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DLN: 93491135018858

2017

OMB No 1545-0052

## **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

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

Open to Public Inspection

For	caler	ndar year 2017, or tax year beginning 01-01-	-201	L7, ar	nd er	nding 12-31-	2017			
		indation haritable Foundation				A Employer ide	entification numbe	r		
						20-3873060				
		l street (or P O box number if mail is not delivered to street addre lassen Blvd	ess)	Room/suite		<b>B</b> Telephone nu	mber (see instructior	ns)		
						(405) 254-5400				
		i, state or province, country, and ZIP or foreign postal code lity, OK 73118				<b>C</b> If exemption	application is pending	g, check here		
<b>G</b> Cł	neck all	l that apply $igsqcup$ Initial return $igsqcup$ Initial return o	of a fo	ormer public charity		<b>D 1.</b> Foreign org	ganizations, check he	re 🕨 🔲		
		Final return Amended retu	urn				ganizations meeting k here and attach cor			
		Address change					indation status was t	· -		
		pe of organization $oldsymbol{ orange}$ Section 501(c)(3) exempt prival 4947(a)(1) nonexempt charitable trust $oxdot$ Other tax					n 507(b)(1)(A), chec			
		et value of all assets at end J Accounting method	_	<b>Z</b> Cash ☐ Accru	al		ition is in a 60-month			
		from Part II, col (c), \$ 4,964,241		pe on cash basis )		under section	n 507(b)(1)(B), checl	k here		
Pa	rt I	Analysis of Revenue and Expenses (The total	Τ,					(d) Disbursements		
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		a) Revenue and expenses per books	(Ь)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach schedule)		365,000						
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach								
	3	Sch B Interest on savings and temporary cash investments	•							
	4	Dividends and interest from securities	.							
	5a	Gross rents	.							
	ь	Net rental income or (loss)	[							
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10								
Reverkie	ь	Gross sales price for all assets on line 6a								
Re	7	Capital gain net income (from Part IV, line 2)	$\neg$			0				
	8	Net short-term capital gain	.							
	9	Income modifications	.							
	10a	Gross sales less returns and allowances								
	ь	Less Cost of goods sold	[_							
	С	Gross profit or (loss) (attach schedule)	· [							
	11	Other income (attach schedule)	. [	579,637		579,637	579,637			
	12	Total. Add lines 1 through 11	•	944,637		579,637	579,637			
	13	Compensation of officers, directors, trustees, etc								
	14	Other employee salaries and wages	•							
ses	15	Pension plans, employee benefits	.  -							
en en	16a	Legal fees (attach schedule)	.  -							
Expenses	b	Accounting fees (attach schedule) Other professional fees (attach schedule)	.  -							
	_ c	,								
Operating and Administrative	17 18	Interest	.	3,356		3,356	3,356			
] <u>\$</u>		Taxes (attach schedule) (see instructions)  Depreciation (attach schedule) and depletion	.	3,330		3,330	3,330			
Ē	19 20	Occupancy	.  -							
Ad	21	Travel, conferences, and meetings	<u>:</u>							
on d	22	Printing and publications	.							
ğ	23	Other expenses (attach schedule)	.	17,673		17,673	17,673			
atır	24	Total operating and administrative expenses.								
ber		Add lines 13 through 23	.	21,029		21,029	21,029	0		
Ō	25	Contributions, gifts, grants paid	.	688,576				688,576		
	26	<b>Total expenses and disbursements.</b> Add lines 24 an 25	nd	709,605		21,029	21,029	688,576		
	27	Subtract line 26 from line 12		•		·	•			
	а	Excess of revenue over expenses and disbursements		235,032						
	ь	Net investment income (if negative, enter -0-)	 			558,608				
	c	Adjusted net income(if negative, enter -0-)	.				558,608			
For	Paper	work Reduction Act Notice, see instructions.			<u> </u>		. For	m <b>990-PF</b> (2017)		

	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less allowance for doubtful accounts ▶	3,124,287	1,843,293	1,843,293
	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 ▶			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)			
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			

## 12 Investments—mortgage loans . . . 13 Investments—other (attach schedule) Land, buildings, and equipment basis 14 Less accumulated depreciation (attach schedule) Other assets (describe 3.119.752

Liabilities

Net Assets or Fund Balances

2

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . .

Other increases not included in line 2 (itemize)

Decreases not included in line 2 (itemize) ▶

	15	Other assets (describe 🚩)	<b>3</b> 9	1,601,133	2	3,119,/52	20	3,119,752
	16	Total assets (to be completed by all filers—see the						
		ınstructions Also, see page 1, item I)		4,729,295		4,964,241		4,964,241
	17	Accounts payable and accrued expenses						
	18	Grants payable						
)	19	Deferred revenue						
	20	Loans from officers, directors, trustees, and other disqualified persons						
	21	Mortgages and other notes payable (attach schedule)						
	22	Other liabilities (describe)	<b>%</b> ∑	786	<b>%</b> J	700		
	23	Total liabilities(add lines 17 through 22)		786		700		
		Foundations that follow SFAS 117, check here ▶						
ָ כ		and complete lines 24 through 26 and lines 30 and 31.						
5	24	Unrestricted						
Š	25	Temporarily restricted						
2	26	Permanently restricted						
5		Foundations that do not follow SFAS 117, check here ▶   and complete lines 27 through 31.						

# Capital stock, trust principal, or current funds . . . . Paid-in or capital surplus, or land, bldg, and equipment fund 28 4,963,541

27 Retained earnings, accumulated income, endowment, or other funds 29 4,728,509 30 Total net assets or fund balances (see instructions) . . . 4,728,509 4,963,541 4,964,241 4,729,295 31 Total liabilities and net assets/fund balances (see instructions) . Analysis of Changes in Net Assets or Fund Balances

Part III Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with endof-year figure reported on prior year's return) 4,728,509

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

2

3

4

5

6

235,032

4,963,541

4,963,541 Form **990-PF** (2017)

instructions

Page **3** 

		<b>(a)</b> the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquire P—Purchas D—Donatio	se L	(c) Date acquired mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )		
1a				2 2011411					
•									
•									
•									
	(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale		(h) Gain or (loss) (e) plus (f) minus (g)			
а									
b									
С									
d									
e									
	Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69			I)		
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	( <b>k)</b> of col (ı) (յ), ıf any	,	col (k), but not	n) gain minus less than -0-) <b>or</b> om col (h))		
a									
b									
С									
d									
е									
2		l gain or (loss) as defined in sections :		Part İ, line 7	} 2				
	ın Part I, line 8	rt I, line 8, column (c) (see instructi	· · · · · · · · · · · · · · · · · · ·		} _ 3	L			
Part	• V Qualification l	Jnder Section 4940(e) for Re	educed Tax on Net	Investmen	t Incon	1e			
For op	otional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	t investment ii	ncome )				
f secti	ion 4940(d)(2) applies, le	eave this part blank							
Was th	ne foundation liable for th	e section 4942 tax on the distributa ot qualify under section 4940(e) Do		in the base pe	eriod?	☐ Y	es No		
1	Enter the appropriate an	nount in each column for each year,	see instructions before	making any e	ntries				
	(a) se period years Calendar (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(c	<b>(d)</b> Distribution rati ol (b) divided by c			
	2016	501,246					0 000000		
	2015	995,522		5,102			195 123873		
	2014	996,719		4,717			211 303583		
	2013	993,618		7,551			131 587604		
	2012	994,987		4,966			200 359847		
	Total of line 1, column (	•			2		738 374907		
		o for the 5-year base period—divide indation has been in existence if less		, or by the	3		147 674981		
		ncharitable-use assets for 2017 fron		:::::	4		4,571		
	Multiply line 4 by line 3		•		5		675,022		
		ent income (1% of Part I, line 27b)			6		5,586		
				🗅	7		680,608		
		ions from Part XII, line 4			8		688,576		
		eater than line 7. check the box in Pa				1% tax rate. Se			

