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50m 990-PF

Return of Private Foundation

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

2016

Department of the Treasury

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OMB No 1545-0052

Open to Public Inspection Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2016 or tax year beginning and ending A Employer identification number Name of foundation LIEUTENANT COLONEL ORVILLE O BILL MUNSON SCHOLARSHIP FUND Number and street (or PO box number if mail is not delivered to street address) Room/suite 46-3349419 B Telephone number (see instructions) **6717 NE 113TH STREET** City or town, state or province, country, and ZIP or foreign postal code 73013 **EDMOND** (405) 209-1136 Foreign postal code Foreign country name Foreign province/state/county C If exemption application is pending, check here G Check all that apply Initial return D 1. Foreign organizations, check here Initial return of a former public charity Final return Amended return 2 Foreign organizations meeting the 85% test, Address change Name change check here and attach computation Check type of organization Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here J Accounting method X Cash Accrual Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col (c), Other (specify) under section 507(b)(1)(B), check here line 16) ▶ \$ 48.275 (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily expenses per purposes income income books equal the amounts in column (a) (see instructions)) (cash basis only) 9,500 1 Contributions, gifts, grants, etc., received (attach schedule) Check ▶ ☐ if the foundation is **not** required to attach Sch B 2 3 Interest on savings and temporary cash investments 1.002 1.002 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 945 Revenue 6a Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 970 8 Net short-term capital gain q Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold Gross profit or (loss) (attach schedule) С 11 Other income (attach schedule) 1,972 12 Total. Add lines 1 through 11 11,447 13 Compensation of officers, directors, trustees, etc. and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 4,440 Accounting fees (attach schedule) С Other professional fees (attach schedule) 17 Interest JUN 0 6 2017 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion OGDEN. 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23 4.440 4.440 25 10,800 10,800 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 15,240 4,440 10.800 27 Subtract line 26 from line 12 -3,793 Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)

Adjusted net income (if negative, enter -0-)

P	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	4,388	1,643	1,643
	2	Savings and temporary cash investments			
	3	Accounts receivable			
	}	Less allowance for doubtful accounts			
	4	Pledges receivable	1		
		Less allowance for doubtful accounts			
	5	Grants receivable		-	
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			<u></u>
		Less allowance for doubtful accounts			n, n or an programme graph agent to the state of the subject
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
•	b	Investments—corporate stock (attach schedule)	-		
	c	Investments—corporate bonds (attach schedule)			
	11	decontracts band to blace and			
	''	Annual designation of the second section of the sect			
	12				
	13	Investments—mortgage loans	50.700	10.711	
		Investments—other (attach schedule)	50,788	49,741	46,632
	14	Land, buildings, and equipment basis		-	L
	4-	Less accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the		Ì	
	1-	instructions Also, see page 1, item I)	55,176	51,384	48,275
ŀ	17	Accounts payable and accrued expenses	ļ		!
Ş	18	Grants payable			!
Liabilities	19	Deferred revenue			ĺ
三	20	Loans from officers, directors, trustees, and other disqualified persons			1
<u>.</u>	21	Mortgages and other notes payable (attach schedule)			Į.
_	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)			
S		Foundations that follow SFAS 117, check here			1
Ö		and complete lines 24 through 26 and lines 30 and 31.			1
alances	24	Unrestricted			!
	25	Temporarily restricted			
Net Assets or Fund B	26	Permanently restricted			
듬		Foundations that do not follow SFAS 117, check here 🕨 🗓			ı
Ľ.		and complete lines 27 through 31.			
Ō	27	Capital stock, trust principal, or current funds	55,176	51,384	i
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			<u>{</u>
SS	29	Retained earnings, accumulated income, endowment, or other funds			† •
Ā	30	Total net assets or fund balances (see instructions)	55,176	51,384	Ì
Ę	31	Total liabilities and net assets/fund balances (see			
_		instructions)	55,176	51,384	į
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
		net assets or fund balances at beginning of year—Part II, column (a),	line 30 (must agree w	ith	
		of-year figure reported on prior year's return)	, ,	1 1	55,176
2		amount from Part I, line 27a		2	-3,793
		increases not included in line 2 (itemize) ROUNDING		3	1
		nes 1, 2, and 3		4	51,384
5	Decre	eases not included in line 2 (itemize)		5	- 1,001
6		net assets or fund balances at end of year (line 4 minus line 5)—Part	II, column (b), line 30	6	51,384

