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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491135014207

OMB No 1545-0052

## **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 <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>. 2016

Open to Public Inspection

|                                       |                            | ndar year 2016, or tax year   | beginning 01-01-20                                      | 16 , aı                            | nd en | nding 12-31-                         |  |  |
|---------------------------------------|----------------------------|---|---|------------------------------------|-------|--------------------------------------|--|--|
| TH                                    | E JIMMI                    | ndation<br>IE L DEAN SCHOLARSHIP<br>ION INC   |   |                                    |       | 26-3831651                           | entification numbe   | r  |
|                                       |                            | street (or P O box number if mail is not<br>STREET NO 1200G   | delivered to street address)                            | Room/suite                         |       | <b>B</b> Telephone nu (918) 585-1220 | mber (see instruction  | ns)  |
|                                       | or town<br>SA, OK          | , state or province, country, and ZIP or f<br>74103   | oreign postal code                                      |                                    |       | <b>C</b> If exemption                | application is pendin  | g, check here  |
|                                       |                            | I that apply  |   | · · · · · ·                        |       | 2. Foreign oi<br>test, chec          | ganizations, check herganizations meeting<br>k here and attach co<br>undation status was t | the 85% mputation  |
| _                                     |                            | pe of organization Section 50 4947(a)(1) nonexempt charitable   | 01(c)(3) exempt private f<br>trust $\Box$ Other taxable |                                    |       | under sectio                         | n 507(b)(1)(A), chec   | k here   |
| Fai                                   | r mark<br>year <i>(f</i> . | tet value of all assets at end from Part II, col (c),   |   | ☑ Cash ☐ Accru                     | ıal   |                                      | ation is in a 60-monti<br>n 507(b)(1)(B), chec   |  |
| Pa                                    | rt I                       | Analysis of Revenue and E<br>of amounts in columns (b), (c), and (a<br>equal the amounts in column (a) (see | l) may not necessarily                                  | (a) Revenue and expenses per books | (b)   | Net investment<br>income             | (c) Adjusted net income  | (d) Disbursements<br>for charitable<br>purposes<br>(cash basis only) |
|                                       | 1                          | Contributions, gifts, grants, etc , r   | received (attach  | 17,210                             |       |                                      |  | , , , , , ,  |
|                                       | 2                          | schedule)  Check ▶ ☐ If the foundation is r   | •   |                                    |       |                                      |  |  |
|                                       | 3                          | Sch B   | y cash investments                                      | 9,795                              |       | 9,795                                |  |  |
|                                       | 4                          | Dividends and interest from secur   | ities   | 67,411                             |       | 67,411                               |  |  |
|                                       | 5a                         | Gross rents   | [   |                                    |       |                                      |  |  |
| <b>.</b>                              | ь                          | Net rental income or (loss)   |   |                                    |       |                                      |  |  |
| REE                                   | 6a                         | Net gain or (loss) from sale of ass   | ets not on line 10                                      | -5,411                             |       |                                      |  |  |
| Revenue                               | ь<br>7                     | Gross sales price for all assets on<br>Capital gain net income (from Par                                    |   |                                    |       | 0                                    |  |  |
|                                       | 8                          | Net short-term capital gain   | [   |                                    |       |                                      |  |  |
|                                       | 9                          | Income modifications  |   |                                    |       |                                      |  |  |
|                                       | 10a<br>b                   | Gross sales less returns and allow<br>Less Cost of goods sold   | ances   |                                    |       |                                      |  |  |
|                                       | С                          | Gross profit or (loss) (attach sche   | dule)   |                                    |       |                                      |  |  |
|                                       | 11                         | Other income (attach schedule)  | [   | 246                                |       | 246                                  |  |  |
|                                       | 12                         | <b>Total.</b> Add lines 1 through 11 .  | [   | 89,251                             |       | 77,452                               |  |  |
|                                       | 13                         | Compensation of officers, director  | s, trustees, etc  | 30,000                             |       | 30,000                               |  | 0  |
|                                       | 14                         | Other employee salaries and wage  | <b> </b>  |                                    |       |                                      |  |  |
| ses                                   | 15<br>16a                  | Pension plans, employee benefits Legal fees (attach schedule)   | <b> </b>  |                                    |       |                                      |  |  |
| Sen                                   | ь                          | Accounting fees (attach schedule)   | L   | <b>9</b> 4,837                     |       | 4,837                                |  | 0  |
| Ĕ                                     | c                          | Other professional fees (attach sci   |   | 9,946                              | -     | 9,946                                |  | 0  |
| IVe                                   | 17                         | Interest  | l l   | <u> </u>                           |       | <u> </u>                             |  |  |
| Operating and Administrative Expenses | 18                         | Taxes (attach schedule) (see instr  |   | 321                                |       | 321                                  |  | 0  |
| Ē                                     | 19                         | Depreciation (attach schedule) an   | d depletion [   |                                    |       |                                      |  |  |
| Ē                                     | 20                         | Occupancy   |   |                                    |       |                                      |  |  |
| D<br>D                                | 21                         | Travel, conferences, and meetings   |   |                                    |       |                                      |  |  |
| an                                    | 22                         | Printing and publications   | -   | ns.1 :-                            |       |                                      |  | _  |
| ğus                                   | 23                         | Other expenses (attach schedule)  |   | 12                                 |       | 12                                   |  | 0  |
| erat                                  | 24                         | Total operating and administra  | •   | AE 446                             |       | AE 110                               |  | 0  |
| ă                                     | 25                         | Add lines 13 through 23 Contributions, gifts, grants paid   |   | 45,116<br>81,809                   | -     | 45,116                               |  | 81,809   |
|                                       | 26                         | Total expenses and disbursem 25   | -   | <u>:</u>                           |       | AF 116                               |  | · ·  |
|                                       | 27                         | Subtract line 26 from line 12   |   | 126,925                            |       | 45,116                               |  | 81,809   |
|                                       | a                          | Excess of revenue over expens   | ses and   | -37,674                            |       |                                      |  |  |
|                                       | ь                          | disbursements Net investment income (if nega  | itive. enter -0-)                                       |                                    |       | 32,336                               |  |  |
|                                       | C                          | Adjusted net income(if negative   | · · · · · · · · · · · · · · · · · · ·                   |                                    |       |                                      |  |  |
| For                                   |                            | work Reduction Act Notice, see  |   |                                    | L     | Cat No. 11289                        | <u> </u>   | m 990-PF (2016)  |

8,637

2,051,001

2,021,964

2,021,964 Form 990-PF (2016)

-37,674

8,637

2,013,327

2,021,964 2,021,964

2

3

4

5

6

2,051,001

2,051,001

2,051,001

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Other liabilities (describe -

Temporarily restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . . .

Other increases not included in line 2 (itemize) -

Permanently restricted . . .

Liabilities Balances Fund

ŏ

Assets 27

Net 30

2

19

20

21 22

23

24

25

26

28 29

31 Part III

Page **3** 

|  | (a)<br>he kınd(s) of property sold (e g , re<br>house, or common stock, 200 shs  | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr )  | (d)<br>Date sold<br>(mo , day, yr )        |  |  |  |
|--|--|--|------------------------------------|--|--|--|--|
| 1 a MERRILL LYNCH SALE OF                                      |  |  |                                    |  |  |  |  |
| <b>b</b> MERRILL LYNCH SALE OF                                 | SECURITIES   |  | Р                                  |  |  |  |  |
| c CHARLES SCHWAB SALE  | OF SECURITIES  |  | Р                                  |  |  |  |  |
| d CHARLES SCHWAB SALE  | OF SECURITIES  |  | Р                                  |  |  |  |  |
| e CAPITAL GAINS DIVIDEN  | DS   |  | Р                                  |  |  |  |  |
| (-)  | (f)  |  | (g)                                | (  | h)   |  |  |
| <b>(e)</b><br>Gross sales price                                | Depreciation allowed (or allowable)  | Cost or                                | other basis<br>ense of sale        | Gain or (loss)<br>(e) plus (f) minus (g)   |  |  |  |
| a 218  | 3,394  |  | 224,761                            |  | -6,367   |  |  |
| <b>b</b> 54  | 4,867  |  | 55,750                             |  | -883   |  |  |
| c 29   | 0,319  |  | 278,155                            |  | 12,164   |  |  |
| d 8  | 0,142  |  | 93,329                             |  | -13,187  |  |  |
| e  | 2,862  |  | ·                                  |  | 2,862  |  |  |
|  | showing gain in column (h) and ow  | ned by the foundation                  | on 12/31/69                        | <del> </del>                               | <u> </u>   |  |  |
| (i)<br>F M V as of 12/31/69                                    | (j) Adjusted basis as of 12/31/69  | Excess                                 | ( <b>k)</b> of col (ı) (j), ıf any | Gains (Col (<br>col (k), but not           | h) gain minus<br>less than -0-) <b>or</b><br>om col (h)) |  |  |
| a  |  |  |                                    |  | -6,367   |  |  |
| b  |  |  |                                    |  | -883   |  |  |
| c  |  |  |                                    |  | 12,164   |  |  |
| d  |  |  |                                    |  | -13,187  |  |  |
| e  |  |  |                                    |  | 2,862  |  |  |
| 3 Net short-term capital g                                     | 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- |  |                                    |  |  |  |  |
| _  | Inder Section 4940(e) for Removate foundations subject to the se   |  |                                    |  |  |  |  |
| Vas the foundation liable for the                              | e section 4942 tax on the distributa<br>t qualify under section 4940(e) Do   |  | in the base period                 | ?  | es 🗹 No  |  |  |
| 1 Enter the appropriate am                                     | ount in each column for each year,   | see instructions before                | making any entrie                  | S  |  |  |  |
| (a) Base period years Calendar year (or tax year beginning in) | <b>(b)</b><br>Adjusted qualifying distributions  | (c)<br>Net value of noncharitab        | le-use assets                      | (d) Distribution rat (col (b) divided by o |  |  |  |
| 2015   | 121,981  |  | 2,051,001                          |  | 0 059474   |  |  |
| 2014   | 76,616   |  | 2,127,208                          | 0 036017                                   |  |  |  |
| 2013   | 92,188   |  | 2,113,644                          |  | 0 043616   |  |  |
| 2012   | 120,193  |  | 2,147,542                          |  | 0 055968   |  |  |
| 2011   | 118,585  |  | 2,136,357                          |  | 0 055508   |  |  |
| 2 Total of line 1, column (c                                   | 1)   |  | 2                                  |  | 0 250583   |  |  |
| number of years the foun 4 Enter the net value of nor          | ,<br>for the 5-year base period—divide<br>dation has been in existence if less<br>ncharitable-use assets for 2016 fror   | than 5 years<br>n Part X, line 5       | or by the                          |  | 0 050117<br>2,065,765                                    |  |  |
|  |  |  | 5                                  |  | 103,530  |  |  |
| <b>6</b> Enter 1% of net investme                              | nt income (1% of Part I, line 27b)   |  | 6                                  |  | 323  |  |  |
| <b>7</b> Add lines 5 and 6                                     |  |  | 7                                  |  | 103,853  |  |  |
| 8 Enter qualifying distribution                                | ons from Part XII, line 4 ,  |  | 8                                  |  | 81,809   |  |  |
| If line 8 is equal to or gre<br>instructions                   | ater than line 7, check the box in P   | art VI, line 1b, and com               | plete that part usir               |  | e the Part VI<br>orm <b>990-PF</b> (2016)                |  |  |

| Form 990-PF (2016)   | Page <b>7</b>             |
|--|---------------------------|
| Part VIII  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)   | Employees,                |
| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No   | ONE".                     |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service  | (c) Compensation          |
| NONE   |                           |
|  |                           |
|  |                           |
|  |                           |
|  |                           |
| Total number of others receiving over \$50,000 for professional services   | 0                         |
| Part IX-A Summary of Direct Charitable Activities  |                           |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses                  |
| 1  |                           |
|  |                           |
|  |                           |
| 2  |                           |
|  |                           |
|  |                           |
| 3  |                           |
|  |                           |
|  |                           |
| 4  |                           |
|  |                           |
|  |                           |
| Part IX-B Summary of Program-Related Investments (see instructions)  |                           |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2   | Amount                    |
| 1  |                           |
|  |                           |
|  |                           |
| 2  |                           |
|  |                           |
| All other program-related investments See instructions   | +                         |
| 3  |                           |
|  |                           |
| Total. Add lines 1 through 3   | <u>▶</u>                  |
|  | Form <b>990-PF</b> (2016) |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

