# Form 990-PF

### **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

Department of the Treasury Internal Revenue Service ...

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

Open to Public Inspection

F	or ca	ilendar year 2016 or tax year beginning		, 2016,	and endi	ng		<u>, 20</u>
1	lame	of foundation				Α	Employer identifi	
	SEV	EN S FOUNDATION					31-162981	8
ī	lumb	er and street (or P O box number if mail is not delivered	to street address)		Room/suite	В	Telephone numb	er (see instructions)
	PO	BOX 7187			]		(405) 75	9-2873
		town, state or province, country, and ZIP or foreign pos	stal code		L	_	,	
		DD 04 72152				c	If exemption application pending, check here	atron is
		RE, OK 73153		<del></del>				
G	Che	eck all that apply: Initial return	Initial return	•	ublic char	tty   D	1. Foreign organiza	
		Final return	Amended re			j	2 Foreign organiza 85% test, check h	
~-	<u> </u>	Address change	Name chang				computation .	▶ 🗀
М	_	eck type of organization X Section 501	· — · · ·			E	If private foundation	n status was terminated
+		Section 4947(a)(1) nonexempt charitable trust	Other taxable pr				under section 507(b	)(1)(A), check here
ı		1,	unting method: X C	ash Acc	rual	F		in a 60-month termination
		1 1	ther (specify)				under section 507(b	)(1)(B), check here . ►
	<u> </u>		column (d) must be on cas	sn basis )				(d) Disbursements
L	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net inve		(c)	Adjusted net income	for charitable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule)	255,000	(t a, i		7, 7,	V 2 2 3	
3	2	Chack if the foundation is not required to	A AA BA AA A	A 8 3 3 3	<del>T Z T </del> f	* 3		· .
	3	Interest on savings and temporary cash investments.	35.	<u> </u>	35.	· ·	<u> </u>	(3 · · · // )
•	4	Dividends and interest from securities				n ii	The second second second	( · · · · · · · · · · · · · · · · · · ·
	5a	Gross rents				e,		WE ST
	b	Net rental income or (loss)				7	18 33	3500
a	6a	Net gain or (loss) from sale of assets not on line 10	* * * * * * * * * * * * * * * * * * * *	1 1 7 3 1	¥ 7 1	1.7	MAY 1 C	2017 100
2	b	Gross sales price for all assets on line 6a	73312327	12333	* * * *	<del>\\\\</del>		101
Revenue	7	Capital gain net income (from Part IV, line 2)			0.	1		k kil
æ	8	Net short-term capital gain,				les		
	9	Income modifications	11 11 11 11 11 11		1231			
	10 a	Gross sales less returns and allowances		\$ 1 mg 1 mg	1 4 3	· , % ,	18 8 8 3 7	7 7 7
	b	Less Cost of goods sold .			1. 1. 1.			(1)
ł	C	Gross profit or (loss) (attach schedule)			1. 1			<u> </u>
1	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	255,035.		35.			
	13	Compensation of officers, directors, trustees, etc	0.					
ses	14	Other employee salaries and wages						
ä	15	Pension plans, employee benefits			1			
쥣	16a	Legal fees (attach schedule)						
Ш	b	Accounting fees (attach schedule)						
Š	C	Other professional fees (attach schedule)						
Ta	17	Interest						
is	18	Taxes (attach schedule) (see instructions)						
Administrative Expen	19	Depreciation (attach schedule) and depletion.						
Ę	20	Occupancy						
and /	21	Travel, conferences, and meetings	<u> </u>	L				<u> </u>
a	22	Printing and publications						
Operating	23	Other expenses (attach schedule)						<del> </del>
ati	24	Total operating and administrative expenses.			}			
je		Add lines 13 through 23	0.					 <del> </del>
ō	25	Contributions, gifts, grants paid	219,250.					219,250
_	26	Total expenses and disbursements Add lines 24 and 25	219,250.					219,250
	27	Subtract line 26 from line 12			1			
	а	Excess of revenue over expenses and disbursements	35,785.					
		Net investment income (if negative, enter -0-)	•		35.			
	c	Adjusted net income (if negative, enter -0-)						<u> </u>

JSA For Paperwork Reduction Act Notice, see instructions. 6E1410 1 000 6911BK B92W 5/9/2017 3:15:

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Form **990-PF** (2016)