Part IV · Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.) (c) Date acquired (d) Date sold -Purchase (mo , day, yr) (mo, day, yr) D-Donation 1a b C d Capital Gains Distributions е (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) а b C d 970 e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Gains (Col (h) gain minus col (k), but not less than -0-) or (j) Adjusted basis (k) Excess of cot (i) (i) F M V as of 12/31/69 Losses (from col (h)) as of 12/31/69 over col (j), if any а b C d е 970 If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 970 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- in Part I, line 8 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes X No If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part Enter the appropriate amount in each column for each year, see the instructions before making any entries (a) (d) Base period years Distribution ratio Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) (col (b) divided by col (c)) 2015 7,971 49.354 0 161507 2014 5,184 28,554 0 181551 2013 1,193 21,157 0 056388 2012 0 000000 2011 0 000000 2 Total of line 1, column (d) 2 0 399446 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 0 133149 4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 4 48,083 5 Multiply line 4 by line 3 5 6,402 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 7 Add lines 5 and 6 7 6,402 Enter qualifying distributions from Part XII, line 4 10,800 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Form 9	90-PF (2016) LIEUTENANT COLONEL ORVILLE O BILL MUNSON SCHOLARSHIP FUND 46-33-	49419		Page 4		
Part	VI • Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
•	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	2				
b						
	here ► X 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)			l		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			ļ		
3	Add lines 1 and 2			<u> </u>		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			<u> </u>		
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			 ,		
6	Credits/Payments					
a	2016 estimated tax payments and 2015 overpayment credited to 2016 From t foreign accompations to withhold at accompanion to the companion of					
b	Exempt foreign organizations—tax withheld at source Tax paid with application for extension of time to file (Form 8868) 6c 6b 6c					
c d	Backup withholding erroneously withheld 6d]		
7	Total credits and payments Add lines 6a through 6d					
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached.			 		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			 		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					
11	Enter the amount of line 10 to be Credited to 2017 estimated tax					
Part '	VII-A Statements Regarding Activities		-			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No		
	participate or intervene in any political campaign?	1a		X		
b						
	Instructions for the definition)?					
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities					
С	,					
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ►\$ (2) On foundation managers ►\$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
_	on foundation managers \$			ا ۔۔۔ ا		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		×		
3	If "Yes," attach a detailed description of the activities					
J	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					
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3 4a	 -	X		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4a 4b	N/A			
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			į į		
	By language in the governing instrument, or]]				
	 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?					
7						
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					
_	(or designate) of each state as required by General Instruction G? 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			1		
40	"Yes," complete Part XIV					
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	4.				
	named and addresses	10		X		

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Part	Statements Regarding Activities (continued)			
11 ,	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	11	Yes	No X
40	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
12	person had advisory privileges? If "Yes," attach statement (see instructions)	12		х
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
13	Website address			
14	The books are in care of ► CURT MUNSON Telephone no ► (405) 20	9-113	3	
17	Located at ► 6717 NE 113TH ST EDMOND OK ZIP+4 ► 73013			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		1	▶ □
	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		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If			
	"Yes," enter the name of the foreign country	<u> </u>		
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		. 1	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a]
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			,
	termination of government service, if terminating within 90 days)	-	~ -	
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check note			i
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1c		X
2	were not corrected before the first day of the tax year beginning in 2016? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	1		
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			
_	6e, Part XIII) for tax year(s) beginning before 2016?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			!
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
_				
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			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2016)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<u> </u>		
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		X

Total number of other employees paid over \$50,000

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LIEUTENANT COLONEL ORVILLE O BILL MUNSON SCHOLARSHIP FUND

46-3349419

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Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	ployees,
3 `	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE	<u>.</u>
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON		
	·	
		
Total	number of others receiving over \$50,000 for professional services	
Total	number of others receiving over \$50,000 for professional services	
Par	t IX-A Summary of Direct Charitable Activities	
Liet	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	· ·
	Inizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
	N/A	
-	***************************************	
2		
_		
3	·	
_		
4		
Do	ALV D	
	t IX-B Summary of Program-Related Investments (see Instructions) Cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
	N/A	Amount
•	V/A	
2		
All c	ther program-related investments. See instructions	
3		
Total	Add lines 1 through 3	

Form 990-PF (2016)

