Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052 2016

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

ZU16

Form **990-PF** (2016)

For	calon	dar year 2016 or tax year beginning November					00
		dar year 2016 or tax year beginning Novembundation Novembundation	per 2 , 2010	6, and e		September 30 r identification number	, 20 17
					A Limpioye		
	BEN F. AND KAREN BAKER CHARITABLE FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite					<u>81-4316062</u>	
Nu	mber am	d street (or P.O. box number if main is not delivered to street address)	/suite	B releption	ie number (see instructi	ons)	
). Box 2					918-745-0417	·
City	y or towi	n, state or province, country, and ZIP or foreign postal code			C If exempt	ion application is pendi	ng, check here ▶ 🔲
		e, OK 74005					1
G	Check	t t t	n of a former public	charity	D 1. Foreign	n organizations, check l	nere ▶ 🗌
		☐ Final return ☐ Amended	return		2 Foreign	n organizations meeting	the 85% test
		✓ Address change		,		here and attach compu	
Н	Check	type of organization: Section 501(c)(3) exempt p	rivate foundation	OU		foundation status was	
	Sectio	n 4947(a)(1) nonexempt charitable trust	kable private found	dation/	Section 5	07(b)(1)(A), check here	▶⊔
ī	Fair m	arket value of all assets at J Accounting method	l: 🗸 Cash 🔲 A	ccrual	F If the fou	ndation is in a 60-monti	tormination
	end of	year (from Part II, col. (c),				ction 507(b)(1)(B), check	
	line 16		on cash basis.)				_
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment icome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	books	"'	ioonie	illoome	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)		,		THE STATE OF THE S	* * *
	2	Check ► ☐ If the foundation is not required to attach Sch. B		,,	2082 S . ASS	All	
	3	Interest on savings and temporary cash investments	27.71	· ·	27.71	27.71	10 X 200
	4	Dividends and interest from securities	5,240.00		5,240.00		
	5a	Gross rents	5,240.00		3,240.00	5,240.00	1 A A A A A A A A A A A A A A A A A A A
	b	Net rental income or (loss)					, 194
a)	6a	Net gain or (loss) from sale of assets not on line 10	74.7	3.	v	<i>d</i> ,	****
ž	b	Gross sales price for all assets on line 6a	,	26 J a		100 100 100 100 100 100 100 100 100 100	
ē	7	Capital gain net income (from Part IV, line 2)	^ , 2 _k g , ***^	\\ \\ , √ ,	y" v , "255%		
Revenue	8		, N	<u> </u>		,	
_	9	Net short-term capital gain	2 8 8 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>		0.00	
	•	Income modifications					**************************************
	10a		50 (4) 7) 7 (4) 7 (4) 1	*			3 X X X X
	b	Less: Cost of goods sold				·* > % %	* * * * * * * * * * * * * * * * * * * *
	C 11	Gross profit or (loss) (attach schedule)			\$ 1 m		2 2 2 2
	12	Other income (attach schedule)					2 34.20°
	13	Total. Add lines 1 through 11	5,267.71	 	5,267.71	5,267 71	
es	14	Other employee salaries and wages					
enses	15						
		Pension plans, employee benefits CEIVED Legal fees (attach schedule) RECEIVED					
Ж	16a		-				
é	b	Accounting fees (attached hedule) Other professional fees tached lee 2017.		ļ		 	
ați,	17						
Operating and Administrative Exp	17				*=		
Ĕ	18	Taxes (attach schedule) (see instructions N. UT	850.00		850.00	850.00	850.00
Ξ	19	Depreciation (attach schedule) and depletion					
Ad	20	Occupancy					
ק	21	Travel, conferences, and meetings		 			
ā	22	Printing and publications					
ing	23	Total operating and administrative expenses.		1		 	
ati	~~	Add lines 13 through 23	1			t	
ĕ	05		850.00		850.00	 	
ŏ	25	Contributions, gifts, grants paid	1,000.00		#75h	<i>₹37 1₈₁1.</i> 3	1,000.00
	26	Total expenses and disbursements. Add lines 24 and 25	1,850.00	ļ	850.00	850.00	1,850.00
	27	Subtract line 26 from line 12:	The Fig. 5	ļ. · · ·			
	a	Excess of revenue over expenses and disbursements	3,417.71	¥,3	<u>, , , , , , , , , , , , , , , , , , , </u>		
	b	Net investment income (if negative, enter -0-) .	. ************************************	<u> </u>	4,417.71		*********
	C	Adjusted net income (if negative, enter -0-)	· · · · · · · · · · · · · · · · · · ·	j j		4,417,71	1. 18 1. 1. 18 1.