D- 1 V/TTT	Information About Officers, Dir	rectors, Trustees,	Foundation Managers,	Highly Paid Employees,
Part VIII	and Contractors		_	

1 List all officers, directors, truste	es, f	oundation managers ar	d their compensation	(see instructions).	
(a) Name and address	(	Title, and average hours per week ( <b>b)</b> devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
PAUL G HEAFY		SIDENT	0	0	C
5619 N Classen Blvd	0				
OKC, OK 73118					
ANDRIA HEAFY	VICE	PRESIDENT	0	0	·   C
5619 N Classen Blvd	ľ				
OKC, OK 73118  2 Compensation of five highest-pa	منط م	mplayaas (athar than t	acca included on line 1	see instructions) If no	no ontor "NONE "
2 Compensation of five highest-pa	aiu ei		lose included on line 1		ie, enter NONE.
(a) Name and address of each employee p more than \$50,000	aıd	Title, and average hours per week  (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE		-			
		_			
<b>Total</b> number of other employees paid o					C
3 Five highest-paid independent of	ontr	actors for professional	services (see instructi	ons). If none, enter "NON	E".
(a) Name and address of each person	on pai	d more than \$50,000	<b>(b)</b> Typ	e of service	(c) Compensation
NONE					
			1		
			1		
Total number of others receiving over \$5	50,000	ofor professional services			(
Part IX-A Summary of Direct					
List the foundation's four largest direct charitab			ide relevant statistical inform	nation such as the number of	
organizations and other beneficiaries served, co	nferen	ces convened, research paper	s produced, etc	iddon saen as the namber of	Expenses
1					
-					
2					
3					
4					
Part IX-B Summary of Progra	m-R	elated Investments	(see instructions)		
Describe the two largest program-related in	estme/	ents made by the foundation d	uring the tax year on lines 1	and 2	Amount
1					
2					
All abban mus are are related to					
All other program-related investments	5ee	instructions			
<b>3</b>					
Fotal. Add lines 1 through 3	_ •		<u> </u>		
					Form <b>QQ0-PF</b> (2017)

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

5

5.586

682.990

Form **990-PF** (2017)

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

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

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

5

Part XII

**b** Total for prior years

a From 2012. . . . .

**b** From 2013. . . . . c From 2014. . . .

d From 2015. . . . .

e From 2016. . . . .

Π	Undistributed Income (see instruc	tions)
		(a)

1.000.013 1,000,013

1.000.013

1.000.013 505,317

1.000.013

1,000,013

1.000.013

505.317

688.576

Distributable amount for 2017 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. . . . . .

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. . . . . . . .

4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election **d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

**5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

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

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

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

**b** Excess from 2014. .

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . 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. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2012 not

indicated below:

same amount must be shown in column (a) )

(21	017)		
	Undistributed Income (see instruc	tions)	
			7-1

	<b>/-</b> \	•
tructions)		

Corpus

4.505.369

688.576

5,193,945

1.000.013

4,193,932

(b)

Years prior to 2016

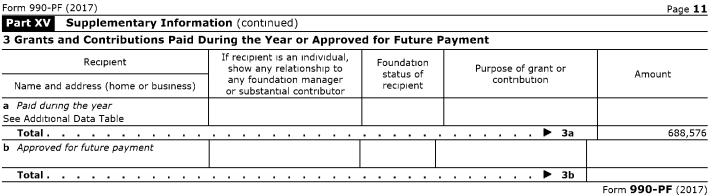
(c)

2016

(d) 2017 0

Form **990-PF** (2017)