Part	X · Minimum Investment Return (All domestic foundations must complete this part. Fore	ign foundation	ons,
	see instructions)		
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	45,799
b	Average of monthly cash balances	1b	3,016
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	48,815
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	48,815
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	732
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	48,083
6	Minimum investment return. Enter 5% of line 5	6	2,404
Part		1	
			2 404
1	Minimum investment return from Part X, line 6	1	2,404
2a	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)		
C	Add lines 2a and 2b	2c	2.404
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,404
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,404
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,	_	0.404
	line 1	7	2,404
Part	XII 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	10,800
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	10,800
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	10,800
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh	ether the four	ıdatıon
	qualifies for the section 4940(e) reduction of tax in those years		

Part	Ville Undistributed Income	(see instructions)		,	
1 .	Distributable amount for 2016 from	n Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
•	line 7		·			2,404
2	Undistributed income, if any, as of the	e end of 2016				
a	Enter amount for 2015 only	20 20				
b	· · · · · · · · · · · · · · · · · · ·	20, 20				
3	Excess distributions carryover, if a	iny, to 2016				
a	From 2011 From 2012					
b	From 2013					
c	From 2014	2,945				
ď	From 2015	5,880				
e		5,000	0 005			
f 4	Total of lines 3a through e	om Port VII	8,825			
4	Qualifying distributions for 2016 fr line 4 ► \$ 10,800	I				
_	Applied to 2015, but not more than	•				
a	Applied to undistributed income of	, , , , , , , , , , , , , , , , , , ,				
Ŋ	(Election required—see instruction					
_	Treated as distributions out of corp	· · · · · · · · · · · · · · · · · · ·				
C	required—see instructions)	ous (Election				
٨	Applied to 2016 distributable amor	unt			-	2,404
	Remaining amount distributed out		8,396			2,404
е 5	Excess distributions carryover app	·	5,390			
3	(If an amount appears in column (·····	
	amount must be shown in column	•				
6	Enter the net total of each colum					
Ü	indicated below:	111 63				
а	Corpus Add lines 3f, 4c, and 4e \$	Subtract line 5	17,221			
	Prior years' undistributed income		11,221			
~	line 4b from line 2b	oubtraot				
С	Enter the amount of prior years' ui	ndistributed				
Ŭ	income for which a notice of defici					
	been issued, or on which the secti	·				
	tax has been previously assessed	· · ·				
d	Subtract line 6c from line 6b Taxa	F				
-	amount—see instructions					
е	Undistributed income for 2015 Su	btract line		 		
•	4a from line 2a Taxable amount—					
	instructions					
f	Undistributed income for 2016 Su	btract lines			·	
	4d and 5 from line 1 This amount	must be				
	distributed in 2017					
7	Amounts treated as distributions of	out of corpus				
	to satisfy requirements imposed b	y section				
	170(b)(1)(F) or 4942(g)(3) (Election	n may be				
	required—see instructions)					
8	Excess distributions carryover from	n 2011 not				
	applied on line 5 or line 7 (see ins	tructions)				
9	Excess distributions carryover t	o 2017.		·		
	Subtract lines 7 and 8 from line 6a	ı	17,221			
10	Analysis of line 9	. [
а	Excess from 2012					
b	Excess from 2013					
С	Excess from 2014	2,945				
d	Excess from 2015	5,880				
е	Excess from 2016	8,396				