D	art II	Ralanca Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
<b>.</b>	ar t II		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
-	1	Cash - non-interest-beari	ng			
Ì		•	cash investments	2 642	38,427	. 38,427
l						
		Less allowance for doul	otful accounts ▶			
-		Pledges receivable				
ı			otful accounts ▶			
Ì				1		
-			officers, directors, trustees, and other			
İ			ach schedule) (see instructions)			
Ì			eceivable (attach schedule)			
ı		Lace allowance for doub	otful accounts >			
S					1	<del> </del>
Assets			e			<del> </del>
Š			eferred charges			<del> </del>
			e government obligations (attach schedule)		1	<del> </del>
	ь	investments - corporate	stock (attach schedule)	ļ		<del> </del>
	11 11	Investments - corporate	bonds (attach schedule)	45A88 387 288 34, 78 4	140 -80 900 2 900 6/ 5900 C 2400	8 Sm. ( 1 804 80 a 480 atria, atria, atria
1	• •	and equipment basis		2. X 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.		
		Less accumulated deprecia (attach schedule)				·
	12	Investments - mortgage	loans	 	<u> </u>	
- {	13	Investments - other (atta	loans			
	14	equipment basis	<b>-</b>			
- )		Less accumulated deprecial (attach schedule)	tion	<u> </u>		
- [		Other assets (describe >	·)			
1	16	Total assets (to be	completed by all filers - see the			
		instructions Also, see pa	age 1, item I)	2,642.	38,427	. 38,427
T			ccrued expenses			
- 1						
:≝∣			rs, trustees, and other disqualified persons.			
<u></u>			tes payable (attach schedule)			
			►)			
		ottior habilities (describe	/			
- {	23	Total liabilities (add line:	s 17 through 22)	0.1	0.	
$\dashv$			ow SFAS 117, check here . ► X	<u>`</u>		
S			44 through 26 and lines 30 and 31.			
Ses		•	•	2 642	38,427.	
ă			• • • • • • • • • • • • • • • • • • • •	2,042.	30,427	
Ba		•				
힏			• • • • • • • • • • • • • • • • • • • •			
Net Assets or Fund Balar			not follow SFAS 117, ► L			
5	(	check here and comp	plete lines 27 through 31.	}		
S		Capital stock, trust princ	apal, or current funds		<del> </del>	
ĕ			land, bldg, and equipment fund			
S	29	Retained earnings, accumu	lated income, endowment, or other funds			
*			balances (see instructions)	2,642.	38,427.	
ž	31	Fotal liabilities and	net assets/fund balances (see	}		
			<u> </u>	2,642.	38,427.	
			nges in Net Assets or Fund Bala			
1			alances at beginning of year - Part			
	end-	of-year figure reported	d on prior year's return)			2,642
2	Ente	r amount from Part I,	line 27a		2	35,785
3	Othe	r increases not includ	ed in line 2 (itemize) ►		3	
4	Add	lines 1, 2, and 3			4	38,427
5	Decr	eases not included in	line 2 (itemize) ▶		5	<u> </u>
			alances at end of year (line 4 minus	line 5) - Part II, column (		38,427
					<u> </u>	Form <b>990-PF</b> (2016)

Par		and Losses for Tax on Invelored describe the kind(s) of property sold (		(b) How	(a) Data segurad	(d) Date sold
		rick warehouse, or common stock, 200	•	acquired P - Purchase D - Donation	(c) Date acquired (mo, day, yr)	(mo, day, yr)
1 a						
<u>b</u>						
<u>c</u>	<del></del>					
_ <u>d</u>						
e	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gaın or (lo: (e) plus (f) mınu	
		, , ,				
b						
c						
d						
е				ļ		
	Complete only for assets s	howing gain in column (h) and owned			Gains (Col (h) ga	
(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	COI	(k), but not less to Losses (from co	
<u>a</u>						
<u>b</u>						
c d						
<u>u</u>						
		( If ga	ain, also enter in Part I, line 7			
2	Capital gain net income	or (net canital loss)	oss), enter -0- in Part I, line 7	2		
3	, ,	ain or (loss) as defined in sections				
	_	art I, line 8, column (c) (see ins	4			
		<del> </del>		3		
			duced Tax on Net Investment In e section 4940(a) tax on net investr			<del></del>
Was			outable amount of any year in the ba	ase perio	d?	Yes X No
1			ar, see the instructions before making	ng anv er	tries	
<u> </u>	(a)	(b)	(c)	ng any or	(d)	
Cale	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets	l	Distribution ra (col (b) divided by	
	2015	119,500.	50,782.			2.353196
	2014	79,500.	81,104.			0.980223
	2013	70,000.	1,602.			3.695381
	2012	155,000. 27,500.	51,258. 75,055.			3.023918
	2011	27,300.	75,035.	<del></del>		0.366398
2	Total of line 1 column /	٠.		2	5	0.419116
3	Average distribution ratio	d)	de the total on line 2 by 5, or by the	-		
J	-	ndation has been in existence if le	•	3	1	0.083823
4	Enter the net value of no	oncharitable-use assets for 2016 f	rom Part X, line 5	4		68,870.
5	Multiply fine 4 by fine 3.			_5		694,473.
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6	. <u> </u>	
7	Add lines 5 and 6			7		694,473.
8	Enter qualifying distribut	ions from Part XII, line 4		8		219,250.
	If line 8 is equal to or g Part VI instructions.	reater than line 7, check the box	n Part VI, line 1b, and complete	that par	t using a 1% ta	x rate. See th