NONE



er gross amounts unless otherwise indicated		usiness income	Excluded by section		(e) Related or exempt function income
Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	(See instructions )
a					
b					
<u> </u>					
d e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Dividends and interest from securities					
Net rental income or (loss) from real estate					
a Debt-financed property					
Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
ACCRETION     D INTEREST ON SUBORDINATION			14	493,427 81,813	
c LATE CHARGES			14	3,550	
4 OTHER INCOME			14	847	
U OTHER INCOME					
d OTHER INCOME e			14		
e Subtotal Add columns (b), (d), and (e)			14	579,637	
e Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations )		14	579,637 <b>3</b>	
e Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcul	ations )		14 <b>1</b>	· · · · · · · · · · · · · · · · · · ·	
e	ations ) e Accomplisi income is report	hment of Exem	14  pt Purposes  f Part XVI-A contribu	3	579,637
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated and the second	ations ) e Accomplisi income is report	hment of Exem	14  pt Purposes  f Part XVI-A contribu	3	579,637
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated and the second activities to the second line accomplishment of the foundation's existence.	ations ) e Accomplisi income is report	hment of Exem	14  pt Purposes  f Part XVI-A contribu	3	579,637
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Form	990-PF		<u> </u>											Pa	ge <b>13</b>
Pa	rt XVI		Information Re Exempt Organi		ransfe	ers To a	and Trans	sactio	ns and	Relatio	nships With No	ncharit	able		
			ation directly or in (other than section								n described in secti organizations?	ion 501		Yes	No
а⊺	ransfers	from	the reporting foun	dation to a n	onchar	itable ex	empt organ	nization	of						
(	<b>1)</b> Cas	h										.	1a(1)		No
(	<b>2)</b> Oth	er ass	ets										1a(2)		No
	ther tra														
			ssets to a nonchar										1b(1)		No
	-		of assets from a r			-						1	1b(2)		No No
-	-		facılıtıes, equipmer ement arrangemen	•								1	1b(3) 1b(4)		No
•	•		oan guarantees.									1	1b(5)		No
-	-		ce of services or m										1b(6)		No
c S	haring o	of facil	ities, equipment, r	nailing lists, o	other a	ssets, or	paid emplo	yees.				.	1c		No
											vays show the fair				
0	f the go n any tra	ods, c ansact	ther assets, or ser ion or sharing arra	vices given b ingement, shi	y the roow in c	eporting olumn (c	foundation i) the value	If the f e of the	oundation goods, o	on receive other asse	d less than fair mai ts, or services rece	rket valu Ived	<b>e</b>		
(a) ∟	ine No	(b)	Amount involved	(c) Name of	nonchar	ıtable exe	mpt organiza	ition	<b>(d)</b> De	scription of	transfers, transactions	s, and shar	ing arra	ngemen	its
	+														
d	escribed	d ın se		Code (other			•				zations	[	☐Yes	<b>✓</b>	No
b I	f "Yes,"		ete the following so  ) Name of organization		ı	(1	<b>b)</b> Type of or	aanızatıo	n	1	(c) Description	n of relatio	nship		
						`									
										+					
	1			T. I			1.1	,							
	of	my kn	owledge and belief	, it is true, co							ng schedules and s than taxpayer) is b				
Sig		•	eparer has any kno	wieage			1					May th	e IRS dı	scuss th	าเร
Hei		****	**				2018-05-	15	\.	*****		return with th	ie prepa	rer shov	vn
		Signa	ature of officer or t	rustee			Date			Title		below (see ın	str )?	Yes	□ <sub>No</sub>
		Pr	int/Type preparer's	name	Prepa	rer's Sıgı	nature		Date		Check if self-	PTIN			
											employed ▶ □				
Pai	d										employed P				
Pre	pare	1	m's name ▶									Fırm's El	IN ▶		
US	e Onl		m's address ▶												
			-									Phone no	<b>o</b>		

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Bethany YMCA 6500 NW 39th Expressway	501(c)(3)	CommunityServices	500
Bethany, OK 73008			
Boy Scouts of America 3031 NW 64th	501(c)(3)	YouthOrganization	1 000

