

Return of Private Foundation

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

OMB No 1545-0052

Open to Public Inspection

2949123001120

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

	For	calen	dar year 2017 or tax year beginning	'		, 2017	7, and 6	ending		, 20
	Na	ne of fo	undation						r identification numbe	
	CA	ROL 1	ELIZABETH YOUNG FOUNDATION					73-1	291004	
•	Nü	nber an	d street (or P O. box number if mail is not delivered to stree	et address)		Room	/suite	B Telephor	e number (see instruct	ions)
	91	06 N	. KELLEY AVE.					(405	848-0610	
			n, state or province, country, and ZIP or foreign postal code	е		·	-		tion application is pend	ing check here
	OK	LAHO	MA CITY OK 73131					O II CXCIIIp	non application is pend	ing, check here
				itial retur	n of a former	oublic	charity	D 1 Foreign	n organizations, check	horo 🏲 🗀
	-			mended		, , , , ,	onany	Ĭ	•	_
			<u> </u>	ame cha				2. Foreigi	n organizations meeting here and attach compl	·
	Н	Check	type of organization: X Section 501(c)(3)			ation	n V		foundation status was	
			n 4947(a)(1) nonexempt charitable trust				• 0	section 5	07(b)(1)(A), check here	. ▶□
			arket value of all assets at J Accounting							
			year (from Part II, col. (c),						ndation is in a 60-mont ction 507(b)(1)(B), chec	
		line 16			e on cash basis	s.)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		art I	Analysis of Revenue and Expenses (The total							(d) Disbursements
			amounts in columns (b), (c), and (d) may not necessaril	y equal	(a) Revenue expenses p			investment	(c) Adjusted net	for charitable
			the amounts in column (a) (see instructions).)		books		141	icome	income	purposes (cash basis only)
7		1	Contributions, gifts, grants, etc., received (attach so	:hedule)	40,0	100	100 PM 244	MORE CONTRACTOR	2 3 662 30 665 45466	
9_		2	Check ► ☐ if the foundation is not required to attact							
	ı	3	Interest on savings and temporary cash inves			73.	, -, y - Q	1,473.	88 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
Y	'	4	Dividends and interest from securities			. , , ,		1,475.	135-1	
,		5a	Gross rents					···		
		b	Net rental income or (loss)		2 30 26 6	8/3000	Sakui. A			
	a	6a	Net gain or (loss) from sale of assets not on I	ine 10		- C. J.	NO WAR	Strate SSS		
	Ž	b	Gross sales price for all assets on line 6a		初から(変数	74				
	Revenue	7	Capital gain net income (from Part IV, line 2)		2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		754.1752.954.11.	*99266/s 35/ 11 X		
	Re	8	Net short-term capital gain		Section Section		4124	74. PA	NO 37 30 188 8 18 5 27 5 3 18 5 6 7	
		9	Income modifications				200	history and		
		10a	Gross sales less returns and allowances		× 2000		7 / () > 3			
^		b	Less: Cost of goods sold	····		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3			300000000000000000000000000000000000000
2018		c	Gross profit or (loss) (attach schedule)		SUBSESSE - 2457, 67	1650 F 244			**************************************	
		11	Other income (attach schedule)				Alle 2 8 2. 11 / 102	1.00 (
\bigcirc		12	Total. Add lines 1 through 11		41,4	73	<u> </u>	1.478	FILL	
S)		13	Compensation of officers, directors, trustees		11/1			TIT		45-47 (10.12) (10.12 (10.12) (10.12)
415	benses	14	Other employee salaries and wages					161		01
5.	Š	15	Pension plans, employee benefits						1 2 3 7 118 i	<u> </u>
Ç		16a	Legal fees (attach schedule)							61
12.	Щ	ь	Accounting fees (attach schedule) L-1.6b.		3	95.		UGI	10	.)
インマーデ	ĕ.	c	Other professional fees (attach schedule) .			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Live UT	
₹,	rat	17	Interest							J
Ť	ist	18	Taxes (attach schedule) (see instructions) See . S	Stmt		10.				
	٣	19	Depreciation (attach schedule) and depletion							-
	ф	20	Occupancy							
	4	21	Travel, conferences, and meetings							
	Ĕ	22	Printing and publications							
	g	23	Other expenses (attach schedule) See Stm		2	53.				
	ij	24	Total operating and administrative exp	enses.			·	,		
	ī		Add lines 13 through 23		6	58.				
	Operating and Administrative	25	Contributions, gifts, grants paid		32,5		. ' , -	3 /10 7		32,500.
	O	26	Total expenses and disbursements. Add lines 24		33,1	.58.		· · · · · · · · · · · · · · · · · ·		32,500.
		27	Subtract line 26 from line 12:		11.18 1 1 :	1374-	1.15	19 6 mary	17 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	197 - 4 C J
		а	Excess of revenue over expenses and disburs	ements	8,3		111.			1.7564.27
		b			Bur history	: / ',', :		1,473.	And Comment of the	1,18 0 1/1
		ے ا	Adjusted net income (if negative, enter -0-)		The Miller Par		1/2/19/19	42/2/3/22		with oil was