_	22.00		_	A
	990-PF (2016)  t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	struc		Page 4
	Exempt operating foundations described in section 4940(d)(2), check here			
10	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			1.
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2			1.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			1.
6	Credits/Payments			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a			
b	Exempt foreign organizations - tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868) 6c			•
d	Backup withholding erroneously withheld			•
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			1.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2017 estimated tax			
	t VII-A Statements Regarding Activities	<del></del>		T
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	-	Yes	No X
	participate or intervene in any political campaign?	1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	1 b		x
	Instructions for the definition)?	10		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	3 *	, , ,	3
_	published or distributed by the foundation in connection with the activities	1c		$\mathbf{x}^{(i)}$
6	Did the foundation file Form 1120-POL for this year?	3		
u	(1) On the foundation \$		1	
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		4	* "
•	on foundation managers > \$			, š,
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	· , , ,	· .	1 %
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	* ,		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	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		X
	If "Yes," attach the statement required by General Instruction T			]
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			)
	By language in the governing instrument, or			1
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	-		{
	conflict with the state law remain in the governing instrument?	6	X	<b> </b>
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	<b> </b>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	OK,			,
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		<sub>v</sub> .	'
	(or designate) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			x
	complete Part XIV	9_		<del>  ``</del>
10	Did any persons become substantial contributors during the tax year? If "Yes." attach a schedule listing their	ì	1	1

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Par	t VII-A Statements Regarding Activities (continued)			
	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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of LINDA HILDEBRANT  Telephone no 405-759	-287	3	
	Located at ► P.O. BOX 7187 MOORE, OK ZIP+4 ► 73153			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. ▶	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		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	<b>8</b> 35.		**************************************
_	the foreign country		ار ۴	
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Ballic, St		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	2.00	Yes	No
1a	During the year did the foundation (either directly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			5-1
	disqualified person?			
	(e) I shinon goods, so visco, or isommore to (or accept them norm, a dioqualined period).	J.		2
	(1, 1, 2) contensor of a fig. (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			7
	(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)?		. ,	
			7	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after	7.3		
	termination of government service, if terminating within 90 days)		200	
h	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		
	Organizations relying on a current notice regarding disaster assistance check here	125		( j
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		â	<b>F</b> 44
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		22 22 23	
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			1
	6e, Part XIII) for tax year(s) beginning before 2016?			
	If "Yes," list the years ▶,,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b	‰,±¢⊛,°	8985, 4
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	1.5	41	
	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			C.
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2016 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			WI
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		4	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	3b	المحند	الستث
40	foundation had excess business holdings in 2016)	4a		<u>X</u>
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	70	1.2	
J	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	_ 2 <u>48</u> 21	X
		orm 990	)-PF	