Part II		Ralance Shoots Attached schedules and amounts in the description column	Beginning of year		End of year	
Ге		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	•	(c) Fair Market Value
3	1	Cash-non-interest-bearing				
	2	Savings and temporary cash investments		251,49	0.69	251,490.69
	3	Accounts receivable ▶				, 7
		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				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less: allowance for doubtful accounts ▶				
ts	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)		192,01	7.00	191,596.00
	С	Investments—corporate bonds (attach schedule)			7.00	10 1/00 5100
	11	Investments—land, buildings, and equipment: basis ▶	•			WALL STORY
		Less: accumulated depreciation (attach schedule) ▶	(and it control of a sec to him so all).	anne a halk avanter – persontte artere erene	·	mainte million de la companya de la
	12	Investments—mortgage loans		-		···
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment basis ▶			for 2 %	A Constant Constant
		Less: accumulated depreciation (attach schedule) ▶	na a recention of the contribution of the cont	to, made control deletions that the con-	3 4363	4 o 4 Opposition/State of the State of t
	15	Other assets (describe ►)				
	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item l)	0.00	443,50	17 69	443,086.69
	17	Accounts payable and accrued expenses	0.00	,		
	18	Grants payable				
Liabilities	19	Deferred revenue		-		
≣	20	Loans from officers, directors, trustees, and other disqualified persons				
jab	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ►)				
	23	Total liabilities (add lines 17 through 22)	0.00			
		Foundations that follow SFAS 117, check here ▶ □				443,086.69
alances		and complete lines 24 through 26 and lines 30 and 31.				
Ĕ	24	Unrestricted				
a	25	Temporarily restricted				
8	26	Permanently restricted				
Ĕ		Foundations that do not follow SFAS 117, check here ▶ □				
or Fund B		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds	0 00	440,5	17.00	
ts	28	Paid-in or capital surplus, or land, bldg., and equipment fund		,		
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds				
Ž	30	Total net assets or fund balances (see instructions)		443	\$7.6	h
<u>let</u>	31	Total liabilities and net assets/fund balances (see		. , ,,,,,	1.0	
~		instructions)	0.00	443,50	07.69	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances				· · · · · · · · · · · · · · · · · · ·
		al net assets or fund balances at beginning of year-Part II, colu	ımn (a), line 30 (mus	t agree with		
		of-year figure reported on prior year's return)			1	0.00
2	Ente	er amount from Part I, line 27a			2	3,417.71
3		er increases not included in line 2 (itemize)			3	440,089.98
4	Add	lines 1, 2, and 3	· · · · · · · ·		4	443,507.69
5					5	0.00
6	Tota	reases not included in line 2 (itemize) >	Part II, column (b), li	ne 30	6	443,507.69

Part	V. Capital Gains and	Losses for Tax on Investm	nent Income			i age O
3		kind(s) of property sold (e.g., real estate e, or common stock, 200 shs MLC Co		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
_1a	2000 Home Depot			D	Nov. 2, 2016	Nov. 8, 2016
<u> </u>						
<u>c</u>						
<u>d</u> e	 				<u></u>	-
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	,-,	other basis nse of sale	, ,	In or (loss) (f) minus (g)
a	248,071.67			248,500.00		(428.33)
<u> </u>						
<u>c</u>		, , <u></u>				
<u>u</u>						
<u></u>	Complete only for assets show	ving gain in column (h) and owned	by the foundation	on 12/31/69	(I) Gains (Co	ol (h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any	col (k), but no	ot less than -0-) or from col (h))
a						
b		7				
<u>c</u>						
d						
<u>e</u>			l also enter in Pa	rt I. line 7		
2	Capital gain net income or	(net capital loss) { If (loss)	, enter -0- in Par	rt I, line 7	2	(428.33)
3		or (loss) as defined in sections , line 8, column (c) (see instruc				4422.20
Part		er Section 4940(e) for Redu	iced Tay on N	let Investment	l locome	(428.33)
(For o		rate foundations subject to the				
If sec	tion 4940(d)(2) applies, leave	this part blank.				
Was t	he foundation liable for the s	ection 4942 tax on the distribu qualify under section 4940(e). D			base period?	☐ Yes ☐ No
1		unt in each column for each ye			aking any entries.	
	(a)	(b)		(c)		(d)
Cal	Base period years endar year (or tax year beginning in)	Adjusted qualifying distribution	s Net value o	f noncharitable-use a		stribution ratio divided by col (c))
	2015					
	2014					
	2013					
	2012 2011				-	
	2011	<u> </u>			- - - - - - - - - - 	
2	Total of line 1, column (d)				. 2	0.00
3		or the 5-year base period-div				<u></u>
	number of years the found	ation has been in existence if le	ess than 5 years		. 3	0.00
4	Enter the net value of nonc	charitable-use assets for 2016 f	from Part X, line	5	. 4	
5	Multiply line 4 by line 3				. 5	
						1,
6		it income (1% of Part I, line 27b				
7	Add lines 5 and 6				. 7	
8		ns from Part XII, line 4 ter than line 7, check the box i				1% tax rate. See the
	Part VI instructions.	io. s.a iiio i, ollook tilo box i	,	-, a complete	part comy a	