Part	XIV Private Operating Foundati	ons (see instru	ctions and Part	VII-A, question 9)		N/A
1a	If the foundation has received a ruling or	determination le	ter that it is a priva	ate operating		
•	foundation, and the ruling is effective for	2016, enter the d	late of the ruling	•		
b	Check box to indicate whether the foundation	n is a private opera	ting foundation desc	cribed in section	4942(j)	(3) or 4942(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		() T
	income from Part I or the minimum investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c		ļ			
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets	 				
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
·	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section]		
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(J)(3)(B)(III)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					<u></u>
Part				e foundation ha	d \$5,000 or mo	re in assets at
	any time during the year—s		<u>s.)</u>			
1	Information Regarding Foundation Ma List any managers of the foundation who		l more than 2% of	the total contribution	as received by the	foundation
а	before the close of any tax year (but only					Touridation
	before the close of any tax year (but only	, it tiley have con	induce more man	(OCC SCOIN	on oor (d)(2))	
	List any managers of the foundation who	0 0WD 10% or mor	e of the stock of a	corporation (or an e	acually large portion	n of the
D	ownership of a partnership or other entit					
		,,		J		
2	Information Regarding Contribution, (Grant, Gift, Loan,	Scholarship, etc	., Programs:		
	Check here ▶ ☐ If the foundation on					
	unsolicited requests for funds If the four	•	ts, grants, etc (see	e instructions) to ind	ividuals or organiz	ations
	under other conditions, complete items 2			·		
а	The name, address, and telephone num	ber or e-mail addi	ress of the person	to whom application	is should be addre	ssed
	MUNSON 6717 NE 113TH ST EDMONE			11 II		
b	The form in which applications should be	e submiπed and ir	itormation and ma	terials they should in	nciuae	
	GRADUATING SENIOR FROM WESSING	STON SPRINGS	<u>HIGH SCHOOL, V</u>	VESSINGTON SD, N	MAY COMPLETE	A STANDARD APP
	Any submission deadlines					
	ARY 31 PRIOR TO END OF SPRING SE		·····			
d	Any restrictions or limitations on awards	such as by geog	raphical areas, ch	aritable fields, kinds	of institutions, or o	otner

Supplementary Information (continued)

Part XV

Page **11**

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or contribution show any relationship to any foundation manager status of Amount recipient Name and address (home or business) or substantial contributor a Paid during the year NONE UNRESTRICTED **HUNTER MEES** 1 1,000 SDS UNIV YOUNG HALL RM 332 BROOKINGS, SD 57007 NONE UNRESTRICTED 1,400 ١ KACI SCHIMKE 403 4TH ST NW WESSINGTON SPRINGS, SD 57382 2,800 KATIE LUTTER NONE UNRESTRICTED 1904 8TH ST APT 67 **BROOKINGS, SD 57006 MORGAN TEBAY** NONE Ł UNRESTRICTED 2,800 21966 392ND AVE **ALPENA, SD 57312** UNRESTRICTED 2,800 NONE **ZACHARY PAULSON** ı **PO BOX 425** WESSINGTON SPRINGS, SD 57382 Total За 10,800 Approved for future payment **Total**

Part XVI-A Analysis of Income-Producing Ad	tivities				
Inter gross amounts unless otherwise indicated	Unrelated bus	iness income	Excluded by section	on 512, 513, or 514	(0)
•	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue					(000
a					
b					
<u>c</u>			 		
d			 		
e					
T					
g Fees and contracts from government agencies					
2 Membership dues and assessments3 Interest on savings and temporary cash investments		· · · · · · · · · · · · · · · · · · ·			
4 Dividends and interest from securities		1,002	14	·	
5 Net rental income or (loss) from real estate		1,002	<u> </u>	· · · · · · · · ·	
a Debt-financed property					
b Not debt-financed property		_ 	 		
6 Net rental income or (loss) from personal property					†
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory		945	18		
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c				 	ļ
d					
]				<u> </u>
e					
Subtotal Add columns (b), (d), and (e)		1,947		4-	1
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	,	1,947		13	1,947
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations			Purnocas	13	1,947
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the A	ccomplishme	nt of Exempt			
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations	ccomplishme	nt of Exempt	VI-A contributed	importantly to the	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the A Line No. Explain below how each activity for which incom-	ccomplishme	nt of Exempt	VI-A contributed	importantly to the	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the A Line No. Explain below how each activity for which incom-	ccomplishme	nt of Exempt	VI-A contributed	importantly to the	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the A Line No. Explain below how each activity for which incom-	ccomplishme	nt of Exempt	VI-A contributed	importantly to the	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the A Line No. Explain below how each activity for which incom-	ccomplishme	nt of Exempt	VI-A contributed	importantly to the	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the A Line No. Explain below how each activity for which incom-	ccomplishme	nt of Exempt	VI-A contributed	importantly to the	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the A Line No. Explain below how each activity for which incom-	ccomplishme	nt of Exempt	VI-A contributed	importantly to the	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the A Line No. Explain below how each activity for which incom-	ccomplishme	nt of Exempt	VI-A contributed	importantly to the	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the A Line No. Explain below how each activity for which incom-	ccomplishme	nt of Exempt	VI-A contributed	importantly to the	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the A Line No. Explain below how each activity for which incom-	ccomplishme	nt of Exempt	VI-A contributed	importantly to the	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the A Line No. Explain below how each activity for which incom-	ccomplishme	nt of Exempt	VI-A contributed	importantly to the	
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12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the A Line No. Explain below how each activity for which incom-	ccomplishme	nt of Exempt	VI-A contributed	importantly to the	
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12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the A Line No. Explain below how each activity for which incom-	ccomplishme	nt of Exempt	VI-A contributed	importantly to the	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the A Line No. Explain below how each activity for which incom-	ccomplishme	nt of Exempt	VI-A contributed	importantly to the	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the A Line No. Explain below how each activity for which incom-	ccomplishme	nt of Exempt	VI-A contributed	importantly to the	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the A Line No. Explain below how each activity for which incom-	ccomplishme	nt of Exempt	VI-A contributed	importantly to the	