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Par	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Rec	juired (continue	<u>d)</u>	
5a	During the year did the foundation pay or incur any amo				1	
	(1) Carry on propaganda, or otherwise attempt to influ			•	No	1 1
	(2) Influence the outcome of any specific public ele		•		,	1 1
	directly or indirectly, any voter registration drive?				No	
	(3) Provide a grant to an individual for travel, study, or o	other similar purposes	·	. Yes X	No	
	(4) Provide a grant to an organization other than a	charitable, etc., org	ganization described i		,	1 1
	section 4945(d)(4)(A)? (see instructions),		. <i></i>	Yes X	No	
	(5) Provide for any purpose other than religious, cl	narıtable, scientific,	literary, or education		,	
	purposes, or for the prevention of cruelty to children	or animals?	. <i>.</i>	. Yes X	No	
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions describe	ed in	
	Regulations section 53 4945 or in a current notice regain	dıng dısaster assıstar	nce (see instructions)?		5b_	
	Organizations relying on a current notice regarding disa	ster assistance check	here			
c	If the answer is "Yes" to question 5a(4), does the	foundation claim e	exemption from the t	ax	<u>,</u>	
	because it maintained expenditure responsibility for the	grant?		Yes	No	1 .
	If "Yes," attach the statement required by Regulations se	ction 53 4945-5(d)				
6a	Did the foundation, during the year, receive any fur	nds, directly or indir	ectly, to pay premiui	ms	_	
	on a personal benefit contract?			Yes X	No	
b	Did the foundation, during the year, pay premiums, dire			act <sup>9</sup>	6b	X
	If "Yes" to 6b, file Form 8870	•				
7a	At any time during the tax year, was the foundation a p	arty to a prohibited ta	x shelter transaction?	Yes X	No	
b						
Par	t VIII Information About Officers, Directo	rs, Trustees, Fou	ındation Manager	s, Highly Paid E	mployees,	
1	and Contractors List all officers, directors, trustees, foundation i	managers and their	r compensation (see	inetructions)		
		(b) Title, and average	(c) Compensation	(d) Contributions to		nse account,
	(a) Name and address	hours per week devoted to position	(if not paid, enter -0-)	employee benefit plan and deferred compensa		llowances
	(a) Name and address	devoted to position				
ATC		devoted to position				
ATC		devoted to position	<u>enter -0-)</u>		tion Other a	illowances
ATC		devoted to position	<u>enter -0-)</u>		tion Other a	illowances
ATC		devoted to position	<u>enter -0-)</u>		tion Other a	illowances
ATC		devoted to position	<u>enter -0-)</u>		tion Other a	illowances
ATC		devoted to position	<u>enter -0-)</u>		tion Other a	illowances
	H 1	devoted to position	enter -0-)	and deferred compensal	0.	0.
	Compensation of five highest-paid employees	devoted to position	enter -0-)	and deferred compensal	0.	0.
	H 1	devoted to position	enter -0-)	e 1 - see instru	0.	0.
2	Compensation of five highest-paid employees	(other than those hours per week	enter -0-)	e 1 - see instru  (d) Contributions to employee benefit	0.  uctions). If r	0.
2 (a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(other than thos	enter -0-)  0.	e 1 - see instru	0.  uctions). If r	0.
2 (a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(other than those hours per week	se included on lin  (c) Compensation	e 1 - see instru  (d) Contributions to employee benefit plans and deferred	0.  uctions). If r	0.
2 (a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(other than those hours per week	enter -0-)  0.	e 1 - see instru  (d) Contributions to employee benefit plans and deferred	0.  uctions). If r	0.
2 (a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(other than those hours per week	se included on lin  (c) Compensation	e 1 - see instru  (d) Contributions to employee benefit plans and deferred	0.  uctions). If r  (e) Experother a	O.  none, enter use account, illowances
2 (a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(other than those hours per week	se included on lin  (c) Compensation	e 1 - see instru  (d) Contributions to employee benefit plans and deferred	0.  uctions). If r  (e) Experother a	O.  none, enter use account, illowances
	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(other than those hours per week	se included on lin  (c) Compensation	e 1 - see instru  (d) Contributions to employee benefit plans and deferred	0.  uctions). If r  (e) Experother a	O.  none, enter use account, illowances
2 (a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(other than those hours per week	se included on lin  (c) Compensation	e 1 - see instru  (d) Contributions to employee benefit plans and deferred	0.  uctions). If r  (e) Experother a	O.  none, enter use account, illowances
2 (a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(other than those hours per week	se included on lin  (c) Compensation	e 1 - see instru  (d) Contributions to employee benefit plans and deferred	0.  uctions). If r  (e) Experother a	O.  none, enter use account, illowances
2 (a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(other than those hours per week	se included on lin  (c) Compensation	e 1 - see instru  (d) Contributions to employee benefit plans and deferred	0.  uctions). If r  (e) Experother a	O.  none, enter use account, illowances
2 (a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(other than those hours per week	se included on lin  (c) Compensation	e 1 - see instru  (d) Contributions to employee benefit plans and deferred	0.  uctions). If r  (e) Experother a	O.  none, enter use account, illowances
2 (a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(other than those hours per week	se included on lin  (c) Compensation	e 1 - see instru  (d) Contributions to employee benefit plans and deferred	0.  uctions). If r  (e) Experother a	O.  none, enter use account, illowances
2 (a) NON!	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(other than those (b) Title, and average hours per week devoted to position	enter -0-)  0 .  se included on lin  (c) Compensation  0 .	e 1 - see instru  (d) Contributions to employee benefit plans and deferred	O.  (e) Experiother a	O.  none, enter use account, illowances

Form 990-PF (2016) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (c) Compensation (b) Type of service NONE 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 Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 N/A Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

2 \_\_\_\_\_\_\_All other program-related investments See instructions

\_\_\_\_\_\_

Total. Add lines 1 through 3.