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2017) 20

		Attached schedules and amounts in the description column	Beginning of year	End o	of year
Pa	ırt II	Balance Sheets should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	300,485.	308,800.	308,800.
	3	Accounts receivable ▶	1 m	2	41 2/2
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶	77.777.27	T 7	
		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 ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ą	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	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)			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶	L		
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers-see the			
		instructions. Also, see page 1, item l)	300,485.	308,800.	308,800.
	17	Accounts payable and accrued expenses			
S	18	Grants payable			
tie	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u></u>	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)			
S		Foundations that follow SFAS 117, check here ▶ 🗵			
lances		and complete lines 24 through 26, and lines 30 and 31.			
an	24	Unrestricted	300,485.	308,800.	. <u> </u>
	25	Temporarily restricted			
ᇢ	26	Permanently restricted			
Net Assets or Fund Ba		Foundations that do not follow SFAS 117, check here ▶ □			
ř.		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds			
ë	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
\ss	29	Retained earnings, accumulated income, endowment, or other funds			
it /	30	Total net assets or fund balances (see instructions)	300,485.	308,800.	-
ž	31	Total liabilities and net assets/fund balances (see	200 405	200 000	
	100	Analysis of Changes in Not Assets or Fund Ralances	300,485.	308,800.	
	Tota	Analysis of Changes in Net Assets or Fund Balances at net assets or fund balances at beginning of year—Part II, colu	mn (a) line 30 /m::	t agree with	
		of-year figure reported on prior year's return)		<u> </u>	300 405
,		• -			300,485.
2					8,315.
		er increases not included in line 2 (itemize) lines 1, 2, and 3			300 000
		and the body of the body of the second by			308,800.
2	Dec	reases not included in line 2 (itemize) all net assets or fund balances at end of year (line 4 minus line 5)—	Part II column (b) li	ne 30 6	200 000
	, 1010	a not access of faile balances at one of your fille 4 minus line of	. a.t., column (b), n	30 8	308,800.

	30 1 1 (2011)						i uge e
Part	IV Capital Gains and L	osses for Tax on Investment	Income				
		s) of property sold (for example, real estate, or common stock, 200 shs MLC Co)		(b) How acquired P-Purchase D-Donation		ate acquired ., day, yr)	(d) Date sold (mo , day, yr)
1a							
b							
c							
<u>d</u>							<u>-</u> -
<u>е</u>							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale			n or (loss) f) minus (g))
<u>a</u>							
<u> </u>				·	<u> </u>		
<u>C</u>				,			
<u>d</u>			··				
<u>е</u>	Complete only for assets show	ng gain in column (h) and owned by the	e foundation	on 12/31/69			
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) . (j), if any		col. (k), but not	(h) gain minus t less than -0-) or rom col (h))
a			, <u> </u>				
b							
С							
d							
e					ļ		
2	Capital gain net income or (r	net capital loss) { If gain, also If (loss), enter					
_					2		-
3		or (loss) as defined in sections 122 line 8, column (c). See instruction					
			• •	, enter -u- in i	3		
Par		Section 4940(e) for Reduced		let Investment	_	<u></u>	
		te foundations subject to the secti					
י יט ין	phonai ase by demostic priva	to foundations subject to the secti	ο π 4040(α)	tax off fiet invest	ariont i	ncome.j	
If sec	tion 4940(d)(2) applies, leave t	his part blank.					
Was	he foundation liable for the se	ction 4942 tax on the distributable	amount of	any vear in the l	base p	eriod?	☐ Yes 🖾 No
		alify under section 4940(e). Do not			ouce p		
1	Enter the appropriate amour	nt in each column for each year; se	e the instru	uctions before m	aking a	any entries.	**************************************
	(a)	(b)		(c)	Ť		(d)
Cal	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of	f noncharitable-use a	ssets		tribution ratio divided by col. (c))
	2016	4,990.			0.		0.000000
	2015	10,496.			0.		0.000000
	2014	49,998.			0.		0.000000
	2013	0.			0.		0.000000
	2012	0.			0.		0.000000
2	Total of line 1, column (d)				1	2	0.000000
3		r the 5-year base period-divide t					
	the number of years the four	ndation has been in existence if les	ss than 5 ye	ears	·	3	0.000000
4	Enter the net value of nonch	aritable-use assets for 2017 from	Part X, line	E	· L	4	0.
				o			
5	Multiply line 4 by line 3 .					5	0.
5 6	, ,						<u> </u>
	, ,					6	<u> </u>
	Enter 1% of net investment				.		0. 15.
6	Enter 1% of net investment Add lines 5 and 6					6	15.