Boy Scouts of America3031 NW 64th Oklahoma City, OK 73116	501(c)(3)	YouthOrganization	1,000
Calm Waters 4334 NW Expressway Ste 101	501(c)(3)	SupportFamilyServices	2,500

CACA of Oldohama City	E01/-1/21	Juneary le Accordence	10.000
Calm Waters 4334 NW Expressway Ste 101 Oklahoma City, OK 73116	501(c)(3)	SupportFamilyServices	2,500
Oklanoma City, OK 73116			

4334 NW Expressway Ste 101 Oklahoma City, OK 73116			
CASA of Oklahoma City 5905 N Classen Court 302 Oklahoma City OK 73118	501(c)(3)	JuvenileAssistance	10,000

CASA of Oklahoma City 5905 N Classen Court 302 Oklahoma City, OK 73118	501(c)(3)	JuvenileAssistance	10,000
CCA FoundaitonPO Box 775	501(c)(3)	CivicAssociation	11,000

5905 N Classen Court 302 Oklahoma City, OK 73118	,,,,		,
CCA FoundaitonPO Box 775	501(c)(3)	CivicAssociation	11,0

Captiva, FL 33924		
	 	688,576

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COMMUNITY ACTION RESOURCE ASSOC 501(c)(3) **EDUCATIONALSOCIAL** 5,000 3636 N PEORIA &SERVICES

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

TULSA, OK 74106 Crime Stoppers of OKC

3a

4000 Classen Center Ste 100C Oklahoma City, OK 73118			_,,,,,,
Dean McGee Eye Institute 608 Stanton L Young Blvd Ste 300 Oklahoma City, OK 73104	509(a)(1)	Medical Research	125,000

501(c)(3)

CrimePrevention

27.700

Dean McGee Eye Institute 608 Stanton L Young Blvd Ste 300 Oklahoma City, OK 73104	509(a)(1)	Medical Research	125,000
Ding Darling Wildlife SocietyPO Box 565 Sanibel, FL 33957	501(c)(3)	NatureConservation	4,760

Oklahoma City, OK 73104			
Ding Darling Wildlife SocietyPO Box 565 Sanibel, FL 33957	501(c)(3)	NatureConservation	4,760
ECHO17391 Durrance Road	501(c)(3)	Global HungerSolutions	1,000

Ding Darling Wildlife SocietyPO Box 565 Sanibel, FL 33957	501(c)(3)	NatureConservation	4,76
ECHO17391 Durrance Road N Ft Mevers, FL 33917	501(c)(3)	Global HungerSolutions	1,00

Sumber, 12 30337			
ECHO17391 Durrance Road N Ft Meyers, FL 33917	501(c)(3)	Global HungerSolutions	1,00
Total	 		688,576

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

,	or substantial contributor			
a Paid during the year				
FISH OF SANCAP		501(c)(3)	FOOD PANTRYHUMAN SERVICES	

2430 PERIWINKLE WAY UNIT B

SANIBEL, FL 33957 Free to LivePO Box 5884 501(c)(3) AnimalSantuary Edmond, OK 73083 Grace FellowshipPO Box 1873 501(c)(3) Food Charity Oklahoma City, OK 73101

35,000

1,000

13,000

2,000

4,000

HODGE & HOUND BECCHE

Impact OklahomaPO Box 20149	501(c)(3)	Family healthand wellness	
2350 MIDWEST BLVD GUTHRIE, OK 73044			
HURSE & HOUND RESCUE	501(C)(3)	ANIMALRESCUE	

, \_ ( \_ )( \_ )

Oklahoma City, OK 73156

Total . . . 688,576

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year King's Klinic921 W Britton Road 501(c)(3) MedicalVolunteerServices 10,000 Oklahoma City, OK 73114

LEGAL AID SERVICES OF OKLA 2915 N CLASSEN STE 500 Oklahoma City, OK 73106	501(c)(3)	CIVIL LEGALASSISTANCE	1,000
Lifewater InternationalPO Box 3131	501(c)(3)	SanitationWater andDevelopment	5 000