Form 99			ANT COLONEL OF						40-334	3413	Pag	ge I
Part		Exempt Org								able		
1 `			rectly or indirectly e								Yes	No
			e Code (other than :	section 501(c)(3) organ	izations) or in sect	ion 527, relating to	•			
		cal organizations										
а			orting foundation to	a noncharit	able exem	ot organ	ızatıon of					
	(1) C									1a(1)		Х
		ther assets								1a(2)		X
b		r transactions										
	٠, ,		a noncharitable exe							1b(1)		X
			ts from a noncharita		organizatio	on				1b(2)		X
			equipment, or othe	r assets						1b(3)		×
		leimbursement ar	-							1b(4)		<u>X</u>
		oans or loan gua		on or fundro	ioina nalioit	ations		<u> </u>		1b(5)		$\hat{\mathbf{x}}$
_			rvices or membersh	•	-		v000			1b(6) 1c		÷
			quipment, mailing lis he above is "Yes," co					ould always show t	ha fair markat	IC.		
d	value	of the goods, othe	er assets, or services or sharing arrangem	given by the	reporting for	undation	If the foun	dation received less	than fair marke			
(a) Line		(b) Amount involved	(c) Name of nor					cription of transfers, tran		··-	gemen	ts
						•	·					
												
									· · · · · · · · · · · · · · · · · · ·			
												
					······································							
			 									
												
												
												
				4 l 4b								
2a	desc	ribed in section 5	otly or indirectly affili 01(c) of the Code (c	ated with, or other than se	related to, ection 501(d	one or r c)(3)) or	nore tax-e in section	xempt organization 527?	ıs \Box	Yes [X N	0
<u> </u>	IT YE		following schedule	1	b) Type of org	anization		(c) Dec	scription of relation	ehin		
		(a) Name of organ	ization		b) Type or olg	anization		(6) Des	scription of relation	SHIP		
				 								
							+					
				-								
						· 						-
	Unde	r penalties of perjury, I dec	lare that I have examined this	return, including ac	companying sch	edules and s	tatements, and t	o the best of my knowledge	and belief, it is true,			
Sign	corre	ct, and complete Declarat	on of preparer (other than taxp	payer) is based on a	all information of	which prepai	rer has any knov	vledge	May the IRS	discuss	his retur	n
Here	1	mu			6/1/2017	DIF	RECTOR		with the pre	parer show	vn belov	v
11010		na ure of officer or trus	stee		ate	Title			(see instruct	tions)? [>	∐ Yes [No
	1	Print/Type preparer's	s name	Prep s	signature			Date	Check I if F	TIN		
Paid		GEORGE R LO	UTHAN, III		en to		111	6/1/2017		201062	2758	
Prepa		Firm's name	GEORGE R LOUT	THAN III CP	A PC			Firm's I				
Use O	nıy	Firm's address	OMOND, OK 73083			Phone	Phone no. (405) 285-9500					

Firm's address 🕨

PO BOX 6966, EDMOND, OK 73083

26-1747441 (405) 285-9500

Phone no

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

LIEUTENANT COLONEL ORVILLE O BILL MUNSON SCHOLARSHIP FUND

Schedule of Contributors

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

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

OMB No 1545-0047

2016

Employer identification number

46-3349419

Organization type (check one)						
Filers o	f:	Section:				
Form 99	0 or 990-EZ	501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	X 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(7), (ered by the General Rule or a Special Rule . 8), or (10) organization can check boxes for both the General Rule and a Special Rule See				
Genera	Rule					
X		g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a outions.				
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II					
	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					
	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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.					