Page 4

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see it	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.)			
		N/	A.	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	5.4 95.	15.	200 200
	here ► 🗵 and enter 1% of Part I, line 27b	**************************************		
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		ăi L	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0.	
3	Add lines 1 and 2		15.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		15.	
6	Credits/Payments:			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a	,		
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) . 6c 0.	an h		
d	Backup withholding erroneously withheld			
7 8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		0.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		15.	-
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10		0.	
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶ 11		<u> </u>	
Part	VII-A Statements Regarding Activities			·
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the 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		33.7	Cara l
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		×
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			2003
4-	•	3	ļ	X
4a b	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b		×
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×
	If "Yes," attach the statement required by <i>General Instruction T</i> .		ļ	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		•	
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			l
	conflict with the state law remain in the governing instrument?	6		×
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶		, ,	· .
	OK If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	-	,	/m/ 1
b	the state of the s	<u> </u>		لـــا
_		8b	×	7 73
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"		_ 	
	complete Part XIV	9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	9		×
	names and addresses	10		×
			O DE	(2017)

Part	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
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	×	
	Website address ► N/A			<u> </u>
14	The books are in care of ► CAROL ELIZABETH YOUNG FOUNDATION Telephone no. ► (405)	848-	0610	 I
	Located at ▶ 9106 N. KELLEY AVE. OKLA. CITY OK ZIP+4 ▶ 73131			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the year		•	
16	At any time during calendar year 2017, 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		×
	See the instructions for exceptions and filling requirements for FinCEN Form 114. If "Yes," enter the name of	143		2
	the foreign country ▶			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			1
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	84.2.3	Yes	No
1a	During the year, did the foundation (either directly or indirectly):	Carrier Contract		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	77		3.
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			A112
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? \square Yes \square No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No	35	100	
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		1000), k	2:22
	Organizations relying on a current notice regarding disaster assistance, check here	1b	20 M/20	×
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
·	were not corrected before the first day of the tax year beginning in 2017?	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	2//		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	3.5		
	6e, Part XIII) for tax year(s) beginning before 2017?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	11/2 4	791. 7	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	700	- 637	1.
	(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.)	<u> </u>		
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b		×
C	► 20 , 20 , 20 , 20, 20	'.		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		,	
Va	at any time during the year?	3	* •	
L		3.77	1 21	
b	If "Yes," did it have excess business holdings in 2017 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	1 (d) 25/4		g. d
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	4.5		
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			14 100
	foundation had excess business holdings in 2017.)	3b		×
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		/* /*	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		×