Oklahoma City, OK 73106			
Lifewater InternationalPO Box 3131 San Luis Obispo, CA 93403	501(c)(3)	SanitationWater andDevelopment	5,000
LYRIC THEATRE1727 NW 16TH ST	501(c)(3)	THEATREPRODUCTION	2,500

San Luis Obispo, CA 93403			
LYRIC THEATRE1727 NW 16TH ST OKLAHOMA CITY, OK 73106	501(c)(3)	THEATREPRODUCTION	2,500
NATIONAL SHELL MUSEUMPO BOX 1580	501(c)(3)	RESEARCH &EDUCATION	2,050

LYRIC THEATRE1727 NW 16TH ST OKLAHOMA CITY, OK 73106	501(c)(3)	THEATREPRODUCTION	2,500
NATIONAL SHELL MUSEUMPO BOX 1580 SANIBEL, FL 33957	501(c)(3)	RESEARCH &EDUCATION	2,050

NATIONAL SHELL MUSEUMPO BOX 1580 SANIBEL, FL 33957	501(c)(3)	RESEARCH &EDUCATION	2

3a

NATIONAL SHELL MUSEUMPO BOX 1580 SANIBEL, FL 33957	501(c)(3)	RESEARCH &EDUCATION	2,
Total		<b>•</b>	688 576

### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

New York Genome Center		501(c)(3)	Medical Research	166,667
a Paid during the year				
Name and address (home or business)	any foundation manager or substantial contributor	recipient		

New York Genome Center 501(c)(3) 101 Avenue of the Americas New York, NY 10013

Novo MinistriesPO Box 672

Oklahoma City, OK 73101 Oklahoma City Philharmonic

6608 N WESTERN PMB 46 Oklahoma City, OK 73116

Oklahoma Scholarship Fund

Oklahoma City, OK 73118

5619 N Classen Blvd

Total . 3a

428 West California Oklahoma City, OK 73102 OKLAMA ISRAEL EXCHANGE

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

Grants

CIVICASSOCIATION

OrchestralCommunityMusic

ChildrensPrograms

Primary EducationScholarship

688,576

4,144 53,000

2,500

10,000

Foundation Purpose of grant or Recipient If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

2.500

2,500

Oklahoma State FairPO Box 74943 501(c)(3) Art Education Oklahoma City, OK 73147 OKLAHOMA WATCH 501(c)(3) NEWS & JOURNALISM

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

395 W LINDSEY ST STE 3120D NORMAN, OK 73019 501(c)(3) Education

3a

ORU Golden Eagle7777 S Lewis Ave 1,000 Tulsa, OK 74171 OU Foundation 100 Timberdell Rd 501(c)(3) Scholarship Fund 100,000 Norman, OK 73019

AnimalServices 10,000 Pet Food Panty of OKCPO Box 57678 501(c)(3)

Oklahoma City, OK 73157 Total . 688,576

#### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Prevent Blindness Oklhaoma 6 NE 63rd St Ste 150 Oklahoma City, OK 73104		501(c)(3)	Health andVolunteerSafety	1,000
SANIBEL CAPTIVA CONSERVATION FOUND 3333 SANIBEL-CAPTIVA RD SANIBEL, FL 33957		501(c)(3)	COASTAL HABITATCONSERVATION	2,500
Santa's Cause128 Deer Creek Rd Edmond, OK 73003		501(c)(3)	ChristmasCheer	2,500

Oklahoma City, OK 73104			
SANIBEL CAPTIVA CONSERVATION FOUND 3333 SANIBEL-CAPTIVA RD SANIBEL, FL 33957	501(c)(3)	COASTAL HABITATCONSERVATION	

Santa's Cause128 Deer Creek Rd Edmond, OK 73003	501(c)(3)	ChristmasCheer	2,500
Search Dog Foundation501 E Ojai Ave Ojai, CA 93023	501(c)(3)	Search DogTraining	2,000

