11-15-2018 294910400401

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Form '990-PF

EXTENDED TO NOVEMBER 15, 2017 **Return of Private Foundation** 

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

Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>

Depa	rtmeni	t of the Treasury			social security numbers on			<u> </u>
		renue Service		on about Fon	n 990-PF and its separate		irs.gov/form990pt	Open to Public Inspection
			or tax year beginning	<del></del>		, and ending	T	
Nar	ne of	foundation	-				A Employer Identification n	umber
~	ימג	ממח	MINITHY BOTH	TA MONT			81-1108977	
			MUNITY FOUT		ridram)	Room/suite		
		•			Area (333)	Nomivaule	8 Telephone number 405-947-770	10
_			RIDIAN AVE	D or foreign -	antal anda		_	
			ovince, country, and ZII	9 or toreign p 3119	OSIAI COOE	· · · · · · · · · · · · · · · · · · ·	C If exemption application is pen	ding, check here
<b>G</b> (	heck	all that apply:	X Initial retur	n	initial return of a f	ormer public charity	D 1. Foreign organizations,	check here
			Final return	I	Amended return		2 Foreign organizations must	ing the 85% test
			Address ch		Name change		Foreign organizations meet chock here and attach com	putation
H (	_	type of organization 4947(a)(1	ation: X Section ) nonexempt charitable		empt private foundation Other taxable private founda	ation 0 2	E if private foundation statu under section 507(b)(1)(A	
l Fa			assets at end of year			Accrual /	F If the foundation is in a 6	
		Part II, col. (c),	•		ther (specify)		under section 507(b)(1)(l	
	\$	a. ( ., ( do., (o),	35.		mn (d) must be on cash b	pasis.)	- (-/(-/(-/	
Pa	rtil	Analysis of R	evenue and Expenses ounts in columns (b), (c), and al the amounts in column (a)	f (d) may not	(a) Revenue and expenses per books	(b) Net investment Income	(c) Adjusted net Income	(d) Disbursements for charitable purposes (cash bæis only)
	1		glfts, grants, etc., recei		136949.			
	2	~ —	grits, grains, occ., recei If the foundation is not required b					
	3	Interest on saving	s and temporary			CAT Throw which of production of commercial to the		
	4		Interest from securities					
e co	5a	Gross rents						
Ö		Net rental income	or (loss)					
$\geq$			from sale of assets not on it	ne 10				
<b>\$</b>	ь	Gross sales price assets on line 6a		••				
SCANNED	7		come (from Part IV, line 2)			0		
Qã	8	Net short-term	capital gain				<b>8</b>	
MAR	9	Income modific						
×	10a	Gross sales less t and allowances	elums					
63	b	Less. Cost of goo	ds sold	<del></del>				
<del></del>	٥	Gross profit or	(loss)				<b>8</b>	
2019 2019	11				425040			
<u> </u>	12	Total. Add line	s 1 through 11		136949.	0		
	13		officers, directors, trustees	, etc	0.	F9	FCFIVED O.	0.
	14		e salaries and wages			0	SS	
un.		•	emptoyee benefits .	•	<u></u>			
Şe				• ••••			0 1 5 /018	
rpens		Accounting fee				<del>                                     </del>	<u> </u>	
т Х		Other profession				00	ODEN. HT	
itive	18	Taxes			<b></b>	, <u>, , , , , , , , , , , , , , , , , , </u>	The last town a fig.	
stra	19	Depreciation a	nd depletion					
Ę	20	Occupancy		,, -			-	· · · · · · · · · · · · · · · · · · ·
Administrative	21		nces, and meetings		<del></del>			
/ pus	22	Printing and pu						
•	23	Other expenses		rmr 1	53914.	0	. 0.	53914.
ĬĮ.	24		g and administrative	,				
Operatin			lines 13 through 23		53914.	0	0.	53914.
ŏ	25	•	gifts, grants pald		83000.			83000.
	26		s and disbursements.	••				
	L	Add lines 24 ar			136914.	0	. 0.	136914.
	27			6				
	а	Excess of revenue	over expenses and disbur	semente ,	35.			
	b	Net investmen	t income (if negative, ent	or -0•)		0	- OZAZONII - I	
			COMA (if negative, enter -				图 0.	