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	nstruction	ns)			
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)					
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check					
	here ▶ ☐ and enter 1% of Part I, line 27b	· /	- 1			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	. :2	' i			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	88	35			
3	Add lines 1 and 2	88	35			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	0	00			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	88	35			
6	Credits/Payments:		**************************************			
	2016 estimated tax payments and 2015 overpayment credited to 2016 6a					
b	Exempt foreign organizations—tax withheld at source 6b		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
C	Tax paid with application for extension of time to file (Form 8868) . 6c 6c		8 7 61			
_d	Backup withholding erroneously withheld	, , , , , , , , , , , , , , , , , , ,	2			
7	Total credits and payments. Add lines 6a through 6d	0	00			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	0	00			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	88	35			
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ► 10 Enter the amount of line 10 to be: Credited to 2017 estimated tax ► Refunded ► 11	0	00			
Part \		0	00			
		. ∄.ã Yes	No			
	participate or intervene in any political campaign?	1a	7			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	10				
_	Instructions for the definition)?	1b	/			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	398	, `%;			
	published or distributed by the foundation in connection with the activities.		1			
С	Did the foundation file Form 1120-POL for this year?	1c	1			
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	:43%				
	(1) On the foundation. ► \$ 0.00 (2) On foundation managers. ► \$ 0.00		\$ A			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers. > \$ 0.00		1			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	1			
	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		4.1			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	/			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	1			
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b NA	\			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	√			
	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:		3.8			
	By language in the governing instrument, or By state to include the formula area of the governing instrument on that are mondatory dispations that		138			
	• 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?		. sz			
-		6 /	 			
7 8a	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7 /	3.5			
od	Enter the states to which the foundation reports or with which it is registered (see instructions) ► Oklahoma	[]				
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		,,			
U	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b 🗸	1			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	OD Y	1:			
3	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"	T -2-4	. A.Z.			
	complete Part XIV	9	1			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	- - - - - - - - - - 	† -			
	names and addresses	10 /				

Pali	VIFA Statements Regarding Activities (continued)			
†1	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		√
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	<u> </u>
	Website address ► NA			
14		8-745-	0417	•••••
15	Located at ► Bartlesville, OK ZIP+4 ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	7400	5	····-
15	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		٠	▶ ⊔
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	J# 74	√
	the foreign country			gillen i 1
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			··
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	W.	Yes	No
1a	During the year did the foundation (either directly or indirectly):	(3)	š.,	800
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No No No	, , , , , , , , , , , , , , , , , , ,		\$
	disqualified person?			3
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No	197	1 2 3	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes . 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)?	20 1 S		
	(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 📝 No	1		· 27
þ	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	ΝA	AT T
	Organizations relying on a current notice regarding disaster assistance check here	10	117	- (C)
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	\$75.18		. , , , ,
	were not corrected before the first day of the tax year beginning in 2016?	1c		1
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?			1 1
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	TO THE STATE OF TH		.48
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	"	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		A	·.
_	▶ 20 , 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?	25%	\$	3
L			,	32
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	7.7	,	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	ini		
_	foundation had excess business holdings in 2016.)	3b	NA	4
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a	1	1
J	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	1	d	1