Form **990-PF** (2016)

1 NONE

3 NONE

Oille a	130-11 (2010)		i age •
Pari	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	69,919.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	69,919.
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	
3	Subtract line 2 from line 1d	3	69,919.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	1,049.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	68,870.
6	Minimum investment return. Enter 5% of line 5	6	3,444.
Pari	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun	dations	
	and certain foreign organizations check here ▶ and do not complete this part.)	<del>,                                      </del>	
1	Minimum investment return from Part X, line 6	1	3,444.
2 a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016 (This does not include the tax from Part VI.) 25		_
С	Add lines 2a and 2b	2c	1.
3	Distributable amount before adjustments. Subtract line 2c from line 1	1 1	3,443.
4	Recoveries of amounts treated as qualifying distributions	4	<del></del>
5	Add lines 3 and 4	5	3,443.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		2 442
	line 1	171	3,443.
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	219,250.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	219,250.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	}	
	Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	219,250.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	alculating v	vhether the foundation
	qualifies for the section 4940(e) reduction of tax in those years		

Form **990-PF** (2016)

Part XIII Undistributed Income (see ins	ructions)	<u>-</u>		Fage 5
Distributable amount for 2016 from Part XI.	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
line 7	- L## : 14#	4. + 12 - 5. 5. 1	二、 。	3,443
2 Undistributed income if any as of the end of 2016	- 1	- A		
a Enter amount for 2015 only	- 1 m. m. m. 1947			1 12 12 12 12 12 12 12 12 12 12 12 12 12
<b>b</b> Total for prior years 20 14 ,20 13 ,20 12	्रिक् <sub>र</sub> ेश्कृति हार्यो	1 7 7 d 140 7 110		
3 Excess distributions carryover if any to 2016 a From 2011 23,747		7 J. B.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
150 427	- · · · · · · · · · · · · · · · · · · ·	- The state of the		
b From 2012 152, 437 c From 2013 69, 920				
d From 2014 75, 445.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e From 2015 116, 961	曹二章: 温			, γ
f Total of lines 3a through e	438,510		1年11年	
4 Qualifying distributions for 2016 from Part XII		- The rain	Total Total	
line 4 ▶ \$ 219,250			<b>建</b>	·
a Applied to 2015, but not more than line 2a		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		
<ul> <li>b Applied to undistributed income of prior years (Election required see instructions)</li> </ul>			Mary Control	
c Treated as distributions out of corpus (Election required see instructions)				The state of the s
d Applied to 2016 distributable amount	」、「銀、海・ほう	- Hu	· · · · · · · · · · · · · · · · · · ·	3,443
<ul> <li>Remaining amount distributed out of corpus</li> </ul>	215,807	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	生"雪雪点	7-2-1
5 Excess distributions carryover applied to 2016		出い 新 ニー を に に	h. 42 \$	
(If an amount appears in column (d) the same amount must be shown in column (a))	自己 原始值			
6 Enter the net total of each column as	MAL 蓝色黄			
Indicated below	654,317.			72.5
a Corpus Add lines 3f 4c and 4e Subtract line 5	رات متوادي مارات	2146 APPENDE	(1) B-11-1	a みか 本語 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<b>b</b> Prior years undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed			in the second second	- rt 1/2 1/2 1/2 1/2 1
income for which a notice of deficiency has been issued or on which the section 4942(a)				
tax has been previously assessed	非一万 情走 "吐		美 選 并。 · 董	·
d Subtract line 6c from line 6b Taxable				
amount see instructions  e Undistributed income for 2015 Subtract line	F AND STREET	<u> </u>		+ Heartin
4a from line 2a Taxable amount see instructions		7 TO 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 1 1 1 1 1 1 1 1 1 1 1 1
f Undistributed income for 2016. Subtract lines	片、其美/類			
4d and 5 from line 1. This amount must be		1 . Lea 1	調 精學師	
distributed in 2017	The state of the s		1	,, see
7 Amounts treated as distributions out of corpus				- <sup>-</sup> <sup>-</sup> <sup>-</sup>
to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be			1 hd)	
required see instructions)				
8 Excess distributions carryover from 2011 not		H-4 This takes	" 12th	- '- '- '- '- '- '- '- '- '- '- '- '- '-
applied on line 5 or line 7 (see instructions)	23,747.		7-4m 4	The state of the s
9 Excess distributions carryover to 2017 Subtract lines 7 and 8 from line 6a	630,570			· 运
10 Analysis of line 9 a Excess from 2012 152, 437.				- 泛掌 内
		THE PART   1 PER	化 直接原	-142 r
b Excess from 2013 69, 920. c Excess from 2014 75, 445.			弘 语意图	
d Excess from 2015 116, 961			是 產二副	
e Excess from 2016 215, 807	-11-12		5 点,理	
		11 2:11		Form <b>990-PF</b> (2016)