81.809

81.809

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

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

the section 4940(e) reduction of tax in those years

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

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

4

5

b From 2012. . . . c From 2013. . . . d From 2014. . . . e From 2015. . . .

5 Excess distributions carryover applied to 2016

(If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .
b Excess from 2013. . .
c Excess from 2014. . .
d Excess from 2015. . .
e Excess from 2016. . .

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

d Applied to 2016 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

20,510

82.131

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0

61,299

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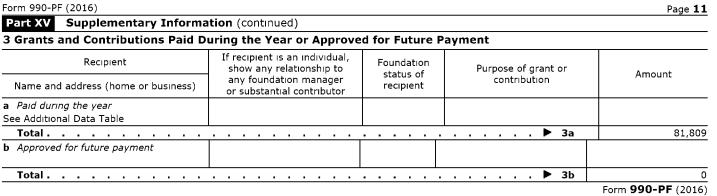
## Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Corpus Years prior to 2015 2015 2016 1 Distributable amount for 2016 from Part XI, line 7 Undistributed income, if any, as of the end of 2016

| 1 | Distributable amount for 2016 from Part XI, line 7  |   |        | 102,641 |
|---|---|---|--------|---------|
| 2 | Undistributed income, if any, as of the end of 2016 |   |        |         |
| а | Enter amount for 2015 only                          |   | 61,299 |         |
| Ь | Total for prior years 20                            | 0 |        |         |
| 3 | Excess distributions carryover, if any, to 2016     |   |        |         |
| а | From 2011   |   |        |         |

0

0

AN ADDITIONAL SCHOLARSHIP FOUR TIMES



| nter gross amounts unless otherwise indicated |   | Unrelated bu                                     | siness income                     | Excluded by section             | 512, 513, or 514     | (e)<br>Related or exempt               |
|---|---|--|-----------------------------------|---------------------------------|----------------------|--|
| _   | n service revenue   | (a)<br>Business code                             | <b>(b)</b><br>Amount              | (c)<br>Exclusion code           | <b>(d)</b><br>Amount | function income<br>(See instructions ) |
|   |   |  |                                   |                                 |                      |  |
|   |   |  |                                   |                                 |                      |  |
|   |   |  |                                   |                                 |                      |  |
|   |   |  |                                   |                                 |                      |  |
| -   |   |  |                                   |                                 |                      |  |
|   | and contracts from government agencies rship dues and assessments.  |  |                                   |                                 |                      |  |
|   | st on savings and temporary cash  |  |                                   |                                 |                      |  |
|   | ments   |  |                                   | 14                              | 9,795                |  |
|   | ds and interest from securities tal income or (loss) from real estate   |  |                                   | 14                              | 67,411               |  |
|   | financed property   |  |                                   |                                 |                      |  |
|   | ebt-financed property.  |  |                                   |                                 |                      |  |
| Net re  | ntal income or (loss) from personal property  |  |                                   |                                 |                      |  |
|   | nvestment income  |  |                                   | 15                              | 246                  |  |
|   | or (loss) from sales of assets other than   | T  |                                   | 18                              | E /11                |  |
|   | ory   |  |                                   | 10                              | -5,411               |  |
|   | profit or (loss) from sales of inventory  |  |                                   |                                 |                      |  |
|   | evenue a  |  |                                   |                                 |                      |  |
|   |   |  |                                   |                                 |                      |  |
|   |   |  |                                   |                                 |                      |  |
|   |   |  |                                   |                                 |                      |  |
|   | al Add columns (b), (d), and (e).   |  | 0                                 |                                 | 72,041               | C                                      |
| ee worksl                                     | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculatio  |  |                                   |                                 | 3                    | 72,041                                 |
| art XVI                                       | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex           | ns )<br><b>e Accomplish</b><br>Income is reporte | ment of Exempled in column (e) of | ot Purposes Part XVI-A contribu | ted importantly to   |  |
| art XVI<br>ine No.                            | heet in line 13 instructions to verify calculation  Relationship of Activities to th  Explain below how each activity for which | ns )<br><b>e Accomplish</b><br>Income is reporte | ment of Exempled in column (e) of | ot Purposes Part XVI-A contribu | ted importantly to   |  |
| art XVI<br>ine No.                            | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex           | ns )<br><b>e Accomplish</b><br>Income is reporte | ment of Exempled in column (e) of | ot Purposes Part XVI-A contribu | ted importantly to   |  |
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| art XVI<br>ine No.                            | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex           | ns )<br><b>e Accomplish</b><br>Income is reporte | ment of Exempled in column (e) of | ot Purposes Part XVI-A contribu | ted importantly to   |  |
| art XVI<br>ine No.                            | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex           | ns )<br><b>e Accomplish</b><br>Income is reporte | ment of Exempled in column (e) of | ot Purposes Part XVI-A contribu | ted importantly to   |  |
| art XVI<br>ine No.                            | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex           | ns )<br><b>e Accomplish</b><br>Income is reporte | ment of Exempled in column (e) of | ot Purposes Part XVI-A contribu | ted importantly to   |  |
| art XVI<br>ine No.                            | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex           | ns )<br><b>e Accomplish</b><br>Income is reporte | ment of Exempled in column (e) of | ot Purposes Part XVI-A contribu | ted importantly to   |  |
| art XVI<br>ine No.                            | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex           | ns )<br><b>e Accomplish</b><br>Income is reporte | ment of Exempled in column (e) of | ot Purposes Part XVI-A contribu | ted importantly to   |  |
| art XVI<br>ine No.                            | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex           | ns )<br><b>e Accomplish</b><br>Income is reporte | ment of Exempled in column (e) of | ot Purposes Part XVI-A contribu | ted importantly to   |  |
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| art XVI<br>ine No.                            | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex           | ns )<br><b>e Accomplish</b><br>Income is reporte | ment of Exempled in column (e) of | ot Purposes Part XVI-A contribu | ted importantly to   |  |
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| art XVI<br>ine No.                            | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex           | ns )<br><b>e Accomplish</b><br>Income is reporte | ment of Exempled in column (e) of | ot Purposes Part XVI-A contribu | ted importantly to   |  |
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| art XVI<br>ine No.                            | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex           | ns )<br><b>e Accomplish</b><br>Income is reporte | ment of Exempled in column (e) of | ot Purposes Part XVI-A contribu | ted importantly to   |  |
| art XVI<br>ine No.                            | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex           | ns )<br><b>e Accomplish</b><br>Income is reporte | ment of Exempled in column (e) of | ot Purposes Part XVI-A contribu | ted importantly to   |  |