Part	VIII Statements Regarding Activities	for W	hich Form	4720 N	∕lay Be R	equire	d (contin	ued)			
5a	During the year did the foundation pay or incur ar			, .							-
	 Carry on propaganda, or otherwise attempt to Influence the outcome of any specific public directly or indirectly, any voter registration dri 	election		on 4956	5); or to ca	rry on,	_	☑ No			T.C.
	(3) Provide a grant to an individual for travel, stud						_	☑ No ☑ No			,
	(4) Provide a grant to an organization other than section 4945(d)(4)(A)? (see instructions)	a char	itable, etc., d	organiza	ation descr	ıbed ın		☑ No			.; ;,
	(5) Provide for any purpose other than religious, purposes, or for the prevention of cruelty to c	charita	able, scientifi	c, litera	ry, or educ	ational		✓ No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice in						ons descri	bed in	5b	NA	
С	Organizations relying on a current notice regarding the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility	ne four	dation claim	exemp	tion from	the tax		► □ □ No		. Z	-
6a	If "Yes," attach the statement required by Regula Did the foundation, during the year, receive any ton a personal benefit contract?	íunds, (directly or inc	directly,	to pay pre	miums	Yes	√ No			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870.					benefit		_	6b	√	_
	At any time during the tax year, was the foundation a if "Yes," did the foundation receive any proceeds						Yes			NIA >	1
	VIII Information About Officers, Direct								7b mploy	ees.	-
	and Contractors		•								_
1	List all officers, directors, trustees, foundation					`					
	(a) Name and address	hour	e, and average rs per week ed to position	` (If n	npensation ot paid, ter -0-)	emplo	Contributions yee benefit parried compensation	plans	(e) Expe	nse account allowances	
	K. Baker	1.00			0.00			0.00			
Barties Ben F.	ville, OK Baker	1.00			0.00			0.00		0.0	0
		2.00			0.00			0.00		0.0	<u> 00</u>
											_
2	Compensation of five highest-paid employee "NONE."	s (oth	er than tho	se inclu	uded on li	ne 1—:	see instr	uction	s). If n	one, ente	∍r
ı	a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to p	veek -	(c) Compe		(d) Contribution (d) Co	benefit Jeferred		ense accoun allowances	١,
None											
					<u> </u>				<u></u>		_
Total	number of other employees paid over \$50,000		l								

Part VIII		nployees,
3 Fiv	and Contractors (continued) re highest-paid independent contractors for professional services (see instructions). If none, enter "NON	F"
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
		1
etal aug	show of others recogning ever CEO 000 for professional convers	
otal nun	ber of others receiving over \$50,000 for professional services	<u> </u>
Part IX-	A Summary of Direct Charitable Activities	
	oundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ions and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
2		
3		
4		
		
Part IX-	B Summary of Program-Related Investments (see instructions)	
Describe	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2		
	program-related investments. See instructions	
3		
otal. Add	d lines 1 through 3	
		5 990-PE (201

Part	see instructions.)	gn touna	ations,
`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	175,595.00
b	Average of monthly cash balances	1b	250,294.00
С	Fair market value of all other assets (see instructions)	1c	0.00
d	Total (add lines 1a, b, and c)	1d	425,889.00
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	0.00
3	Subtract line 2 from line 1d	3	425,889.00
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	6,388.00
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	419,501.00
6	Minimum investment return. Enter 5% of line 5	6	20,975.00
Part		oundation	าร
1	Minimum investment return from Part X, line 6	1	20,975.00
2a	Tax on investment income for 2016 from Part VI, line 5		20,373.00
b	Income tax for 2016. (This does not include the tax from Part VI.) 2b	1	
C	Add lines 2a and 2b	2c	88.35
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	20,886.65
4	Recoveries of amounts treated as qualifying distributions	4	20,880.03
5	Add lines 3 and 4	5	20,886.65
6	Deduction from distributable amount (see instructions)	6	20,880.03
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	20,886.65
		! ' 	20,880.03
Pari	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	1,000.00
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:	الله المناشر	
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	1,000.00
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	1,000.00
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	ng whether	the foundation