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2016)

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		0-PF (2016) CARTER COMMUNITY FOUNDAY	TON	81-	1108977 Page 2
اتا	To let	Balance Sheets Attached schedules and amounts in the description column should be for end of-year amounts only	Beginning of year	End o	f year
ŧξ	aru	column should be for end of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		35.	35.
		On the second of			
	ı	Accounts receivable			
	,		A Committee of the Comm	Section Control Section Control	
	١.	Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			,
	l	disqualified persons			
	7	Other notes and loans receivable			
	1	Less; allowance for doubtful accounts			
10	R	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		<del></del>	
Ass		Investments - U.S. and state government obligations			
_			<del> </del>		
		Investments - corporate stock		RECEIVED	
	C	Investments - corporate bonds		BEUEIVLU	
	11	Investments - land, buildings, and equipment, basis			
	1	Less' accumulated depreciation	442	NOV 1 5 2018	ő
	12	Investments - mortgage loans	<u> </u>	MOATOFOLO	Ś
	13	Investments - other	<u> </u>		
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation		UUDLIN, J	
	15	Other assets (describe			
	1	Total assets (to be completed by all filers - see the			
	"	instructions. Also, see page 1, Item ()	0.	35.	35.
_	17	Accounts payable and accrued expenses	<u> </u>		
			<del></del>		
	,	Grants payable			
98		Deferred revenue			
≣		Loans from officers, directors, trustees, and other disqualified persons		<u></u>	
Liabilitles		Mortgages and other notes payable			
	22	Other liabilities (describe )			
			_		
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	1	Foundations that follow SFAS 117, check here	1		
		and complete lines 24 through 26 and lines 30 and 31.			
9	24	Unrestricted			
inces	25	Temporarily restricted			
8		Permanently restricted			
or Fund Bala	-"	Foundations that do not follow SFAS 117, check here			
ڌ					
7.	-	and complete lines 27 through 31.	0.	0.	
		Capital stock, trust principal, or current funds	0.	0.	
Assets		Paid-in or capital surplus, or land, bidg., and equipment fund		35.	
₹	29	Retained earnings, accumulated income, endowment, or other funds	0.		
Net	30	Total net assets or fund balances	0.	35.	
	1		1		
	31	Total liabilities and net assets/fund balances	0.	35.	
100	arti	Analysis of Changes in Net Assets or Fund B	alances		
	alili				=
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		to a little and at a flow a control of a control ordinary		1	0.
	•		• • • • • • • • • • • • • • • • • • • •		35.
				3	0.
		increases not included in line 2 (itemize)			35.
					0.
		eases not included in line 2 (itemize)			
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30		35.
					Form 990-PF (2016)

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Form,990-PF (2016) CAR		MUNITY FO					81	<u> 1-110</u>	8977	Page 3
Rantily Capital Gains	and Losse	s for Tax on In	vestment	Income						
		of property sold (e.g mmon stock, 200 shs			(b) How P - Pu D - Do	acquired Irchase Ination	(c) Date a (mo., da	cquired ly, yr.)	(d) Dai (mo., d	
1a										
b NO	NE									
C					<b></b>					
<u>d</u>				<del></del>						
8			<del></del>							
(e) Gross sales price		ciation allowed allowable)		t or other basis xpense of sate			(h) Ga (e) plus	ln or (loss) (f) minus (	g)	
8										
<u>b</u>					_					
<u> </u>		<u></u>								
<u>d</u>				<del></del>						
8			0 6 10	- 40404100	<del></del>					
Complete only for assets showi	<del>,</del>					r	(I) Gains (Co ol. (k), but n			
(i) F.M.V. as of 12/31/69		justed basis f 12/31/69	(k) Ex	cess of col. (i) col. (j), if any		•	Losses (	from cal. (I	h))	
		1201103	0401	con tiji ii any			DE	CEN	/LD	$\neg$
<u>8</u>	<del></del>		<del> </del>							1
<u>b</u>			<del> </del>		<del></del>		<del>¥}</del>	<del></del> -		8
<u>c</u> d			<del> </del>				-	<del>v 1 5 2</del>	2018 -	
			<del> </del>		<del></del>		1			8
<u>e</u>	l	<u> </u>			$\exists$	7 1	100	חרתו	HT	<del>'- -</del>
? Capital gain net income or (net c	anital inee\	If gain, also enter -(	er in Part I, line O- in Part I, line	( 7	) 2		UU	<u>DEN</u>	<u>, U I</u>	
•	•	•		• • • • • • • • • • • • • • • • • • • •	7		············			
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8		n sections 1222(5) ai	na (6):		וו	ļ				
If (loss), enter -0- in Part I, line 8					II a					
Part V Qualification L	nder Sect	on 4940(e) for	Reduced	Tax on Net	Invest	ment in	come			
For optional use by domestic privat	e foundations s	blect to the section	4940(a) tax on	net investment in	come.)				N/A	
		,								
t section 4940(d)(2) applies, leave t	his part blank.									
Was the foundation liable for the sec	ction 4942 tax o	n the distributable an	nount of any ye	ar in the base per	iod?				Yes	☐ No
f "Yes," the foundation does not qua	ilfy under section	n 4940(e). Do not co	omplete this pa	nt						
1 Enter the appropriate amount in	each column fo	r each year, see the i	instructions bef	ore making any ei	ntries.					
(a) Base period years		(b)			(c)			Distrib	(d) ution ratio	
Calendar year (or tax year beginn	ing in) A	djusted qualifying dis	stributions	Net value of no	ncharitab	le-use asse	ls (	col. (b) div	ided by col.	(C))
2015										
2014										
2013										
2012										
2011										
2 Total of line 1, column (d)							2			
3 Average distribution ratio for the							1 1			
the foundation has been in existe	ince if less than	5 years				' .	3			
Enter the net value of noncharita	ble-use assets f	or 2016 from Part X,	line 5				4	<del></del>		
Multiply line 4 by line 3 🔒 .							. 5			
							] ]			
Enter 1% of net investment Incor	ne (1% of Part i	, line 27b)			<b></b> .	. ,	6			
Add lines 5 and 6							. 7			
3 Enter qualifying distributions from	π Part XII, line 4	l					8			
If line 8 is equal to or greater tha	n line 7, check t	he box in Part VI, line	e 1b, and comp	lete that part usin	g a 1% ta	x rate.				
See the Part VI Instructions.										
323521 11-23-18								F	orm <b>990</b> -	PF (2016