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| Pai             | rt XVI   | Exempt Organi  |                   | unsicis 10       | ana mansaccio              | no unu it   | Ciacioi     | isinps with nonene          | iritabic                   |            |         |
|-----------------|--|--|-------------------|------------------|----------------------------|-------------|-------------|-----------------------------|----------------------------|------------|---------|
|                 |  | rganization directly or in<br>Code (other than section | directly engage   |                  |                            |             |             |                             | 1                          | Yes        | No      |
| a Tr            | ransfers   | from the reporting four                                | ndation to a noi  | ncharitable ex   | xempt organization         | of          |             | -                           |                            |            |         |
|                 |  | h  |                   |                  |                            |             |             |                             | 1a(1)                      | ) I        | No      |
| Ì.              | 2) Othe  | er assets  |                   |                  |                            |             |             |                             | 1a(2)                      |            | No      |
| ь o             | ther tra   | nsactions  |                   |                  |                            |             |             |                             |                            |            |         |
| (:              | L) Sale  | s of assets to a nonchar                               | itable exempt     | organization.    |                            |             |             |                             | 1b(1)                      | s          | No      |
| -               | 2) Purchases of assets from a noncharitable exempt organization. |  |                   |                  |                            |             |             |                             | 1b(2)                      |            | No      |
|                 | -  | tal of facilities, equipmei                            |                   |                  |                            |             |             |                             | 1b(3)                      |            | No      |
| (4              | 1) Rein  | nbursement arrangemer                                  | nts               |                  |                            |             |             |                             | 1b(4)                      |            | No      |
| -               | -  | ns or loan guarantees.                                 |                   |                  |                            |             |             |                             | 1b(5)                      |            | No      |
| (               | 5) Perfo   | ormance of services or m                               | nembership or f   | fundraising so   | olicitations               |             |             |                             | 1b(6)                      |            | No      |
| c S             | -<br>haring o  | of facilities, equipment, r                            | nailing lists, ot | her assets, or   | r paid employees.          |             |             |                             | 1c                         |            | No      |
|                 | -  | swer to any of the above                               | -                 |                  |                            |             |             |                             | t value                    |            |         |
| of              | the go   | ods, other assets, or ser                              | vices given by    | the reporting    | foundation If the          | foundation  | receive     | d less than fair market v   |                            |            |         |
| ın              | any tra  | ansaction or sharing arra                              | ingement, show    | w in column (    | <b>d)</b> the value of the | goods, oth  | ner asset   | s, or services received     |                            |            |         |
| (a) Li          | ne No I  | (b) Amount involved                                    | (c) Name of no    | oncharitable exe | empt organization          | (d) Descri  | aption of t | ransfers, transactions, and | sharing arra               | angemen    | nts     |
| <del>(-/-</del> |  | (2)  | (0)               |                  |                            | (11) 2 333. | .,,         |                             |                            |            |         |
|                 |  |  |                   |                  |                            |             |             |                             |                            |            |         |
|                 |  |  |                   |                  |                            |             |             |                             |                            |            |         |
|                 |  |  |                   |                  |                            |             |             |                             |                            |            |         |
|                 |  |  |                   |                  |                            |             |             |                             |                            |            |         |
|                 |  |  |                   |                  |                            |             |             |                             |                            |            |         |
|                 |  |  |                   |                  |                            |             |             |                             |                            |            |         |
|                 |  |  |                   |                  |                            |             |             |                             |                            |            |         |
|                 |  |  |                   |                  |                            |             |             |                             |                            |            |         |
|                 |  |  |                   |                  |                            |             |             |                             |                            |            |         |
|                 |  |  |                   |                  |                            |             |             |                             |                            |            |         |
|                 |  |  | -                 |                  |                            |             |             |                             |                            |            |         |
|                 |  |  |                   |                  |                            |             |             |                             |                            |            |         |
|                 |  |  |                   |                  |                            |             |             |                             |                            |            |         |
|                 |  |  |                   |                  |                            |             |             |                             |                            |            |         |
| 2a Is           | the fou  | undation directly or indire                            | ectly affiliated  | with or relate   | ed to one or more          | tax-exemni  | t organi    | zations                     |                            |            |         |
|                 |  | I in section 501(c) of the                             | •                 |                  | •                          |             | -           |                             | □Yes                       | <b>✓</b> N | ١٥      |