Part	XIII Undistributed Income (see instruction	ons)			
ή	Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
	line 7				20,886.65
2	Undistributed income, if any, as of the end of 2016.				
а	Enter amount for 2015 only				
b	Total for prior years: 20 ,20 ,20				
3	Excess distributions carryover, if any, to 2016:				
а	From 2011				
b	From 2012				
С	From 2013				1
d	From 2014				
е	From 2015]			
f	Total of lines 3a through e	0.00			
4	Qualifying distributions for 2016 from Part XII,				
	line 4: ► \$ 1,000.00				
а	Applied to 2015, but not more than line 2a .			0.00	,
b	Applied to undistributed income of prior years			2/20/24 1/2	G - 98
	(Election required—see instructions)	of the transfer of the second of the	0.00	4 * * ; ;	
C	Treated as distributions out of corpus (Election			·	£13%
	required—see instructions)	0.00			** ** ** ** ** ** ** ** ** ** ** ** **
d	Applied to 2016 distributable amount	,	، ئىر «-ئارى» ،		1,000.00
е	Remaining amount distributed out of corpus			And	
5	Excess distributions carryover applied to 2016		** ,		
	(If an amount appears in column (d), the same	-	1 / 1 de 3 %	* 1 No. 77 (1 No. 1	\$ 1 M. S. M. S.
	amount must be shown in column (a).)	The second will be seen		* *** ,	
6	Enter the net total of each column as			, , ,	
	indicated below:			, * · · .	
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5			* * * * *	A Section 1
b	Prior years' undistributed income. Subtract line 4b from line 2b	* * * * * * * * * * * * * * * * * * *			
С	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				
d	Subtract line 6c from line 6b. Taxable			7	
۰	amount—see instructions				
е	4a from line 2a. Taxable amount—see	在金融之间。 对流。			
	Instructions		,		
f	Undistributed income for 2016. Subtract lines	~ \$'\$	3 - A - A - A - A - A - A - A - A - A -		******
•	4d and 5 from line 1. This amount must be	A STATE OF STATE OF			
	distributed in 2017	da			19,886.65
7	Amounts treated as distributions out of corpus		7	2***	
·	to satisfy requirements imposed by section			3 th 1 th	
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2011 not				
	applied on line 5 or line 7 (see instructions).		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	
9	Excess distributions carryover to 2017.		*/ ******		_38, 25 38
-	Subtract lines 7 and 8 from line 6a		***		
10	Analysis of line 9:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1
a	Excess from 2012		***		
b	Excess from 2013	, "w-7,, " ,		3.3	* * * * * * * * * * * * * * * * * * * *
c	Excess from 2014	4.8	1		
d	Excess from 2015		* (* *		, , ,
e	Excess from 2016				* · ·

Form 99	0-PF (2016)					Page 10
Part	XIV Private Operating Founda	tions (see instru	ctions and Parl	t VII-A, question 9	9)	
ุ1a `	If the foundation has received a ruling foundation, and the ruling is effective for					
b	Check box to indicate whether the four		•		ection [7] 4942(i)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	Toporating rounds	Prior 3 years	/ / / / / /	T +0+2()(0)
La	income from Part I or the minimum investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
h	each year listed				/	
	85% of line 2a				/	
·	line 4 for each year listed				/	
a	-			 		
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					
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	/	ľ			
	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	/			 	
Part	(4) Gross investment income XV Supplementary Information	n (Complete th	io nort only if	the foundation b	nad \$5 000 or m	ore in essets at
	any time during the year-	-see instructio				
1	Information Regarding Foundation	_				
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	only if they have co	ontributed more i	man \$5,000). (See s	section 507(a)(2).)	
Ben F.	Baker and Karen K. Baker					
b	List any managers of the foundation			•		arge portion of the
None	ownership of a partnership or other e	ntity) of which the	toundation has a	a 10% or greater int	terest.	
2	Information Regarding Contribution	n. Grant. Gift. Loa	n. Scholarship.	etc Programs:		
_	Check here ▶ ✓ if the foundation unsolicited requests for funds. If the tother conditions, complete items 2a,	only makes cont foundation makes	ributions to pres	selected charitable		
а	The name, address, and telephone nu	umber or e-mail ac	ddress of the per	son to whom applic	cations should be	addressed:
b	The form in which applications should	d be submitted an	d information and	d materials they sho	ould include:	
С	Any submission deadlines:		· ·			
d	Any restrictions or limitations on av factors:	wards, such as b	y geographical	areas, charitable f	ields, kınds of in	stitutions, or othe