	990-PF (2016) CARTER COMMUNITY FOUNDATION  14VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	81- 948-	11089 see in:	377 struc	tions	Page 4 S)
	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)					
b	Domestic (oundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1		-V-3 =-T-1-T-1-V		0.
	of Part I, line 27b					
C	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	├──			0.
3	Add lines 1 and 2	3	<del>                                     </del>			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	5	<del> </del>			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	3			and the	
6	1					
	2016 estimated tax payments and 2015 overpayment credited to 2016					
	Exempt foreign organizations - tax withheld at source  Tax paid with application for extension of time to file (Form 8868)  66  66					
	Backup withholding erroneously withheld 6d					
	Total credits and payments. Add lines 6a through 6d	7	Name and a second	220,240,2414	CONTRACTOR OF THE	0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
_	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	1			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
		11				
Pa	rtiVII:A: Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervel	ne in		<b>整</b>	Yes	No
	any political campaign?	· · · · · · · · · · · · · · · · · · ·		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	n)?	l	. 1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	hed or				
	distributed by the foundation in connection with the activities.					
Ç	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0	<u>.                                    </u>				
8	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
_	managers. ▶ \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	595g	X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	UI		3		X
40	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  Did the foundation have unrelated business gross income of \$1,000 or more during the year?  RECEN	/FI	, ,	4a		X
		. Pro 100 /	1/7A.5	4b	$\neg$	<del></del> -
	the state of the S		101	5		X
•	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T.	J. 9	#1 <u>9</u> 11			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		RS-			
	By language in the governing instrument, or     GOFN	117	<i>=</i> ` '			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state legislation.	te law	- 1		鑩	
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	v		7	X	
	•		ŀ			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	OK		i		糧	
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)		l			
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	estant.
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	lendar	j			
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	 Ome	<u> </u>	9	<del> </del>	X
10	Did any persons become substantial contributors during the tax year? II "Yes," attach a schedule listing their names and addresses	STM		10	X	(0045)
			Fon	m <b>990</b>	-r-(	(201b)