|                 |  | complete the following s                               | •                 | man section 5    | 101(c)(J))                 | UON 327.    |             |                             | □ 163                      | ١٧         |         |
| וו ט            | res, c   | complete the following s<br>(a) Name of organization   |                   | 1 4              | (b) Type of organizati     | on I        |             | (c) Description of re       | ationshin                  |            |         |
|                 |  | (a) Name of organization                               | 511               | <u> </u>         | (b) Type of organizati     | -           |             | (c) Bescription of te       | ationsinp                  |            |         |
|                 |  |  |                   |                  |                            |             |             |                             |                            |            |         |
|                 |  |  |                   |                  |                            |             |             |                             |                            |            |         |
|                 |  |  |                   |                  |                            |             |             |                             |                            |            |         |
|                 |  |  |                   |                  |                            |             |             |                             |                            |            |         |
|                 |  | der penalties of perjury,                              |                   |                  |                            |             |             |                             |                            |            |         |
|                 |  | my knowledge and belief                                |                   | rect, and com    | nplete Declaration         | of preparer | (other      | than taxpayer) is based     | on all info                | rmation    | n of    |
| Sig             | '*   | ich preparer has any kno                               | owleage           |                  | 1                          |             |             |                             | 700 I                      |            |         |
| Her             | e 👠  | *****  |                   |                  | 2017-05-12                 | \ ***       | ****        |                             | e IRS disci<br>ie preparer |            |         |
|                 |  | Signature of officer or t                              | rustee            |                  | Date                       | Title       | le          |                             | str)? 🗹                    |            |         |
|                 |  | <u>-</u>   |                   |                  |                            | 1           |             | (                           |                            |            |         |
|                 |  | Print/Type preparer's                                  | s name   F        | Preparer's Sıg   | jnature                    | Date        |             | Check if self-              |                            |            |         |
|                 |  |  |                   |                  |                            |             |             |                             | P0137                      | 9726       |         |
|                 |  | EDWARD J MYSOC   | K JR              |                  |                            | 2017-0      | )5-12       | employed ▶ ☐                |                            |            |         |
| Paid<br>-       |  |  |                   |                  |                            | ====        |             |                             |                            |            |         |
|                 | pare   |  | OCK CHEVAILL      | IER & BOLDE      | N LLP                      | •           |             | Firm'                       | s EIN ▶73                  | 3-10519    | 339     |
| Use             | Only   |  |                   |                  |                            |             |             | Fill                        | - L1N ►/3                  | ·-10310    | , , , , |
|                 |  | Firm's address ► 20                                    | 021 SOUTH LEV     | WIS SUITE 70     | 00                         |             |             |                             |                            |            |         |
|                 |  | тι   | JLSA, OK 7410     | 04               |                            |             |             | Phon                        | e no (918                  | 3) 747-6   | 6099    |
|                 |  |  | TOLON, ON TITUE   |                  |                            |             |             |                             |                            |            |         |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |  |                                      |                                  |        |  |  |
|--|--|--------------------------------------|----------------------------------|--------|--|--|
| Recipient  | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation<br>status of<br>recipient | Purpose of grant or contribution | Amount |  |  |
| Name and address (home or business)  | or substantial contributor   | recipient                            |                                  |        |  |  |
| a Paid during the year   |  |                                      |                                  |        |  |  |
| KELSEY HILDEBRANDANDREW ROGERS<br>8841 E 93RD STREET<br>TULSA, OK 74133                                  | NONE   | NONE                                 | SCHOLARSHIP                      | 824    |  |  |
| ANDREW ROGERS 274 GAYLE STREET<br>ARDMORE, OK 73401  | NONE   | NONE                                 | SCHOLARSHIP                      | 3,493  |  |  |
| BRADY SOWELL 601 S HENNEY ROAD<br>CHOCTAW, OK 73020  | NONE   | NONE                                 | SCHOLARSHIP                      | 2,535  |  |  |
| RAMZI LABBANE 1021 S JOSHUA AVE<br>BROKEN ARROW, OK 74012  | NONE   | NONE                                 | SCHOLARSHIP                      | 579    |  |  |
| SONYA NAHID 1409 MARY AVE<br>OKLAHOMA CITY, OK 73127   | NONE   | NONE                                 | SCHOLARSHIP                      | 5,840  |  |  |
| RACHEL BRILL 4409 W ELGIN STREET<br>BROKEN ARROW, OK 74012   | NONE   | NONE                                 | SCHOLARSHIP                      | 2,275  |  |  |
| CALEB CURREN 36901 45TH STREET<br>SHAWNEE, OK 74804  | NONE   | NONE                                 | SCHOLARSHIP                      | 3,223  |  |  |
| KELLAN HOSTETLER 2801 ACRE<br>BILLINGS, OK 74630   | NONE   | NONE                                 | SCHOLARSHIP                      | 1,121  |  |  |
| JONATHAN ANDERSON<br>11405 S GRANITE AVE<br>TULSA, OK 74137  | NONE   | NONE                                 | SCHOLARSHIP                      | 1,112  |  |  |
| DANIEL MALENCON<br>9402 VANDALIA AVE<br>TULSA, OK 74137  | NONE   | NONE                                 | SCHOLARSHIP                      | 4,895  |  |  |
| ALLISON STATTON 7349 NW 126TH ST<br>OKLAHOMA CITY, OK 73142  | NONE   | NONE                                 | SCHOLARSHIP                      | 1,625  |  |  |
| ALLYSON CASEY RT 4 BOX 1485<br>COALGATE, OK 74538  | NONE   | NONE                                 | SCHOLARSHIP                      | 1,628  |  |  |
| MADELINE ISSACS<br>2214 STATE HWY 152<br>MUSTANG, OK 73064   | NONE   | NONE                                 | SCHOLARSHIP                      | 4,795  |  |  |
| SABRINA BOGLE 4413 W ELGIN STREET<br>BROKEN ARROW, OK 74012  | NONE   | NONE                                 | SCHOLARSHIP                      | 4,787  |  |  |
| RILEY HAWKINS 4801 WMUNSON RD<br>SHIATOOK, OK 74070  | NONE   | NONE                                 | SCHOLARSHIP                      | 5,328  |  |  |