Search Dog Foundation501 E Ojai Ave Ojai, CA 93023	501(c)(3)	Search DogTraining	2,000
Shalom Ministries	509(a)(1)	JewishEducation	2,000

Search Dog Foundation501 E Ojai Ave Ojai, CA 93023	501(c)(3)	Search DogTraining	
Shalom Ministries	509(a)(1)	JewishEducation	

- :			
Shalom Ministries	509(a)(1)	JewishEducation	
8801 N Classen Blvd Ste 300			i
0klahama City OV 72110			

Sh 38 Oklahoma City, OK 73118

Total . . 688,576

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#### Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Name and address (home or business)	any foundation manager or substantial contributor	recipient	
a Paid during the year			

( - / ( - /		1,00
	1 ' ' '	501(c)(3) & COMPETITIONSPORTS TRAININGPROGRAMS

SPECIAL OLYMPICS OKLAHOMA 6835 SOUTH CANTON AVE TULSA, OK 74136	501(c)(3)	& COMPETITIONSPORTS TRAININGPROGRAMS	1,000
ST JOSEPH'S INDIAN SCHOOL	501(c)(3)	SERVICES	18,182

ST JOSEPH'S INDIAN SCHOOL PO BOX 300 CHAMBERLAIN, SD 57325	į	501(c)(3)	SERVICES &CHILDRENSEDUCATION	18,182
Suited for Success 4149 Highline Blvd Ste 370	5	` '\ '	developmentProfessionalservices for women	7,500

PO BOX 300 CHAMBERLAIN, SD 57325		&CHILDRENSEDUCATION	
Suited for Success 4149 Highline Blvd Ste 370 Oklahoma City, OK 73108	501(c)(3)	developmentProfessionalservices for women	7,500

Suited for Success 4149 Highline Blvd Ste 370 Oklahoma City, OK 73108	501(c)(3)	developmentProfessionalservices for women	7,500
Turpentine Creek Wildlife Refuge	509(a)(2)	WıldlıfeExotic CatRefuge	1,000

Oklahoma City, OK 73108		Tor women	
Turpentine Creek Wildlife Refuge 239 Turpentine Creek Lane Eureka Springs, AR 72632	509(a)(2)	WildlifeExotic CatRefuge	1,000

239 Turpentine Creek Lane Eureka Springs, AR 72632			
Turpentine Creek Wildlife Refuge	509(a)(2)	WıldlıfeExotic CatRefuge	1,000

Eureka Springs, AR 72632			
Wes Welker FoundationPO Box 20777 Oklahoma City, OK 73156	501(c)(3)	YouthOrganization	5,000

688,576

Total . .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

a Paid during the year			
WOMEN'S RESOURCE CENTER PO BOX 5089	501(c)(3)	WOMEN'SSHELTER	

or substantial contributor

За

IORMAN, OK 73070			
OUTH SERVICES OF OKLAHOMA OUNTY	501(c)(3)	YOUTH COUNSELING& EDUCATION	

TOOTH SERVICES OF OREAHOUR	301(0)(3)	TOOTH COONSELLINGS	
COUNTY		EDUCATION	
201 NE 50TH ST			
OKLAHOMA CITY, OK 73105			

201 NE 50TH ST DKLAHOMA CITY, OK 73105			

Total				689 576
OKLAHOMA CITY, OK 73105				
ZOT NE SOTTI ST	1	l		

19,573

10,000

OKLAHOMA CITY, OK 73105	1		1
Total		 	688,576

TV 2047 01	and American Coloredials	_		
Y   ZUI	ier Assets Schedule	3		
		•		

**EIN:** 20-3873060

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Other Assets Schedule						
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value			
LOANS PURCHASED	1,593,280	3,119,752	3,119,752			
ADVANCES TO PROTECT ASSETS	7,853					

DLN: 93491135018858

\_\_\_\_

ADVANCES TO PROTECT ASSETS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Other Assets Schedule						
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value			
LOANS PURCHASED	1,593,280	3,119,752	3,119,752			