, 05			
•1		077	
	990-PF (2016) CARTER COMMUNITY FOUNDATON 81-1108	9//	Page 5
	DESTIFAS Otatements Regarding Activities (continued)	IV	es No
11	At any time during the year, did the foundation, directly or indirectly, our a controlled entity within the meaning of	'	63 140
"	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	x
12	section 512(b)(13)? If "Yes," attach schedule (see instructions)	-''-	<del></del>
12	If "Yes," attach statement (see instructions)	12	х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		x
	Website address ► N/A		
14	The books are in care of ▶ BRAD CARTER Telephone no. ▶ 405-94	7-77	00
	Located at ▶ 3105 S. MERIDIAN AVE, OKLAHOMA CITY, OK ZIP+4 ▶73	119	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in Ileu of Form 1041 - Check here	,	
	and enter the amount of tax-exempt interest received or accrued during the year	N/	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,	Y	es No
	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		
- 1	foreign country		
i.a.	ITEVII BA Statements Regarding Activities for Which Form 4720 May Be Required	Essential V	Zaal Na
	File Form 4720 if any Item is checked in the "Yes" column, unless an exception applies.		es No
18	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?		
	a disqualified person?  Yes X No  Symptomic formula disqualified person?  Yes X No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		
	(6) Transfer any Income or assets to a disqualified person (or make any of either available		
	for the benefit or use of a disqualified person)?		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		
	if the 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.) Yes X No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fall 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		
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 operating foundation		
	defined in section 4942(j)(3) or 4942(j)(5)):		
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? Yes X No		
	If "Yes," list the years   Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		
U	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		
	N/A	2b	Editor (Sections)
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
_	•		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		
	during the year?		
b	If "Yes," dld 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.)	3Ь	<del></del>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	######################################	
	had not been removed from jeopardy before the first day of the tax year beginning in 20162	4b	DE (0040)
		M 220-	PF (2016)
	2		
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Form 990-PF (2016) CARTER COMMUNITY FOUNDATO	ONNO		81-11089	77 Page 6
PartVII By Statements Regarding Activities for Which F	orm 4720 May Be Re	equired (continu	ued)	
<ul> <li>(3) Provide a grant to an individual for travel, study, or other similar purposes</li> <li>(4) Provide a grant to an organization other than a charitable, etc., organization</li> <li>4945(d)(4)(A)? (see instructions)</li> </ul>	r to carry on, directly or indirectly or ind	Ye	SEX NO SEX NO SEX NO	
<ul> <li>(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelly to children or animals?</li> <li>b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fall to qualify unit</li> </ul>		🗀 Ye	es X No	
section 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check h c if the answer is "Yes" to question 5a(4), does the foundation claim exemption for expenditure responsibility for the grant?	ctions)? ere			56
<ul> <li>If "Yes," attach the statement required by Regulations section 53.4945</li> <li>60 Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?</li> <li>b Did the foundation, during the year, pay premiums, directly or indirectly, on a page 16 "Yes" to 6b, file Form 8870.</li> </ul>	pay premiums on	Ye		6b X
7a At any time during the tax year, was the foundation a party to a prohibited tax s	halter transaction?		ur IXI No. 🎏	
b If Yes, did the foundation receive any proceeds or have any net income attributed in the foundation About Officers, Directors, Truster Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their officers.	table to the transaction? es, Foundation Man			7b
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
STANLEY F. CARTER	PRESIDENT	5,015.		
3105 S. MERIDIAN AVE				
OKLAHOMA CITY, OK 73119	0.50	0.	0.	0.
	VICE-PRESIDEN			
1305 S. MERIDIAN AVE	, <u> </u>			
OKLAHOMA CITY, OK 73119	0.50	0.	0.	0.
	SECRETARY/TRE			<u>··</u>
3105 S. MERIDIAN AVE	DECKBIAKI/IKB	ASORBR		
OKLAHOMA CITY, OK 73119	0.50	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, e	nter "NONE,"		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and delened compensation	(e) Expense account, other allowances
NONE		RE	CEIVE	
			/ <b>1 5</b> 2018	\$-08
		OG	DEN. U	T
			<u> </u>	

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

Form 990-PF (2016)

Form 990-PF (2016) CARTER COMMUNITY FOUNDATON	81-	<u> 1108977 </u>	Page 7
PartVIII Information About Officers, Directors, Trustees, Foundation Managers Paid Employees, and Contractors (continued)	s, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
والمناز والمنا	Type of service	(c) Com	pensation
NONE	7700 01 007 1700	(5) 50	portoditori
		1	
	·		
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>	0
PartiX=A Summary of Direct Charitable Activities	<del></del>	τ	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information sucnumber of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	h as the	Expenses	;
1 AID, COLLABORATE, AND RAISE AWARENESS WITH OTHER CHAR.	אַנאַמייז.		
INSTITUTIONS TO PROMOTE RESEARCH AND PROVIDE RELIEF A		1	
SUPPORT TO THOSE EFFECTED BY ALZHEIMER'S DISEASE.		53	8843.
2			
3	<del></del>	1	
		1	
4			
		]	
PartiX=B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	····	Amount	
1 N/A		•	
		1	
2			
		]	
All other program-related investments. See instructions.			
3		1	
		1	
		1	
		]	
		]	
Total, Add lines 1 through 3	<u> </u>	1	0.
F	550	Form 990-1	2 <b>5</b> (2016)
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CARTER COMMUNITY FOUNDATON 81-1108977 Form 990-PF (2016) Page 8 Partix Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see Instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities . . . . 12 Ο. 36850. 1b b Average of monthly cash balances c Fair market value of all other assets d Total (add lines 1a, b, and c) 10 36850. e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 36850. 3 Subtract line 2 from line 1d 553. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 36297. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 1815. Minimum investment return. Enter 5% of line 5 PartX Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 