Total . 3a 81,809

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Foundation Recipient If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ANNA EMORY 508 SW 25TH PLACE NONE NONE **SCHOLARSHIP** 7,358 EL RENO, OK 73036 NONE CHAD GROUNDS NONE 834 SCHOLARSHIP 839 COUNTY STREET 2922 TUTTLE, OK 73089 NONE NONE SCHOLARSHIP 2,500 JACK FRONHEISER 502 MERRYWOOD LANE NORMAN, OK 73069 **BRANDON KNOW** NONE NONE **SCHOLARSHIP** 6,619 17914 E 92ND STREET N OWASSO, OK 74055 SAMANTHA POTTS 2116 COVENTRY CT NONE NONE **SCHOLARSHIP** 2,500 BARTLESVILLE, OK 74006 NONE 4.046 CHANCE LEDFORD NONE SCHOLARSHIP 8829 NW 71ST STREET OKLAHOMA CITY, OK 73132 JAKE WARD 4005 S BAHAMA DR NONE NONE **SCHOLARSHIP** 3,610 SAND SPRINGS, OK 74063 NONE OLIVIA CRAUN 1617 WHITNEY LANE NONE 1,172 SCHOLARSHIP BARTLESVILLE, OK 74006 PEIGHTON COLEMAN PO BOX 982 NONE NONE **SCHOLARSHIP** 5,000 TUTTLE, OK 73089 BRENT KEYS NONE NONE SCHOLARSHIP 980 6200 NW 103RD STREET SOUTH OKTAHA, OK 74450 NONE 2,500 JASPER SNADERS 1600 SERAN DR NONE **SCHOLARSHIP** WEWOKA, OK 74884 NONE TARA CURB 2537 NW 35TH PLACE NONE **SCHOLARSHIP** 630 NEWCASTLE, OK 73065

Total . . .

3а

81.809

| efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 93491135014207  TY 2016 Accounting Fees Schedule |                 |         |                      |                        |   |  |
|--|-----------------|---------|----------------------|------------------------|---|--|
| Name: THE JIMMIE L DEAN SCHOLARSHIP FOUNDATION INC   |                 |         |                      |                        |   |  |
|  | <b>EIN:</b> 26- | 3831651 |                      |                        |   |  |
| Category   | Amount          |         | Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |

4,837

4,837

PROFESSIONAL FEES

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -  |                | DLN: 93491135014207 |
|--------------------------------------|------------------|----------------|---------------------|
| TY 2016 Investments - Other S        | Schedule         |                |                     |
| Namou                                | THE IIMMIE I DE/ | AN SCHOLARSHIP |                     |
|                                      | FOUNDATION INC   |                |                     |
|                                      |                  |                |                     |

| <b>EIN:</b> 26-3831651 |                       |            |                                  |  |  |
|------------------------|-----------------------|------------|----------------------------------|--|--|
| Category/ Item         | Listed at Cost or FMV | Book Value | End of Year Fair<br>Market Value |  |  |
| MARKETABLE SECURITIES  | AT COST               | 1,740,272  | 1,831,350                        |  |  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -                      |                          | DLN:                   | 93491135014207                              |  |  |  |  |  |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|--|--|--|
| Y 2016 Other Expenses Schedule       |                                      |                          |                        |   |  |  |  |  |  |
|                                      |                                      |                          |                        |   |  |  |  |  |  |
| Name:                                | THE JIMMIE L DEAN SCHOLARSHIP        |                          |                        |   |  |  |  |  |  |
|                                      | FOUNDATION INC                       |                          |                        |   |  |  |  |  |  |
| EIN:                                 | 26-3831651                           |                          |                        |   |  |  |  |  |  |
| Other Expenses Schedule              |                                      |                          |                        |   |  |  |  |  |  |
| Description                          | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |  |  |  |  |
| BANK FEES                            | 12                                   | 12                       |                        | 0   |  |  |  |  |  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491135014207 |
|--------------------------------------|-----------------|---------------------|
| TY 2016 Other Income Schedul         | le              |                     |
|                                      |                 |                     |

Name: THE JIMMIE L DEAN SCHOLARSHIP

FOUNDATION INC.

**EIN:** 26-3831651

| Othor | · Tnc | omo | Sch | adud |
|-------|-------|-----|-----|------|

| Description | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|-------------|-----------------------------------|--------------------------|---------------------|
| ROYALTIES   | 246                               | 246                      | 246                 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -                  |                  | DLN: 93491135014207 |  |  |
|--------------------------------------|----------------------------------|------------------|---------------------|--|--|
| TY 2016 Other Increases Sche         | TY 2016 Other Increases Schedule |                  |                     |  |  |
|                                      |                                  |                  |                     |  |  |
| Name:                                | THE JIMMIE L                     | DEAN SCHOLARSHIP |                     |  |  |
|                                      |                                  |                  |                     |  |  |
| EIN:                                 | 26-3831651                       |                  |                     |  |  |
| De                                   | escription                       |                  | Amount              |  |  |
| PRIOR PERIOD ADJUSTMENT              |                                  |                  | 8,637               |  |  |

| efile GRAPHIC print - DO NOT PROCE | ESS As Filed Data | -                        | DLI                    | N: 93491135014207                           |
|------------------------------------|-------------------|--------------------------|------------------------|---|
| TY 2016 Other Professiona          | al Fees Schedu    | ıle                      |                        |   |
|                                    |                   |                          |                        |   |
| Na                                 | me: THE JIMMIE    | L DEAN SCHOLARS          | SHIP                   | l   |
|                                    | FOUNDATIO         | N INC                    |                        |   |
| <b>EIN:</b> 26-3831651             |                   |                          |                        |   |
| Category                           | Amount            | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |

