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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any "unusual grants")					26-1077197	
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization <i>without charge</i>						
4 Total Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input checked="" type="checkbox"/>	



OGDEN UT 84201-0034

OMB Clearance No.: 1545-1150

In reply refer to: 0425869705

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SARAH MCLEAN FOUNDATION
2809 NW 171ST ST
EDMOND OK 73012



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Taxpayer identification number: 26-1077197
Form: 990-EZ
Tax period: Dec. 31, 2016
29492-273-06403-7

Dear Taxpayer:

We received your Form 990-EZ, Short Form Return of Organization Exempt from Income Tax, for the tax period above and need additional information. Send only the information we're requesting. Don't send a copy of your return unless the information we've requested changes your original return.

Based on the information shown on your return, you should complete Schedule A, Part II, Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi). Either complete Part II on Schedule A, or explain why you don't have to complete it. You must also sign the declaration at the end of this letter.

Schedule B is missing or incomplete. Schedule B, Schedule of Contributors, is a required attachment for organizations who file a Form 990-EZ and received contributions of \$5,000 or more from any contributor. You must complete and submit Schedule B, or certify you're not required to file it. You can find instructions for filing Schedule B in the Form 990-EZ and Schedule B instructions.

Check here if the organization isn't required to attach Schedule B. You must also sign the declaration at the end of this letter.

You can get any of the forms, instructions, or publications mentioned in this letter by visiting our website at www.irs.gov/formspubs, or by calling 800-TAX-FORM (800-829-3676).

Send the information to us within 30 days from the date of this letter, to the address at the top of the first page of this letter.

To avoid delays in processing:

1. Attach a copy of this letter to the front of your reply.
2. Don't send a copy of your original return because it doesn't have the information we need.

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SARAH MCLEAN FOUNDATION
2809 NW 171ST ST
EDMOND OK 73012

3. Write your employer identification number at the top of each form.
4. Sign the declaration at the end of this letter, and send it to us with the information we requested.

In addition to providing the missing or incomplete information, include a reasonable cause explanation of why you didn't submit the required information with your return, if applicable. We may charge you a penalty if you fail to provide both the missing or incomplete information, and a reasonable cause explanation.

We don't consider your return filed or complete until we have all the information we need to process it. The date we receive the information we've requested, is the date we consider your return filed.

The law provides a penalty of \$20 a day for filing an incomplete return. The maximum penalty may be as much as \$10,000 or five percent of the gross receipts for the year, whichever is less. If your organization has gross receipts exceeding \$1,020,000, the law provides a penalty of \$100 a day for filing an incomplete return. The maximum penalty may be as much as \$51,000. The amounts in this paragraph may be increased by inflation adjustments as required by law.

If you want to send the information by fax, our fax number is 855-309-9361. We won't be able to acknowledge receipt of your fax due to the high volume of faxes we receive. Don't send an additional copy by mail. Doing so could delay the processing of your return.

Include a cover sheet with the following information:

Date: 11-1-17
Attention: Reject Unit
Mail Stop 6121
Control number: 29492-273-06403-7
Your name: Sarah McLean Foundation
Your employer identification number: 26-1077197
Tax period: 2016
Number of pages: 7

If you have questions, call IRS Customer Account Services at 877-829-5500, between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

If you prefer, you can write to us at the address at the top of the

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first page of this letter. When you write include a copy of this letter, and provide in the spaces below, your telephone number and the hours we can reach you.

Telephone number (405) 503-8427 Hours 10AM - 2PM

Keep a copy of this letter for your records.

Thank you for your cooperation.

Sincerely yours,

Karen E. Peat

Karen Peat
Department Manager, ICO/ERS/Rejects

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SARAH MCLEAN FOUNDATION
2809 NW 171ST ST
EDMOND OK 73012

DECLARATION

Under penalties of perjury, I declare that I've examined the return identified in this letter, including any accompanying schedules and statements, and any supplemental statements attached hereto, which are intended as supplements to the return, and to the best of my knowledge and belief, it's true, correct and complete. I understand this declaration will become a permanent part of the return.

Sarah McLean
Signature of authorized individual

10-21-17
Date

FOUNDER, EXECUTIVE DIRECTOR
Title