Par 3	Supplementary Information (con	ntinued)	- d &	D	- 490 11
 _	Grants and Contributions Paid During	the Year or Approv	ed for Ful	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	000	
а	Paid during the year				
St. Jo	hn School, Bartlesville, OK			Educational	1,000.00
			:		
			!		
	Total				3a 1,000.00
b	Approved for future payment				
					

Part X	VI-A Analysis of Income-Producing Ac	ctivities				
Enter gro	oss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	ion 512, 513, or 514	(0)
` 1 Pro	ogram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
а		-				
b						
С						
d						-
е						
f						
g	Fees and contracts from government agencies					
2 Me	mbership dues and assessments					
3 Inte	erest on savings and temporary cash investments					
4 Div	idends and interest from securities					
5 Ne	t rental income or (loss) from real estate:	GALLANIA	Cate Sec. 15	este Wasi	de Morrato.	Control March Sign
а	Debt-financed property					
	Not debt-financed property					
	t rental income or (loss) from personal property					
	ner investment income					
	n or (loss) from sales of assets other than inventory					
	t income or (loss) from special events			ļ		
	oss profit or (loss) from sales of inventory					
11 Oth	ner revenue: a			ļ		
b						
C						
d						
е		30 A 2 X 800 Z X				
12 Sul	btotal. Add columns (b), (d), and (e)				10	
	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculation				. 13	
Part X		•	ent of Evemo	t Purnoses		
Line No			 	•	I A contributed i	maartantly to the
▼	Explain below how each activity for which accomplishment of the foundation's exempt put	rposes (other tha	n by providing fur	ids for such purp	oses) (See instru	ctions)
				·		• • • • • • • • • • • • • • • • • • • •
		···				
		,,				
						-
		<u>-</u>				
					·	
	-					
-						