9,946

9,946

INVESTMENT EXPENSES

| efile GRAPHIC print - DO NOT PROCESS   | As Filed Data | -   | DLI   | N: 93491135014207 |
|--|---------------|-----|---|-------------------|
| TY 2016 Taxes Schedule   |               |     |   |                   |
| Name: THE JIMMIE L DEAN SCHOLARSHIP  FOUNDATION INC  EIN: 26-3831651         |               |     |   |                   |
| Category Amount Net Investment Adjusted Net Disbursement Income for Charitab |               |     |   |                   |
| FOREIGN TAXES  | 103           | 103 | · <del>· · · · · · · · · · · · · · · · · · </del> | 0                 |
| NET INVESTMENT INCOME  | 218           | 218 |   | 0                 |

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491135014207   |   |  |  |   |  |
|--|---|--|--|---|--|
| Schedule B   | Schedule of Contributors  |  |  | OMB No 1545-0047  |  |
| (Form 990, 990-EZ,<br>or 990-PF) Department of the Treasury<br>Internal Revenue Service  | P900-PF)  Attach to Form 990, 990-EZ, or 990-PF  Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at  |  |  | 2016  |  |
| Name of the organizat<br>THE JIMMIE L DEAN SCH   |   |  | Employer id  | lentification number  |  |
| FOUNDATION INC   |   |  | 26-3831651   |   |  |
| Organization type (che   | eck one)  |  |  |   |  |
| Filers of:   | Section:  |  |  |   |  |
| Form 990 or 990-EZ   | 501(c)( ) (enter number) orga   | anızatıon  |  |   |  |
|  | 4947(a)(1) nonexempt charital   | ble trust <b>not</b> treated as a priva  | ite foundation   |   |  |
|  | ☐ 527 political organization  |  |  |   |  |
| Form 990-PF  | 501(c)(3) exempt private found  | dation   |  |   |  |
|  | 4947(a)(1) nonexempt charital   | ble trust treated as a private fo  | oundation  |   |  |
|  | 501(c)(3) taxable private found   | dation   |  |   |  |
|  | ation filing Form 990, 990-EZ, or 990-PF<br>r property) from any one contributor Com  |  |  |   |  |
| Special Rules  |   |  |  |   |  |
| under sections to under sections to under sections to the under sections are under sections to the under secti | tion described in section 501(c)(3) filing F<br>509(a)(1) and 170(b)(1)(A)(vi), that checken<br>by one contributor, during the year, total c<br>ne 1h, or (ii) Form 990-EZ, line 1 Comple   | ed Schedule A (Form 990 or 9<br>ontributions of the greater of <b>(</b>                                  | 90-EZ), Part II, line 13,  | 16a, or 16b, and that   |  |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III  |   |  |  |   |  |
| during the year,<br>If this box is che<br>purpose Do no  | tion described in section 501(c)(7), (8), or<br>contributions <i>exclusively</i> for religious, chacked, enter here the total contributions th<br>complete any of the parts unless the <b>Gei</b><br>ible, etc, contributions totaling \$5,000 or   | aritable, etc., purposes, but no<br>at were received during the yeneral <b>Rule</b> applies to this orga | such contributions tota<br>ear for an <i>exclusively</i> re<br>anization because it rece | led more than \$1,000<br>ligious, charitable, etc,<br>eived <i>nonexclusively</i> |  |
| 990-EZ, or 990-PF), bu   | Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) |  |  |   |  |
| For Paperwork Reduction for Form 990, 990-EZ, or 9   | Act Notice, see the Instructions<br>0-PF  | Cat No 30613X  | Schedule B (Form 990   | , 990-EZ, or 990-PF) (2016)   |  |