and do not complete this part.) 1815. 1 Tax on Investment Income for 2016 from Part VI, line 5 Income tax for 2016. (This does not include the tax from Part VI.) 0. Add lines 2a and 2b 20 1815. Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 0. 1815. 5 Add lines 3 and 4 0. Deduction from distributable amount (see instructions) 6 1815. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 PartXIIs Qualifying Distributions (see Instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 16 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: 3а a Suitability test (prior IRS approval required) **b** Cash distribution test (attach the required schedule) 136914 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment Income. Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years. Form 990-PF (2016) IRS-OSC NOV 1 5 2018

Form 990-PF (2016)

CARTER COMMUNITY FOUNDATON

81-1108977

Page 9

PartixIII Undistributed Income (see Instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	( <b>d</b> ) 2016
1 Distributable amount for 2016 from Part XI,				/
line 7				1815.
2 Undistributed income, if any, as of the end of 2016			0	
a Enter amount for 2015 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 136914.				
a Applied to 2015, but not more than line 2a			/ 0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions) c Treated as distributions out of corpus		0.		Section 1
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				1815.
e Remaining amount distributed out of corpus	135099.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a).)				
6 Enter the net total of each column as				
indicated below:	135099.			
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	133033.	/		
b Prior years' undistributed income. Subtract line 4b from line 2b		/ o.		
c Enter the amount of prior years'		/		
undistributed income for which a notice of		/		
deficiency has been issued, or on which the section 4942(a) tax has been previously		/		
assessed		/ 0.		
d Subtract line 6c from line 6b. Taxable				
amount - see Instructions		/ 0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see Instr.			0.	
f Undistributed Income for 2016. Subtract				
fines 4d and 5 from line 1. This amount must be distributed in 2017				0.
7 Amounts treated as distributions out of	The state of the s			
corpus to satisfy requirements imposed by	/			
section 170(b)(1)(F) or 4942(g)(3) (Election	/			
may be required - see instructions)	/ 0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	/ 0.			
9 Excess distributions carryover to 2017.	1			
Subtract lines 7 and 8 from line 6a	135099.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
e Excess from 2014				
d Excess from 2015 e Excess from 2016 135099 •				
823591 11-23-16	Miles and Miles and Advantage of the Paris o			Form <b>990-PF</b> (2016)

	TER COMMUNITY			81-11	08977 Pa	ge 10
Part XIV Private Opera	ating Foundations (	see instructions and Part \	(II-A, question 9)	N/A		
1 a If the foundation has received	a ruling or determination let	er that it is a private operating	,			
foundation, and the ruling is e	ffective for 2016, enter the d	ate of the ruling	., ▶ 🗀			
b Check box to indicate whether			in section .	4942(j)(3) or 49	942(j)(5)	
2 a Enter the lesser of the adjusted			Prior 3 years		1	_
income from Part I or the min	/ 10040	(b) 2015	(c) 2014	(d) 2013	(e) Total	
investment return from Part X	<del></del>				,	
each year listed					1 1	
1.050(-11)0-	• •		· [		<del></del>	
o Qualifying distributions from F	Part VII			<del></del> -	<del></del>	
line 4 for each year listed			1		1	
d Amounts included in line 2c n						
used directly for active conduc		ď			ł	
	ł	<u> </u>	1			
exempt activities					<del> </del>	
e Qualifying distributions made	· I		1			
for active conduct of exempt a	1	1	}	1	}	
Subtract line 2d from line 2c .  3 Complete 3a, b, or c for the						
alternative test relied upon:			}			
a "Assets" alternative test - enter	: (			}	1	
(1) Value of all assets				<del></del>	<del>                                     </del>	
(2) Value of assets qualifying	L	<b>\</b>		i	•	
under section 4942(j)(3)(			<del>-</del>			
b "Endowment" alternative test - 2/3 of minimum investment re				<b> </b>		
shown in Part X, line 6 for each		j		j	]	
listed	· · · <u> </u>					<del></del> ,
c "Support" alternative test - ent	er:	}		1 1 RF(	CEIVED	- 1
(1) Total support other than (	pross			· · · · · · · · · · · · · · · · · · ·	7-17-	10
investment income (inter- dividends, rents, paymen				44 NO A		3S-0SC
securities loans (section	is on	· · · ·	1	1 7 NOA	<b>1 5</b> 2018	191
512(a)(5)), or royalties)						图
(2) Support from general put	olic	İ		OCE	ENLIT	, [
and 5 or more exempt organizations as provided	l in	1			EIV, UI	1
section 4942(j)(3)(B)(III)	'"' . <u> </u>					
(3) Largest amount of suppo	rt from					
an exempt organization						
(4) Gross investment income						
Part XV Supplementa			if the foundation	n had \$5,000 or moi	re in assets	
at any time d	uring the year-see	nstructions.)				
1 Information Regarding Fo	oundation Managers:					
a List any managers of the foun		more than 2% of the total co	ntributions received by t	he foundation before the clos	e of any tax	
year (but only if they have cor	ntributed more than \$5,000).	(See section 507(d)(2).)				
STANLEY F. CARTE	IR .					
b List any managers of the foun	dation who own 10% or mor	e of the stock of a corporation	(or an equally large por	rtion of the ownership of a pa	irtnership or	_
other entity) of which the four			,			
NONE						
2 Information Regarding C	ontribution, Grant, Gift.	.oan, Scholarship, etc., i	Programs:			_
Check here ► X if the for				s not accept unsplicited requ	ests for funds. If	
the foundation makes gifts, gr	ants, etc. (see instructions) t	o individuals or organizations	under other conditions,	complete items 2a, b, c, and	d.	
a The name, address, and telepi						
a The harrier and out, and to op-	iono nomos di o mandodio					
b The form in which application	s should be submitted and in	formation and materials they	should include:			
а тыстопин инжиси аррисации	o ongoin ye submilligu amu III	ormation and materials tricy	STITUTE THE STATE OF			
c Any submission deadlines:						
v mily additionally designings.						
d Any restrictions or limitations	on awards such as by acco	anhinal areas charitable field	s kinds of institutions of	or other factors:		—
a with restrictions of intiligations	un amaius, such as by geog	בייייים פו פפיי נוומו ונפטוט ווכנע	a <sub>l</sub> mila di manusula, t	A GUIGI IQUIGIS.		
823601 11-23-18					Form 990-PF (2	20161
		10			(6	.2.01

