 1625 Sherman, TX 75091 AMOUNT OF GRANT PAID 20,000. RECIPIENT NAME: DENISON HELPING HANDS ADDRESS: 418 WEST CHESTNUT DENISON, TX 75020 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT FEEDING THE HUNGRY PROGRAM FOUNDATION STATUS OF RECIPIENT: 501(C)(3) AMOUNT OF GRANT PAID 15,000. RECIPIENT NAME: FRIENDS OF THE POTTSBORO AREA PUBLIC LIBRARY ADDRESS: PO BOX 477 POTTSBORO, TX 75076 RECIPIENT NAME: VOLUNTEER SERVICES COUNCIL OF MHMR ADDRESS: 315 W MCLAIN SHERMAN, TX 75090 AMOUNT OF GRANT PAID 4,500. THE OLIVER DEWEY MAYOR FOUNDATION 477006019 75-1864630 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: DENISON ISD EDUCATION FOUNDATION ADDRESS: 1201 S RUSK DENISON, TX 75020 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT DUAL CREDIT COURSES FOUNDATION STATUS OF RECIPIENT: 501(C)(3) AMOUNT OF GRANT PAID 2,500. RECIPIENT NAME: PROJECT TRANSFORMATION EDUCATIONAL ADDRESS: 4024 CARUTH BLVD DALLAS, TX 75225 RECIPIENT NAME: SHERMAN INDEPENDENT SCHOOL DISTRICT ADDRESS: 2701 LOY LAKE RD SHERMAN, TX 75090 AMOUNT OF GRANT PAID 4,800. RECIPIENT NAME: DENISON PUBLIC LIBRARY ADDRESS: 300 WEST GANDY DENISON, TX 75020 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT FOR LIBRARY BUILDING PROGRAM FOUNDATION STATUS OF RECIPIENT: 501(C)(3) AMOUNT OF GRANT PAID 7,500. THE OLIVER DEWEY MAYOR FOUNDATION 477006019 75-1864630 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: PRYOR MINISTRIES CENTER ADDRESS: 5 NORTH VANN STREET PRYOR, OK 74361 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT FOR SUPPLIES/DIAPERS FOUNDATION STATUS OF RECIPIENT: 501(C)(3)

AMOUNT OF GRANT PAID 5,000.

TOTAL GRANTS PAID:

281,300.

RENT AND ROYALTY SUMMARY

TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
		25,456. 10,476. 10,097. 17,208. 99,420. 27,233.	-25,456. -10,476. -10,097. -17,208. -99,420. -27,233.
		189,890.	-189,890.
		·	INCOME DEPRECIATION EXPENSES 25,456. 10,476. 10,097. 17,208. 99,420. 27,233.

THE OLIVER DEWEY MAYOR FOUNDATION 477006019

75-1864630 Current-year amortization Current-year depreciation Current-year 179 expense MA CRS class ACRS Life 3,000 3 000 3.000 MQ 3.000 Conv. НY Life S. НҮ Me-thod Ending Accumulated amortization Code 3,777. SL 3,777. SL 밁 읾 Ending Accumulated depreciation 26,006. 12,368 45,928. 45,928. Beginning Accumulated / Accumulated amortization 26,006. 12,368. 3,777. 3,777. 45,928. 45,928. 12,368. 3,777. 3,777. 45,928. 45,928. Basis for depreciation 26,006. Basis Reduction 3,778. 3,778. 7,556. 7,556. 179 exp. reduction in basis 100.000 100.000 100.000 100.000 Bus. Unadjusted Cost or basis 7,555. 7,555. 12,368. 26,006. 53,484 53,484. Cost or basis Date placed in service 05/12/2010 12/31/2007 12/31/2007 07/24/2009 Date placed in service Less Retired Assets Subtotals Asset description Description of Property Asset description COMPUTER SOFTWARE **AMORTIZATION** Less Retired Assets DEPRECIATION COMPUTER UPGRADE COMPUTER UPGRADE Listed Property TOTALS . . . *Assets Retired COMPUTERS TOTALS

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