| Contributors (see matriceons). Use depended copies of Part if additional Space in Reeded  (a) No. Name, address, and ZIP + 4    Complete Part II for noncesh contributions   Type of contribution  | Name of organi<br>THE JIMMIE L DE<br>FOUNDATION IN | AN SCHOLARSHIP                    | Employer identification<br>26-3831651 | number                                |
|--|--|-----------------------------------|---------------------------------------|---------------------------------------|
| No. Barme, address, and ZIP + 4  ESTATE OF JIMME L DEAM  20 E STH STREET SUITE 1200G  TULSA, OK74103  (a) No. Name, address, and ZIP + 4  (b) No. Name, address, and ZIP + 4  (c) Total contributions  S. Noncash  (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  (c) Total contributions  (c) Type of contribution  Person Payroll  (d) No. Name, address, and ZIP + 4  (c) Total contributions  (c) Type of contribution  Person Payroll  (d) Type of contribution  (c) Type of contribution  (c) Type of contribution  (c) Type of contribution  (c) Type of contribution  Person Payroll  (d) No. Name, address, and ZIP + 4  (c) Total contributions  (c) Type of contribution  (c) Type of contribution  Person Payroll  (d) Noncash  (c) Type of contribution  (c) Type of contribution  (c) Type of contribution  Person Payroll  (d) Noncash  (complete Part II for noncash contributions)  (d) Noncash  (d) Noncash  (d) Noncash  (complete Part II for noncash contributions)   |  |                                   | dditional space is needed             |                                       |
| 1  |  |                                   | (c)<br>Total contributions            | (d)<br>Type of contribution           |
| 20 E STH STREET SUITE 1200G  | 1  | ESTATE OF JIMMIE L DEAN           |                                       | 💌                                     |
| (a) No. Name, address, and ZIP + 4    Complete Part II for noncash contributions   Complete Part II for noncash contributions  |  |                                   | \$ 17,210                             |                                       |
| No. Name, address, and ZIP + 4    Complete Part II for noncash contributions   Person   Payroll   Payroll  |  | TULSA, OK74103                    |                                       |                                       |
| Payroll  |  |                                   | (c)<br>Total contributions            | (d)<br>Type of contribution           |
| S  | -  |                                   |                                       |                                       |
| (a) (b) Name, address, and ZIP + 4  No. Name, address, and ZIP + 4    Complete Part II for noneash contributions   Person   Payroll   Payr |  |                                   | \$                                    | ·                                     |
| No. Name, address, and ZIP + 4    Complete Part II for noncash contributions   Person   Payroll   Payroll  |  |                                   |                                       |                                       |
| Payroll   Noncash   Complete Part II for noncash contributions   Noncash     |  |                                   |                                       |                                       |
| S  | -  |                                   |                                       |                                       |
| (a) No. Name, address, and ZIP + 4  (b) No. Name, address, and ZIP + 4    Person   |  |                                   | \$                                    | · ·                                   |
| No. Name, address, and ZIP + 4  Total contributions  Person  |  |                                   |                                       |                                       |
| Sample   Payroll   Noncash   (Complete Part II for noncash contributions)   No. Name, address, and ZIP + 4   Total contributions   Person   Payroll   Noncash   (Complete Part II for noncash contributions)   Noncash   (Complete Part II for noncash contributions)   Noncash   Noncash   Noncash   (Complete Part II for noncash contributions)   No. Name, address, and ZIP + 4   Total contributions   Person   Payroll   Noncash   Noncash   Noncash   (Complete Part II for noncash contributions)   Noncash   (Co   |  |                                   | (c)<br>Total contributions            | (d)<br>Type of contribution           |
| S   Noncash  |  |                                   |                                       | Person                                |
| (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  Total contributions  Person Payroll Noncash (Complete Part II for noncash contribution)  (Complete Part II for noncash contributions)  | •  | -                                 |                                       | ·                                     |
| (a) No. Name, address, and ZIP + 4  (b) No. Name, address, and ZIP + 4  (c) Total contributions Type of contribution  Person Payroll Noncash  (Complete Part II for noncash contributions  (Complete Part II for noncash contributions  Person Payroll Noncash  (Complete Part II for noncash contributions  Person Payroll Payroll Complete Part II for noncash contributions  (Complete Part II for noncash contributions)   |  |                                   |                                       | Noncash                               |
| No. Name, address, and ZIP + 4  Total contributions  Person Payroll Noncash (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  Payroll Noncash (Complete Part II for noncash contributions)  Person Payroll Noncash (Complete Part II for noncash contributions)  |  |                                   |                                       | contributions)                        |
| Payroll   Noncash   (Complete Part II for noncash contributions)   No.   Name, address, and ZIP + 4   S   Noncash   Person   Payroll   Noncash     |  |                                   | (c)<br>Total contributions            | Type of contribution                  |
| S  | -  |                                   |                                       |                                       |
| (a) (b) (c) (d) Total contributions  Person Payroll Noncash (Complete Part II for noncash contributions)   |  |                                   | \$                                    | · · · · · · · · · · · · · · · · · · · |
| No. Name, address, and ZIP + 4  Total contributions  Person Payroll Noncash (Complete Part II for noncash contributions)   |  |                                   |                                       |                                       |
| Payroll Noncash (Complete Part II for noncash contributions)   |  | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions            | (d)<br>Type of contribution           |
| \$ Noncash (Complete Part II for noncash contributions )   |  |                                   |                                       |                                       |
| (Complete Part II for noncash contributions )  | •  |                                   |                                       | ·                                     |
| contributions )  |  |                                   | <u> </u>                              | Noncash                               |
|  |  |                                   |                                       | contributions)                        |

| Schedule B (Form 99                         | 0, 990-EZ, or 990-PF) (2016)   |  | Page <b>3</b>                  |
|---|--|--|--------------------------------|
| Name of organizatio<br>THE JIMMIE L DEAN SO | N<br>CHOLARSHID  | Employer ident                           | ification number               |
| FOUNDATION INC                              | SHOLAKSHII   | 26-38                                    | 31651                          |
| Part II                                     | Noncash Property   |  |                                |
| (a)<br>No.from Part I                       | (see instructions) Use duplicate copies of Part II if additional space is needed<br>(b)<br>Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |
|   |  | \$                                       |                                |
| (a)<br>No.from Part I                       | (b)<br>Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |
| =   |  |  |                                |
| (a)<br>No.from Part I                       | (b)<br>Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |
| =   |  | \$                                       |                                |
| (a)<br>No.from Part I                       | (b)<br>Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |
|   |  | \$                                       |                                |
| (a)<br>No.from Part I                       | (b)<br>Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |
| =   |  |  |                                |
| (a)<br>No.from Part I                       | (b)<br>Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |
|   |  | \$                                       |                                |
|   |  | Schedule B (Form 9                       | 990, 990-EZ, or 990-PF) (2016) |

| Schedule B (Form   | 990, 990-EZ, or 990-PF) (2016)             |   | Page <b>4</b>  |
|--|--|---|--|
| Name of organizat<br>THE JIMMIE L DEAN<br>FOUNDATION INC |  |   | Employer identification number 26-3831651  |
| than \$1,<br>organiz<br>the year                         | ,000 for the year from any one contributor | r. Complete columns (a) throu<br>of exclusively religious, chari<br>ctions.) ▶ \$ | d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For table, etc., contributions of <b>\$1,000 or less</b> for |
| (a)<br>No.from Part I                                    | (b) Purpose of gift                        | (c) Use of gift   | (d) Description of how gift is held  |
|  | Transferee's name, address, and            | (e) Transfer of gift<br>ZIP 4 F   | Relationship of transferor to transferee   |
| (a)  |  |   |  |
| No.from Part I   | (b) Purpose of gift                        | (c) Use of gift   | (d) Description of how gift is held  |
|  | Transferee's name, address, and            | (e) Transfer of gift  | Relationship of transferor to transferee   |
| (a)<br>No.from Part I                                    | (b) Purpose of gift                        | (c) Use of gift   | (d) Description of how gift is held  |
|  | Transferee's name, address, and            | (e) Transfer of gift  | Relationship of transferor to transferee   |
| (a)<br>No.from Part I                                    | (b) Purpose of gift                        | (c) Use of gift   | (d) Description of how gift is held  |
|  | Transferee's name, address, and            | (e) Transfer of gift  | t<br>Relationship of transferor to transferee  |
|  | <u> </u>                                   |   | Schedule B (Form 990, 990-EZ, or 990-PF) (2016)  |