Pan	Statements Regarding Activities	s tor W	<u>ynich Form</u>	4/20	May Be H	equire	ed (contii	nued)			
5a	During the year, did the foundation pay or incur								anc.	Yes	No
	(1) Carry on propaganda, or otherwise attempt t						Yes Yes	⊠ No			
	(2) Influence the outcome of any specific public							_	74.1	12.2	
	directly or indirectly, any voter registration dr						Yes	⊠ No	7 2 2 2 2 2 2 1		
	(3) Provide a grant to an individual for travel, stu						☐ Yes	⊠ No		.	•
	(4) Provide a grant to an organization other than section 4945(d)(4)(A)? See instructions							▽ ••			
	(5) Provide for any purpose other than religious						∐ Yes	⊠ No	a.	14.	
	purposes, or for the prevention of cruelty to							⊠ No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the										
	Regulations section 53.4945 or in a current notice								5b	E.A.555735	×
	Organizations relying on a current notice regardi							▶ []	2007 656 7		
C	If the answer is "Yes" to question 5a(4), does to										
	because it maintained expenditure responsibility						☐ Yes	☐ No	22		
6-	If "Yes," attach the statement required by Regula										
6a	Did the foundation, during the year, receive any on a personal benefit contract?			-		emiums	_	□	7		
h	Did the foundation, during the year, pay premiur					hanafii	∐ Yes	⊠ No 2	6b		المتعقد
	If "Yes" to 6b, file Form 8870.	iio, uiio	ony or maner	olly, Oll	a persona	Dellell	Contract	٠,	OD .	60 % 3	×
	At any time during the tax year, was the foundation							⊠ No			
b	If "Yes," did the foundation receive any proceed	s or hav	ve any net ind	ome a	ttributable	to the t	ransactior	n? .	7b	- Commission of the Commission	en-ministrati
Par	VIII Information About Officers, Direct	tors, T	rustees, F	ounda	tion Man	agers,	Highly F	Paid E	mploye	es,	
	and Contractors List all officers, directors, trustees, and found	lation -		∵امدانات أم		-4i 1	Nam 1/2 - 1	41			
'	List all officers, directors, trustees, and found		nanagers an e, and average		mpensation		Contribution		·		
	(a) Name and address	hou	rs per week ed to position	(lf r	not paid, iter -0-)	emplo	yee benefit erred compe	plans	(e) Exper other a		
LEE	W. YOUNG, 9106 N. KELLEY AVE.	 	& TRUSTEE			4114 4611	oea compe				
	AHOMA OKLAHOMA CITY OK 73131		0.00		0.			0.			Ο.
MAR	IE ELIZE YOUNG, 9106 N. KELLEY AVE.	TREAS	& TRUSTEE				·		**	-	
	AHOMA CITY, OK 73114		0.00		0.			0.			0.
	N M. WARREN, 6610 HILLCREST	VP &	TRUSTEE		^			_			
OKL	HOMA CITY OK 73116	 	0.00		0.			0.			0.
	•••••••••••••••••••••••••••••••••••••••										
2	Compensation of five highest-paid employed	es (oth	er than thos	e incl	uded on li	ne 1—:	see instr	uction	s). If no	ne. e	enter
	"NONE."	· .									
			(b) Title, and a	verage			(d) Contribu	itions to			
	(a) Name and address of each employee paid more than \$50,00	00	hours per v devoted to po	/eek	(c) Comper	nsation	plans and c	leferred	(e) Expen		
	MONE		<u> </u>				compens	аноп			
	NONE										
	V 1.78			·							
				-							
Total	number of other employees paid over \$50,000 .		<u> </u>					. •	0		
BAA		•	/ 06/11/18 PRO			•	······································		orm 990	-PF	(2017)
		INE V	, SOLLINIO FRO								

2	and Contractors (continued) Eive highest poid independent contractors for professional continue. See instructions. If none outer (NON)	= ;;
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONI (a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ON		(o) Compensatio
OI		
ota	number of others receiving over \$50,000 for professional services	0
'ar	t IX-A Summary of Direct Charitable Activities	
	t the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of	Expenses
	anizations and other beneficiaries served, conferences convened, research papers produced, etc	
1	DONATION TO NEXUS EQUINE TO FUND 'THE RIGHT HORSE INITIATIVE' WHICH	
	PROMOTES HORSE ADOPTIONS	2,500
2	DONATION TO WORLD NEIGHBORS-3 YEAR GRANT	2,300
-	DONALION TO WORLD NELTONDORO 3 TERM OFFINI	
		30,000
3		
		ļ
		<u> </u>
4		
⊃ar	t IX-B Summary of Program-Related Investments (see instructions)	L
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1		
		ļ
2		
Αfl	other program-related investments. See instructions.	
3	F1-90-man - m	
•		
ota	I. Add lines 1 through 3	
۱A	REV 06/11/18 PRQ	Form 990-PF (20