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of: 1	Part	ΧΛΙΙ		n Regarding Tranganizations	sfers To and	Fransactio	ons and R	elationship	ps With N	onchar	itable	
(1) Cash (2) Other assets (3) Other assets (4) Sales of assets to a noncharitable exempt organization (4) Purchases of assets from a noncharitable exempt organization (5) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (8) Performance of services or membership or fundraising solicitations (9) Loans or loan guarantees (9) Loans or loan guarantees (9) Loans or loan guarantees (10) Loans or loans grades (10) Loan	`1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political							Ye	s No		
b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Relimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundralising solicitations (7) Loans or loan guarantees (8) Performance of services or membership or fundralising solicitations (9) Loans or loan guarantees (9) Loans or loan guarantees (10) Loans or loan guarantees (10) Loans or loan guarantees (11) Loans or loan guarantees (12) Loans or loan guarantees (13) Loans or loan guarantees (14) Loans or loan guarantees (15) Loans or loan guarantees (16) Performance of services or or nor undralising solicitations (17) Loans or loan guarantees (18) Loans or loan guarantees (19) Loans (19) Schould always show the fair market value of the goods, other assets, or services given by the reporting loandation. If the foundation received less than fair market value of the goods, other assets, or services received. (a) Une no (19) Amount involved (19) Am	а									1a(1)		
(1) Sales of assets from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundralsing solicitations (6) Performance of services or membership or fundralsing solicitations (7) Performance of services or membership or fundralsing solicitations (8) Interest of facilities, equipment, mailing lists, other assets, or paide employees (8) Interest of facilities, equipment, mailing lists, other assets, or paide employees (9) If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (a) Amount involved (b) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Line no (b) Type of organization (c) Description of relationship (c) Description of relationship (d) Description of relationship (e) Description of relationship (f) Description of relationship (g) Description of relationship (
(2) Purchases of assets from a noncharitable exempt organization	b											
(3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (8) Performance of services or membership or fundraising solicitations (9) Interest of the goods, other assets, or services given by the reporting foundation. If the foundation develored less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (a) Amount involved (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no (b) Amount involved (c) Name of organization (d) Description of transfers, transactions, and sharing arrangements (e) Line no (f) Description of transfers, transactions (g) Line no (h) Type of organization (h) Description of relationship (h) Descr								,		+		
(4) Reimbursement arrangements		· · · · · · · · · · · · · · · · · · ·						•		+		
(5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations C Sharing of facilities, equipment, mailing lists, other assets, or paid employees It I									+			
(6) Performance of services or membership or fundralsing solicitations												1
d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?												
value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (e) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (b) Amount involved (e) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no (b) Amount involved (e) Name of noncharitable exempt organization of transfers, transactions, and sharing arrangements (b) Amount involved (e) Name of noncharitable exempt organization of the sample of the following schedule. (a) Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?												
value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no (b) Amount involved (e) Name of nonchantable exempt organization of transfers, transactions, and sharing arrangements (b) Amount involved (e) Name of an arrangement organization of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements (f) Description of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements (f) Description of transfers, transactions, and sharing arrangements (g) Description of transfers, transactions, and sharing arr	d											
(a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transac												
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Here Print/Type preparer's name Preparer's signature W. Kirk Clausing Print's name W. Kirk Clausing, Inc. Firm's address > 2021 S. Lewis Ave., Suite 240, Tulsa, OK 74104 Phone no 918-745-0417	(a) Line	110 (b) Amount involved	(c) Name of nonci	santable exempt orga	mzation	(a) Descrip	olion of transfer	s, transactions	s, and shar	ing arrange	nients
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Here Print/Type preparer's name Preparer's signature W. Kirk Clausing Print's name W. Kirk Clausing, Inc. Firm's address > 2021 S. Lewis Ave., Suite 240, Tulsa, OK 74104 Phone no 918-745-0417						-	 					
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Here Print/Type preparer's name Preparer's signature W. Kirk Clausing Print's name W. Kirk Clausing, Inc. Firm's address > 2021 S. Lewis Ave., Suite 240, Tulsa, OK 74104 Phone no 918-745-0417							 					