623611 11-23-16 \*\* SEE PURPOSE OF GRANT CONTINUATIONS

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Total

**▶** 3b

Form 990-PF (2016)

Form 990-PF (2016) CARTER COMMUNITY FOUNDATON

81-1108977 Page 12

r gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
	(a)	(b)	(C)	(d)	Related or exempt
Program service revenue:	Business code	Amount	sion code	Amount	function income
			<del>                                     </del>		
			<del>                                     </del>		
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··-··	ļ		<b>⊹</b> —		
Fees and contracts from government agencies	ļ		<del> </del>	 	
embership dues and assessments			<u> </u>		
terest on savings and temporary cash	1				
vestments , ,			<u> </u>	<u></u>	
vidends and interest from securities			<u> </u>		
t rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property trental income or (loss) from personal	<b></b>	<u> </u>	<del> </del>		
• • •				i e	
operty			┼		050/50
her Investment income			-	I——I—RE	CEIVED
in or (loss) from sales of assets other	1		-	l l <del></del>	
an inventory	<u> </u>		<u> </u>	5	
t Income or (loss) from special events			01	4 NO.	V 15 ZU18
oss profit or (loss) from sales of inventory				Ш	
ner revenue:					SENI LIT
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	<b></b>	<del></del>	<del>                                     </del>		
			+	····	
	ļ		+	<del> </del>	
		0	2564	0	
ibtotal. Add columns (b), (d), and (e)		0.			
ubtotal. Add columns (b), (d), and (e)				13	
ubtotal. Add columns (b), (d), and (e)	o the Acco	emplishment of Ex	empt	Purposes	
biolal. Add columns (b), (d), and (e)	o the Acco	emplishment of Ex	empt	Purposes	
biolal. Add columns (b), (d), and (e)	o the Acco	emplishment of Ex	empt	Purposes	
al. Add columns (b), (d), and (e)	o the Acco	emplishment of Ex	empt	Purposes	
al. Add columns (b), (d), and (e)	o the Acco	emplishment of Ex	empt	Purposes	
bitotal. Add columns (b), (d), and (e)	o the Acco	emplishment of Ex	empt	Purposes	