7,853

DLN: 93491135018858

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ADVANCES TO PROTECT ASSETS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Other Assets Schedule						
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value			
LOANS PURCHASED	1,593,280	3,119,752	3,119,752			

7,853

DLN: 93491135018858

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491135018858				
TY 2017 Other Expenses Schedule								
Name: Wilshire Charitable Foundation  EIN: 20-3873060								
Other Expenses Schedule								
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				

17,673

17,673

17,673

LOAN COLLECTION COSTS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491135018858				
TV 2047 Other Teasure Calculat	_					
TY 2017 Other Income Schedule						

**EIN:** 20-3873060

Other Income Schedule						
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income			
ACCRETION INCOME	493,427	493,427	493,427			
INTEREST ON SUBORDINATION	81,813	81,813	81,813			
LATE CHARGES	3,550	3,550	3,550			
OTHER INCOME	847	847	847			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491135018858			
TY 2017 Other Liabilities Schedule							
Name:	Wilshire Charitable Foundation						
EIN:	20-3873060						
Description		Beginning of Year - Book Value	End of Year - Book Value				
UNAPPLIED FUNDS			786	700			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491135018858			
TY 2017 Other Liabilities Schedule							
Name:	Wilshire Charitable Foundation						
EIN:	20-3873060						
Description		Beginning of Year - Book Value	End of Year - Book Value				
UNAPPLIED FUNDS			786	700			

efile GRAPHIC print - DO NOT	PROCESS	As Filed Data	Data - DLN: 93491135018858				
TY 2017 Taxes Schedule							
	Name:	Wilshire Cha	ritable Foundation	l			
	EIN:	20-3873060					
Category Amount Net Investment Adjusted Net Disbursements							
Category	AII	iouiit	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		
					Purposes		
IRS	I	3,356	3,356	3,356			

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DLN: 93491135018858		
Schedule B		Schedu	le of Contributo	rs		OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>					2017		
Name of the organization					Employer id	dentification number		
Organization type (che	ck one)				20-3873060			
	,							
Filers of:	Section:							
Form 990 or 990-EZ	☐ 501(c)(	) (enter number) o	rganization					
	☐ 4947(a)( <sup>2</sup>	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	☐ 527 politi	☐ 527 political organization						
Form 990-PF	<b>✓</b> 501(c)(3)	exempt private fo	undation					
	☐ 4947(a)(´	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	☐ 501(c)(3)	taxable private for	undation					
			PF that received, during to omplete Parts I and II Se					
Special Rules								
under sections 50 received from an	09(a)(1) and 170(b)	(1)(A)(vı), that che uring the year, tota	g Form 990 or 990-EZ that cked Schedule A (Form S al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that		
during the year, t	otal contributions of	f more than \$1,000	or (10) filing Form 990 o Dexclusively for religious, animals Complete Parts	, charitable, scien				
during the year, of If this box is check purpose Don't co	contributions <i>exclus</i> ked, enter here the omplete any of the p	ively for religious, total contributions parts unless the <b>G</b> e	or (10) filing Form 990 o charitable, etc , purposes that were received durin eneral Rule applies to th or more during the year .	s, but no such con ig the year for an is organization be	tributions tota exclusively re cause it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>		
990-EZ, or 990-PF), but	it <b>must</b> answer "No	on Part IV, line 2	le and/or the Special Rul , of its Form 990, or chec t it doesn't meet the filing	k the box on line	H of its			
For Paperwork Reduction A for Form 990, 990-EZ, or 990		ructions	Cat No 30613X	Schedu	ıle B (Form 990	), 990-EZ, or 990-PF) (2017)		

Name of organization Employer identification number Wilshire Charitable Foundation 20-3873060 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) Type of contribution No. **Total contributions** Name, address, and ZIP + 4 Person PAUL G HEAFY **Payroll** 5619 N Classen Blvd \$ 365,000 Noncash Oklahoma City, OK73118 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) (b) (c) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)