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Here Print/Type preparer's name Preparer's signature W. Kirk Clausing Print's name W. Kirk Clausing, Inc. Firm's address > 2021 S. Lewis Ave., Suite 240, Tulsa, OK 74104 Phone no 918-745-0417												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Here Print/Type preparer's name Preparer's signature W. Kirk Clausing Print's name W. Kirk Clausing, Inc. Firm's address > 2021 S. Lewis Ave., Suite 240, Tulsa, OK 74104 Phone no 918-745-0417												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Here Print/Type preparer's name Preparer's signature W. Kirk Clausing Print's name W. Kirk Clausing, Inc. Firm's address > 2021 S. Lewis Ave., Suite 240, Tulsa, OK 74104 Phone no 918-745-0417												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Here Print/Type preparer's name Preparer's signature W. Kirk Clausing Print's name W. Kirk Clausing, Inc. Firm's address > 2021 S. Lewis Ave., Suite 240, Tulsa, OK 74104 Phone no 918-745-0417		\perp					ļ					
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Here Print/Type preparer's name Preparer's signature W. Kirk Clausing Print's name W. Kirk Clausing, Inc. Firm's address > 2021 S. Lewis Ave., Suite 240, Tulsa, OK 74104 Phone no 918-745-0417												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Here Print/Type preparer's name Preparer's signature W. Kirk Clausing Print's name W. Kirk Clausing, Inc. Firm's address > 2021 S. Lewis Ave., Suite 240, Tulsa, OK 74104 Phone no 918-745-0417												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Here Print/Type preparer's name Preparer's signature W. Kirk Clausing Print's name W. Kirk Clausing, Inc. Firm's address > 2021 S. Lewis Ave., Suite 240, Tulsa, OK 74104 Phone no 918-745-0417		-			· · ·							
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Here Print/Type preparer's name Preparer's signature W. Kirk Clausing Print's name W. Kirk Clausing, Inc. Firm's address > 2021 S. Lewis Ave., Suite 240, Tulsa, OK 74104 Phone no 918-745-0417		+					<u></u>		·			
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Here Print/Type preparer's name Preparer's signature W. Kirk Clausing Print's name W. Kirk Clausing, Inc. Firm's address > 2021 S. Lewis Ave., Suite 240, Tulsa, OK 74104 Phone no 918-745-0417												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Here Print/Type preparer's name Preparer's signature W. Kirk Clausing Print's name W. Kirk Clausing, Inc. Firm's address > 2021 S. Lewis Ave., Suite 240, Tulsa, OK 74104 Phone no 918-745-0417						-						
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Here Print/Type preparer's name Preparer's signature W. Kirk Clausing Print's name W. Kirk Clausing, Inc. Firm's address > 2021 S. Lewis Ave., Suite 240, Tulsa, OK 74104 Phone no 918-745-0417						· · · · · · · · · · · · · · · · · · ·						
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Here Print/Type preparer's name Preparer's signature W. Kirk Clausing Print's name W. Kirk Clausing, Inc. Firm's address > 2021 S. Lewis Ave., Suite 240, Tulsa, OK 74104 Phone no 918-745-0417												
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? □ Yes □ No Print/Type preparer's name Preparer's agriculture Date Check □ if self-employed Polio27005		descr	ibed in section 5	01(c) of the Code (c	other than section						Yes [] No
Sign Here	(a) Name of organization			(b) Type of organization			((c) Description of relationship				
Sign Here												
Sign Here												
Sign Here						~-		<u></u>				
Sign Here							+	·				
Here Bar		Unde	r penalties of perjury, I	declare that I have examine	ed this return, including	accompanying	schedules and	statements, and	to the best of n	ny knowled	ge and belie	f, it is true,
Here Signature of Officer or trustee Paid Preparer Signature Preparer's name Preparer's signature W. Kirk Clausing Firm's name ▶ W. Kirk Clausing, Inc. Firm's address ▶ 2021 S. Lewis Ave., Suite 240, Tulsa, OK 74104 with the preparer shown below (see instructions)? ☑ Yes ☐ No Poilo Preparer shown below (see instructions)? ☑ Yes ☐ No Preparer shown below (see instructions)? ☑ Yes ☐ No Preparer shown below (see instructions)? ☑ Yes ☐ No Preparer shown below (see instructions)? ☑ Yes ☐ No Print/Type preparer shown below (see instructions)? ☑ Yes ☐ No Print/Type preparer's name Preparer's signature W. Kirk Clausing Poilo Phone no 918-745-0417	Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge										
Paíd Preparer Use Only Print/Type preparer's name	Here	Bu T Biles			12/6/A MNGZ					with the pr	reparer show	vn below
Paid W. Kirk Clausing W. Kirk Clausing Po1027005 Use Only Firm's name ▶ W. Kirk Clausing, Inc. Firm's EIN ▶ 73-1136926 Firm's address ▶ 2021 S. Lewis Ave., Suite 240, Tulsa, OK 74104 Phone no 918-745-0417		Sıgn	ature of officer or trus	stee	94%//	Title				(SBB IIISII UC	tions) / [/] Y	S INO
Preparer Use Only W. Kirk Clausing // 3.0 / 7 self-employed P01027005 Firm's name ► W. Kirk Clausing, Inc. Firm's EIN ► 73-1136926 Firm's address ► 2021 S. Lewis Ave., Suite 240, Tulsa, OK 74104 Phone no 918-745-0417	Paid		Print/Type preparer	's name	Preparer's alghatu	re			Check	☐ if P	TIN	
Use Only Firm's name ▶ W. Kirk Clausing, Inc. Firm's EIN ▶ 73-1136926 Firm's address ▶ 2021 S. Lewis Ave., Suite 240, Tulsa, OK 74104 Phone no 918-745-0417		arer					1 🜩 .1					
			• • • • • • • • • • • • • • • • • • • •						Firm's EIN ▶			
			Firm's address 🕨	2021 S. Lewis Ave., S	Suite 240, Tulsa, C	K 74104			Phone no			

BEN F. & KAREN BAKER CHARITABLE FOUNDATION Form 990-PF

Taxable Period Ending September 30, 2017

D .	•	Y .	•	^
Part	I.	Line	1	8

Contribution to Foundation

rait i, Line 18					
Taxes Paid	Taxes Paid Internal Revenue Service Application Fee				
Part II, Line 10	(b)				
			Fair Market		
<u>Properties</u>		Book Value	<u>Value</u>		
500 Home Depot		\$ 65,605.00	\$ 81,780.00		
500 Exxon		43,560.00	40,990.00		
400 IBM		64,792.00	58,032.00		
81 Nordic American Offshore		100.00	114.00		
2000 Nordic A	American Tanker	<u>17,960.00</u>	10,680.00		
		<u>\$192,017.00</u>	<u>\$191,596.00</u>		
Part III, Line 3					

\$ 443,089.98