orm 990-PF (2	016) CARTE	R COMMUNI							T108		Pa	ge 13
Part XVIII	Information Re Exempt Organi		sfers To a	nd Transactions a	and R	lelations	nips Witi	1 Non	charit	abie		
1 Did the or	ganization directly or indir	ectiv engage in any	at the followin	g with any other organizati	ion desi	cribed in sect	ion 501(c) o	ıt .			Yes	No
	other than section 501(c)						` '					
	from the reporting founds											
(1) Cash				,						1a(1)		X
	assets							•••	-, .	1a(2)		X
b Other tran							•••	••••			700	
	of assets to a nonchantal	hle evamnt oreanizat	tion							1b(1)	ELECTRICAL PROPERTY.	X
	iases of assets from a nor				•			• ••••		16(2)		X
, , ,		•	-		•	• • • •	• • • • • • • • • • • • • • • • • • • •	••••	• •	1b(3)	-	X
	of facilities, equipment,										-	X
- •	bursement arrangements		• • • •					••••		1b(4)	<del> </del>	
	s or loan guarantees									15(5)		X
(6) Perfo	rmance of services or me	mbership or fundrals	sing solicitatio	ns						1b(6)		X
	f facilities, equipment, ma									1 <u>c</u>		X
	ver to any of the above is		-	• •							sets,	
	s given by the reporting to			ed less than fair market val	lue in ar	ry transaction	or sharing	arranger	ment, sho	ni w		
	) the value of the goods,			· · · · · · · · · · · · · · · · · · ·								
a)Line no	(b) Amount involved	(c) Name o	f noncharitable	exempt organization		(d) Descriptio	n of transfers,	tensactio	na, and shi	wing em	angemen	ls
		<u> </u>	N/A									
					l							
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	······································											
	ndation directly or indirect	-			nizatlon	s described				—— - بر		7
	501(a) of the Code (other		)(3)) ar in sect	ION 5277		••			ا	_ Yes	LA	No
b It Yes, co	omplete the following scho			At Toront annualization			(a) Dansala	llan af r	- lati			
	(a) Name of org	janization		(b) Type of organization	4		(c) Descrip	tion of re	lationsni	<u>p</u>		
	N/A								·			
					<b>_</b>							
				<u> </u>								
1 44	penalties of perjury, I declare to								May	he IRS	discuss t	his
Sign		prete decidamien or pre	shore forms nien	and an internal	L.			.ugo			e prepare (see insi	
Here	HAU W	ws		11/5/18	_ 2	PRESI	DENT		_ 🔀	Yes	, [	] No
Sign	nature of officer or trustee	1		Date		Title						
<u>I.</u>	Print/Type preparer's na	ime	Preparet & s	lemature /	Date		Check [		PTIN			
			1/K	11 4.	1,	ا مد سر	selt- empl	oyed				
Paid	JAMES S. D	ENTON		Hite	11/-	15-18			P00	971	378	
Preparer	Firm's name ► ARL		SØCIATI	ES/P.C.		<u>-</u> 1	Firm's El	N ▶ 7				
Use Only	1 11 11 2 11 G(110 - 22.04)		7	/			""" " "					
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	I ED	MOND, OK	73034				Phone no	), 4U				/00 ±0°
									For	m 99	0-PF	(2016)

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

Department of the Treasury Internal Revenue Service

## **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

Name of the organization

Employer Identification number

	CARTER COMMUNITY FOUNDATON	81-1108977
Organization type (chec	ck one):	
Filers of:	Section:	
Form 990 or 990:EZ	501(c)( ) (enter number) organization	•
	4947(a)(1) nonexempt chantable trust not treated as a private foundation	
	527 political organization	RECEIVED
Form 990-PF	X 501(c)(3) exempt private foundation	NOV 1 5 2018
	4947(a)(1) nonexempt charitable trust treated as a private foundation	m 100 1 3 2010
	501(c)(3) taxable private foundation	L OGDEN, UT
General Rule  X For an organiza	I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special street of the second street of the second street of the second s	aling \$5,000 or more (in money or
property) from a	any one contributor. Complete Parts I and II. See instructions for determining a contribu	itor's total contributions.
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 outor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the ar -EZ, line 1. Complete Parts I and II.	6a, or 16b, and that received from
year, total cont	ution described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received fr ributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or e of cruelty to children or animals. Complete Parts I, II, and III.	
year, contributi Is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totale er here the total contributions that were received during the year for an exclusively religions and exclusively religions and the parts unless the General Rule applies to this organization becaus able, etc., contributions totaling \$5,000 or more during the year	rd more than \$1,000. If this box gious, charitable, etc., se it received <i>nonexclusively</i>
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on let the filling requirements of Schedule B (Form 990, 990-EZ, or 990 PF).	
LHA For Paperwork R	eduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. School	dule B (Form 990, 990-EZ, or 990-PF) (2016)