_	1990-11 (2010)	anding Faundations	. /a i	and Dant VIII A accept	0\(\)	NOT APPLICABLE
			<del></del>	and Part VII-A, questi		NOT APPLICABLE
1 a	If the foundation has	_		•	-	
	foundation, and the rulin	g is effective for 2016, e	nter the date of the ruling	]	▶∟	
b	Check box to indicate v	whether the foundation	is a private operating	foundation described in	section 4942	2(j)(3) or 4942(j)(5)
_		Tax year		Prior 3 years		(2) = 2.21
2 a	Enter the lesser of the ad-	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) Total
	justed net income from Part  I or the minimum investment	<del></del>	(5) 2010	(0) 20 14	(4) 2010	<del></del>
	return from Part X for each					İ
	year listed					
b	85% of line 2a			<b>.</b>		
c	Qualifying distributions from Part	ľ				1
·	XII, line 4 for each year listed	ì		}		
d	Amounts included in line 2c not					
	used directly for active conduct	İ				
	of exempt activities	<del> </del>		<del> </del>		<del></del>
e	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line			1		
	2d from line 2c			<u> </u>		
3	Complete 3a, b, or c for the					
_	alternative test relied upon	ļ.				Į.
а	"Assets" alternative test - enter	1				
	(1) Value of all assets				<del> </del>	<del></del>
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)	<u></u>		ļ	<u></u>	
b	"Endowment" alternative test-				į	ļ
	enter 2/3 of minimum invest-		,			İ
	ment return shown in Part X,				1	}
_	Ine 6 for each year listed	<del></del>		<del> </del>		
·						]
	(1) Total support other than gross investment income				ţ	
	(interest, dividends, rents,	Ĭ				
	payments on securities	}		ł		ļ
	loans (section 512(a)(5)), or royalties)				í	İ
	(2) Support from general					
	public and 5 or more exempt organizations as		1	ł	i	
	provided in section 4942	Ì				[
	(j)(3)(B)(III)	<del></del>		<del> </del>	<del></del>	<del></del>
	(3) Largest amount of sup- port from an exempt			ł		
-	organization					
	(4) Gross investment income.	<u></u>				
Pa	rt XV Supplemer	ntary Information (0	Complete this part	only if the founda	tion had \$5,000	or more in assets at
_	any time d	uring the year - see	instructions.)	-		
1	Information Regardin	g Foundation Manage	rs:			
а	List any managers of	the foundation who h	nave contributed mo	re than 2% of the tota	al contributions rec	eived by the foundation
	before the close of any	tax year (but only if th	ey have contributed	more than \$5,000) (Se	ee section 507(d)(2)	.)
	DOMER SCAR	AMIICCT .TR				
_ <u>_</u>			our 100/ or more	of the steel of a seri		ally large portion of the
D	ownership of a partner	the loundation who	which the foundation	n has a 100% or greater	oration (or an equa	any large portion of the
	Ownership of a partite	ship of other entity) of	willon the loundatio	n has a 10% or greater	merest.	
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholars	hip, etc., Programs:		
	Check here X If t	he foundation only	makes contributions	to propolected char	itable arganizations	and does not accept
	unsolicited requests for	or funds if the found	ation makes diffs or	ante etc (eee inetriic	tiable bryanizations	or organizations under
	other conditions, comp	olete items 2a h c an	d d	anto, etc (see motitue	lions) to marriadais	or organizations under
	<u> </u>			Alexander 1		
а	The name, address, a	na telephone number	or e-mail address of	the person to whom ap	plications should be a	addressed
		<del> </del>		<del></del>		<del></del>
b	The form in which app	lications should be sui	omitted and informati	on and materials they	should include:	
	N/A					
С	Any submission deadle	nes:				
	N/A					
d	Any restrictions or li	mitations on awards	, such as by geogi	aphical areas, charita	able fields, kinds o	of institutions, or other
	factors.			•		
	N/A					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid Durin	ng the Year or Appr	oved for F	tuture Payment	
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient	CONTINUISOR	
a Paid during the year	!			}
ATCH 2				
•		!		
		ļ		
			į	
_				
Total	<u> </u>	<u> </u>	▶ 3a	219,250.
b Approved for future payment				
		i		
				,
Total	•	L	<u> </u>	<del></del>
Total	<del> </del>	· · · · · ·	▶ 3b	Form 900 DE (0016)

JSA 6E1491 1 000

Part XVI-A Analysis of Income-Prod	ucing Act	ivities			
Enter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e)
Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a					(Occ mendendiano)
b					
с					
d					
e					
f					<u> </u>
g Fees and contracts from government agencies	ļ				
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash investments -	ļ		14	35.	
4 Dividends and interest from securities	<u> </u>		14	35.	
5 Net rental income or (loss) from real estate	<u> </u>				
a Debt-financed property ,	ļ		<u> </u>		
<b>b</b> Not debt-financed property	<u> </u>				
6 Net rental income or (loss) from personal property.		<del></del>	<del> </del>		
7 Other investment income	1				
8 Gain or (loss) from sales of assets other than inventory					
<ul><li>9 Net income or (loss) from special events</li><li>10 Gross profit or (loss) from sales of inventory</li></ul>					<del></del>
11 Other revenue a					
b					
c					
d					
A					
12 Subtotal Add columns (b), (d), and (e)	<u> </u>		" ", J	35.	
13 Total. Add line 12, columns (b), (d), and (e)				13	35
(See worksheet in line 13 instructions to verify calc		<del></del>			
Part XVI-B Relationship of Activitie					_ <del></del>
Line No. Explain below how each activit					
▼ accomplishment of the foundation	on's exemp	t purposes (other than t	by providing	funds for such purposes	(See instructions )
		<del></del>		·	
	· · · · · · · · · · · · · · · · · · ·				
	_				
		<del></del>			
	<del></del>				
	<del>-</del>	<del></del>			
	<del> </del>				
		· · · · · · · · · · · · · · · · · · ·			
	<del></del>		<del></del>		
				<del></del>	