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
LIEUTENANT COLONEL ORVILLE O BILL MUNSON SCHOLARSHIP FUND

Employer identification number

Part I	Contributors (See instructions) Use duplicate copi	needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRUCE E MUNSON 61 FONTENAY CIRCLE LITTLE ROCK AR 72223 Foreign State or Province Foreign Country	\$ 9,500	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
LIEUTENANT COLONEL ORVILLE O BILL MUNSON SCHOLARSHIP FUND

Employer identification number 46-3349419

Part II	Noncash Property (See instructions) Use duplicate c	opies of Part II if additional sp	ace is needed
(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
		\$	
(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
		\$	

	ganization .NT COLONEL ORVILLE O BILL MUNSON SC	HOLARSHIP FUND		46-3349419
Part III	Exclusively religious, charitable, etc., cor (10) that total more than \$1,000 for the year the following line entry. For organizations contributions of \$1,000 or less for the year.	ntributions to organiza ar from any one contr mpleting Part III, enter (Enter this information o	ibutor. Complete the total of <i>exclu</i>	d in section 501(c)(7), (8), or e columns (a) through (e) and sively religious, charitable, etc ,
(a) No.	Use duplicate copies of Part III if additional s	pace is needed		
from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held
		(e) Transfer o	faift	
			-	
	Transferee's name, address, and ZII	P + 4	Relationship	of transferor to transferee
			· · · · · · · · · · · · · · · · · · ·	
	For Prov Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held
 				
		(e) Transfer o	f gift	
			_	
	Transferee's name, address, and ZII	P + 4	Relationship	of transferor to transferee
	For Prov Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held
		(e) Transfer o	f gift	
	Transferee's name, address, and ZII	P + 4	Relationship	o of transferor to transferee
			-	
			· • • • • • • • • • • • • • • • • • • •	
(a) No.	For Prov Country		· · · · · · · · · · · · · · · · · · ·	
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transfer o	f gift	
	Transferee's name, address, and Zli	P + 4	Relationshir	o of transferor to transferee
	For Prov Country			

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

								Totals	Gros	S	Cost or Other Basis, Expenses,	isis, Expenses,	Net (Net Gain
	Amount								Sales	S	Depreciation and Adjustments	d Adjustments	orL	or Loss
Long Term CG Distributions	970						ొ	Capital Gains/Losses		970				76
Short Term CG Distributions		•						Other sales		2,994		3,019		2
				Check "X" if										
		Check "X"		Purchaser							Expense of Sale			
		to include		ısa	Acquisition	Date	Date	Gross Sales	Cost or	Valuation	and Cost of	-		Net Gam
Description	CUSIP#	in Part IV	Purchaser	Business	Method	Acquired	Sold	Price	Other Basis	Method	Improvements	Depreciation	Adjustments	or Loss
1 LORD ABBOTT MUTUAL FUND					Ь	9/14/2012	8/22/2016	2,994	3,019.					-25

Part I, Line 16b (990-PF) - Accounting Fees

	4,440	4,440		
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1 TAX PREPARATION	4,440	4,440		

Part II, Line 13 (990-PF) - Investments - Other

		50,788	49,741	46,632
	Basis of	Book Value	Book Value	FMV
Asset Description	Valuation	Beg of Year	End of Year	End of Year
I MUTUAL FUNDS	AT COST	50,788	49,741	46,632

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

.ong Term CG Distributions	970												
Short Term CG Distributions													
								Cost or Other		FMV	Adjusted Basis	Excess of FMV	Gains Minus
		Acquisition	Date	Date	Gross	Depreciation		Basis Plus		as of	as of	Over	Excess FMV Over
Property Sold	CUSIP#	Method	Acquired	Sold	Sales Price	Allowed	Adjustments	Expense of Sale	Gain or Loss	12/31/69	12/31/69	Adjusted Basis	Adi Basis or Losses

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

										•	
	Check "X"							Avg Hrs			Expense
Name	if Business	Street	Cıty	State	State Zp Code	Foreign Country	뺼	Per Week	Compensation	Benefits	Account
CURT MUNSON		6717 NE 113	EDMOND	OK 73013	73013		DIRECTOR	18	DIRECTOR 100		
BRUCE MUNSON		61 FONTENAY CIRCLE	LITTLE ROCK	AR 7	72223		DIRECTOR	100			
2											