823451 10-18-18

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

Name of organization

Ē

OSC

Page 2 Employer identification number

CARTE	R COMMUNITY FOUNDATON ()(31)1-\\	$\perp \downarrow \downarrow$			81	<u>-1108977</u>
Parti	Contributors (See instructions). Use duplicate copies of Part I if additiona	space	is need	ed.		
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions		(d) Type of contribution	
1	STAN AND CINDY CARTER  14500 GAILLARDIA LN  OKLAHOMA CITY, OK 73142	<b>s</b>		61	75.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4			(c) entribution	15	(d) Type of contribution
2	MCKESSON  803 S MULBERRY  SPRINGFIELD, MO 65809	<b>\$</b>		90	00.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	1		(c) intribution	ıs	(d) Type of contribution
3	ARLEDGE AND ASSOCIATES  309 NORTH BRYANT AVE  EDMOND, OK 73034	\$	<u></u>	901	00.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	1		(c) intribution	ıs	(d) Type of contribution
4	OKLAHOMA HOMECARE  3105 S MERIDIAN AVE  OKLAHOMA CITY, OK 73119	\$		5384	43.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	1	Total co	(c) intribution	18	(d) Type of contribution
		\$ <u></u>				Person Payroli Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	,		(c) ntribution	15	(d) Type of contribution
623452 10-16		\$		Schadula A	(Form	Person Payroli Complete Part II for noncash contributions.)

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Schedule B Name of orga	(Form 990, 990-EZ, or 990-PF) (2016)	SO	Page 3 yer identification number
-	[2] NOV 10	141	
	COMMUNITY FOUNDATON	N. UT	L-1108977
PartII	Noncash Property (See instructions). Use duplicate copies of Part IFI	additional space 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 nancash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
823453 10-18-	118	Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

	m 990, 990-EZ, or 990-PF) (2016)		Page			
Name of organizat	lion		Employer identification number			
CARTER C	OMMUNITY FOUNDATON		81-1108977			
STATE OF THE PARTY	ne vaar from any one contributor. Complete c	niumns (a) through (e) and the following	ection 501(c)(7), (8), or (10) that total more than \$1,000 for g line entry. For organizations			
c L	ompleting Part III, enter the total of exclusively religious, Ise duplicate copies of Part III if additiona	chantable, etc., contributions of \$1,000 or less I space is needed.	for the year. (Enter this info once) 5			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Rescription of how girt is held			
Part I	(b) Fulpose of glit	(c) use or girt				
			-   -			
		(a) Tenneton of ailt	OGDEN, UT			
		(e) Transfer of gift	L OGDLIN, CI			
ļ	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(2) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
<b></b>	Transferee's name, address, an	<u>a 21P + 4</u>	Relationship of transferor to transferee			
-	<del> </del>					
(a) No. from	# D = 4 - 14	1-111	All Bassalation of how office hald			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
<u> </u>	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
—						
	•					
(a) No			<del></del>			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			_			
-		<del></del>				
<del>                                     </del>	(e) Transfer of gift					
	Tunnalous als many services	al 710 . 4	Pointienphip of transferous to transferon			
<del> </del>	Transferee's name, address, an	0 LIP + 4	Relationship of transferor to transferee			
623454 10-18-16			Schedule B (Form 990, 990-EZ, or 990-PF) (2016			
01-01-01 10-10-10		10				

CB -35000 - 8	CARTER COMMUNITY FOR	JNDATON	81-1108977
	plementary Information		
3a Grants and Co	entributions Paid During the Year Continuation of Purpos	se of Grant or Contribution	
NAME OF RE	CIPIENT - ALZHEIMER'S ASSOCIAT	NOI	
TO PROVIDE	SUPPORT TO THE ORGANIZATION T	O PROMOTE RESEARCE	AND PROVIDE
	OTHER MEANS OF SUPPORT TO THO	JSE EFFECIED BI ALL	THE S
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623655 04-01-16

81-1108977

FORM 990-PF	OTHER E	XPENSES	STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FUNDRAISING EXPENSES BANK CHARGES	53843. 71.	0.	0.	53843. 71.	
TO FORM 990-PF, PG 1, LN 23	53914.	0.	0.	53914.	

	S SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 2
NAME OF CONTRIBUTOR	ADDRESS	RECEIVED
STAN AND CINDY CARTER	14500 GAILLARDIA LN OKLAHOMA CITY, OK 73142	- 1 122
DAVID FRAYER	11315 WATERS WELLING WAY EDMOND, OK 73013	\
MCKESSON	803 S MULBERRY SPRINGFIELD, MO 65809	
ARLEDGE AND ASSOCIATES	309 NORTH BRYANT AVE EDMOND, OK 73034	
OKLAHOMA HOMECARE	3105 S MERIDIAN AVE OKLAHOMA CITY, OK 73119	