7140463.58176

## Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								
а	Transf	ers from the reportin	ig foundation to	a noncharitable exempt	organization	of.			
	(1) Ca	sh					. 1a(1)		X
	(2) Otl	her assets					. 1a(2)		X
þ	Other	transactions							
	(1) Sa	les of assets to a no	ncharitable exer	mpt organization			. 1b(1)	ļ	X
	(2) Pu	rchases of assets fro	om a noncharita	ble exempt organization.			. 1b(2)	ļ	<u> </u>
		·	•				· t	ļ	X
								-	X
		=					1	, ,	X
									X
						• • • • • • • • • • • • • • • • • • • •		لــــــا	X
						. Column (b) should always should			
						n If the foundation received les			
			r— <del></del>			e of the goods, other assets, or			
(a) Lır	ne no	(b) Amount involved	<del></del>	oncharitable exempt organizatio	<del></del>	escription of transfers, transactions, and s	hanng ana	engeme	nts
			N/A		N/A				
	<del> </del> -		<del></del>						
		<del></del>							
		<del></del>	<del></del>						
			<del></del>						
			<del></del>	<del></del>		<del></del>			
			<del></del>						
(	describ		of the Code (ot wing schedule.		3)) or in secti	ore tax-exempt organizations on 527?		es X	No
	Ulado	positive of parties I deeler	C. that I have account	and the roturn including account					
	correc	репаніез от редигу, і declai t, and complete. Declaration of	preparer (other than ta	ed this return, including accompan xpayer) is based on all information of	iying schedules an which preparer has	nd statements, and to the best of my knowle s any knowledge.	age and b	ellef, it	is true,
Sign		OMBE ACCEPTANTICS	T TD	1	an	May the	RS discus	s this	return
Here	'	OMER SCARAMUCC	I JR			STEE with the	preparer :	7	below
	Sign	nature of officer or trustee		Date	Title	(see instruct	ons)? X	Yes	No
	1	MM Z	m /	15/4//	<u>×</u>		57111		
Paid		Print/Type preparer's nam		Preparer's signature	21	Date Check if	PTIN		_
	arer		OUNG			04/28/2017 self-employed	P004		1
Prep		Firm's name GR				Firm's EIN ► 36-	605555	58	
Use (	Unly	Firm's address > 21				}			
		OK	LAHOMA CITY	, OK	7:	<del></del>	218-28		
						F	orm 990	)-PF (	2016)

#### Schedule B

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

**Schedule of Contributors** 

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization			Employer identification number
SEVEN S FOUNDATION	•		31-1629818
Organization type (check o	ne):		31 1023010
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> trea	ited as a private foi	undation
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated	as a private founda	tion
	501(c)(3) taxable private foundation		
	n filing Form 990, 990-EZ, or 990-PF that received, during or property) from any one contributor. Complete Parts I contributions.		
Special Rules			
regulations under 13, 16a, or 16b, a \$5,000 or <b>(2)</b> 2%	n described in section 501(c)(3) filing Form 990 or 990-Esections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schod that received from any one contributor, during the year of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 900, Part VIII, line 1h, or (iii) Form 900, Part VIII, line 1h, or (iii) Form 900, Part VIII, line 1h, or (iiii) Form 900, Part VIII, line 1h, or (iiiiii) Form 900, Part VIII, line 1h, or (iiiiiii) Form 900, Part VIII, line 1h, or (iiiiiiiii) Form 900, Part VIII, line 1h, or (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	nedule A (Form 990 r, total contributions rm 990-EZ, line 1 C	or 990-EZ), Part II, line s of the greater of <b>(1)</b> omplete Parts I and II
contributor, during	the year, total contributions of more than \$1,000 <i>exclusive</i> onal purposes, or for the prevention of cruelty to children	<i>rely</i> for religious, ch	narıtable, scientific,
contributor, during contributions total during the year fo <b>General Rule</b> app	n described in section 501(c)(7), (8), or (10) filing Form 9 the year, contributions exclusively for religious, charitable ed more than \$1,000. If this box is checked, enter here the an exclusively religious, charitable, etc., purpose. Don't case to this organization because it received nonexclusively is more during the year	e, etc , purposes, bu e total contributions omplete any of the religious, charitable	ut no such s that were received parts unless the e, etc., contributions
990-EZ, or 990-PF), but it <b>m</b>	t isn't covered by the General Rule and/or the Special Ru st answer "No" on Part IV, line 2, of its Form 990; or che to certify that it doesn't meet the filing requirements of Sci	eck the box on line h	H of its Form 990-EZ or on its

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization SEVEN S FOUNDATION

Employer identification number

Part I	Contributors (See instructions). Use duplicate cop	oles of Part I if additional space is no	eeaea. 
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SEVEN 'S' OF NEVADA, LLC  711 S. CARSON STREET, SUITE #4  CARSON CITY, NV 89701	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	P.O. BOX 7187  MOORE, OK 73153	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SEVEN 'S' OF NEVADA, LLC  711 S. CARSON STREET, SUITE #4  CARSON CITY, NV 89701	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

Part II	Noncash Property (See Instructions). Use auplicate copies	of Part II II additional space is he	eueu.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\ \\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Employer identification number

Part III	Exclusively religious, charitable, etc., con			
	(10) that total more than \$1,000 for the y			
	the following line entry. For organizations of			
	contributions of \$1,000 or less for the yea Use duplicate copies of Part III if additional		n once. See	instructions.) > 5
(a) No.	<del></del>			
from Part I	(b) Purpose of gift	(c) Use of gift	Ì	(d) Description of how gift is held
		<del></del>		
		(e) Transfer of gift		
		_		
	Transferee's name, address, and ZIP	+ 4	Helations	hip of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	}	(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and ZIP	± <b>A</b>	Relations	hip of transferor to transferee
	Transfered o name, address, and zin	<del>''</del>	Ticiatione	mp of translation to daments
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	(b) Fulpose of gift	(c) Ose of gift		
		(a) Transfer of gift		
		(e) Transfer of gift		
	Transferee's name, address, and ZIP	+ 4	Relations	hip of transferor to transferee
	<del></del>			
(a) No. from	(b) Purpose of gift	(c) Use of gift	}	(d) Description of how gift is held
Part I	ļ			
	<u> </u>	(e) Transfer of gift		
		(-)		
	Transferee's name, address, and ZIP	+ 4	Relations	hip of transferor to transferee
		l		

ATTACHMENT 1

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

TRUSTEE UNDER 40 HOURS

DOMER SCARAMUCCI JR

MOORE, OK 73153 PO BOX 7187

COMPENSATION

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

EXPENSE ACCT AND OTHER ALLOWANCES

GRAND TOTALS

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 2

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
EPILEPSY FOUNDATION	N/A	RESEARCH TO STOP SEIZURES	30,000.
8301 PROFESSIONAL PLACE, SUITE 200	PC		
LANDOVER, MD 20785-2353			
LUPUS FOUNDATION OF AMERICA, INC.	N/A	FIND THE CAUSE OF LUPUS AND THE CURE	30,000.
2000 L STREET, N.W., SUITE 410	PC		
WASHINGTON, DC 20036			
JDRF	N/A	FINDING A CURE FOR TYPE 1 DIABETES	50,000.
26 BROADWAY, 14TH FLOOR	PC		
NEW YORK, NY 10004			
INFANT CRISIS SERVICES, INC.	N/A	PROVIDE FORMULA, FOOD AND DIAPERS TO NEEDY BABIES	6,250.
4224 N. LINCOLN BLVD.	PC	AND TODDLERS	
OKLAHOMA CITY, OK 73105			
COMMUNITY LITERACY CENTERS	N/A	TEACHING ENGLISH AS A SECOND LANGUAGE	2,500.
5131 N. CLASSEN CIRCLE, SUITE 204	P.C.		
OKLAHOMA CITY, OK 73118-4420			
NORMAN ADDICTION INFORMATION & COUNSELING	N/A	PREVENTION AND TREATMENT OF ADDICTION AND MENTAL	. 200
P.O. BOX 730	PC	ILLNESS	
NORMAN, OK 73070			

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100,000. AMOUNT ATTACHMENT 2 (CONT'D) FOR ALL PEOPLE REGARDING OKLAHOMA AMERICAN INDIAN EXPRESSION PROMOTING AWARENESS AND UNDERSTANDING TO SERVE AS A LIVING CENTER FOR CULTURAL PURPOSE OF GRANT OR CONTRIBUTION RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR N/A PC THE AMERICAN INDIAN CULTURAL CENTER OKLAHOMA CITY, OK 73129-6100 RECIPIENT NAME AND ADDRESS 659 AMERICAN INDIAN BLVD.

219,250.

TOTAL CONTRIBUTIONS PAID

CULTURES AND HERITAGE.

ATTACHMENT 2 PAGE 20