see instructions.)			
		F ****	
1 Fair market value of assets not used (or held for use) directly in carrying out charitab	ie, etc.,		
purposes:			
a Average monthly fair market value of securities		1a	
b Average of monthly cash balances		1b	
c Fair market value of all other assets (see instructions)		1c	
d Total (add lines 1a, b, and c)		1d	
e Reduction claimed for blockage or other factors reported on lines 1a and		4.74	
1c (attach detailed explanation)			
2 Acquisition indebtedness applicable to line 1 assets		2	
3 Subtract line 2 from line 1d		3	0.
4 Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amou	ınt, see		
instructions)		4	0.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part \		5	0.
6 Minimum investment return. Enter 5% of line 5		6	0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private op	erating	foundatio	ons
and certain foreign organizations, check here ▶ ☐ and do not complete this p	art.)		
1 Minimum investment return from Part X, line 6		1	0.
2a Tax on investment income for 2017 from Part VI, line 5			
b Income tax for 2017. (This does not include the tax from Part VI.) 2b			
c Add lines 2a and 2b		2c	15.
3 Distributable amount before adjustments. Subtract line 2c from line 1		3	0.
4 Recoveries of amounts treated as qualifying distributions		4	
5 Add lines 3 and 4		5	0.
6 Deduction from distributable amount (see instructions)		6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on P			
line 1		7	0.
Part XII Qualifying Distributions (see instructions)			
Part Air Qualifying Distributions (see instructions)			
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26		1a	32,500.
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 charitab			
purposes		2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a 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 X		4	32,500.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			
Enter 1% of Part I, line 27b. See instructions		5	15.
6 Adjusted qualifying distributions. Subtract line 5 from line 4		6	32,485.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when	calculatir	ng whethe	r the foundation
qualifies for the section 4940(e) reduction of tax in those years.			

Part	XIII Undistributed Income (see instruction	ons)			. 490
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7				0.
2	Undistributed income, if any, as of the end of 2017:				700-700024043
а	Enter amount for 2016 only			8,315.	
b	Total for prior years: 20,20,20	STATE AND A SECOND			
3	Excess distributions carryover, if any, to 2017:				
а	From 2012 0.			14.	
b	From 2013				
C	From 2014				
d	From 2015 10,500.				
е	From 2016				
f	Total of lines 3a through e	65,500.			
4	Qualifying distributions for 2017 from Part XII,				STREET, STREET
	line 4: ▶ \$ 32,500.	ather to			
а	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				0 15 5 7 5 Sid
	required—see instructions)	800800 7-4 (A V -77 - Y - Y - V - V - V - V - V - V - V - V			
d	Applied to 2017 distributable amount				
е	Remaining amount distributed out of corpus	32,500.	Para Architel		
5	Excess distributions carryover applied to 2017	77. CC *48000 1000 -70 17 17 17			
	(If an amount appears in column (d), the same				
•	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
_					
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	98,000.	5/2412)		
b	Prior years' undistributed income. Subtract line 4b from line 2b				
_			0.	1925	
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				
	amount-see instructions		0.		
е	Undistributed income for 2016. Subtract line			\$234481588883798456553888885() (v.	
•	4a from line 2a. Taxable amount—see				
	instructions		(1)	8,315.	
f	Undistributed income for 2017. Subtract lines			0,010.	
	4d and 5 from line 1. This amount must be				
	distributed in 2018				0.
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				
	applied on line 5 or line 7 (see instructions).	0.			
9	Excess distributions carryover to 2018.			,	,
	Subtract lines 7 and 8 from line 6a	98,000.		2 3 · ·	, , ,
10	Analysis of line 9:				
а	Excess from 2013	<u>'</u>			`.' .'
b	Excess from 2014 50,000.	}		, , ,	<i>;</i>
С	Excess from 2015 10,500.				
d	Excess from 2016 5,000.				
_	Excess from 2017 32 500	•	. 1	Y 3 / 기회(기회	Julia,

_	4	\sim
Page	ı	υ

	VIV. Ditate Occuption Founds	11 / 1 1 1 1 1 1	-A: D-A	\ (1) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	1 ago 10
Part					9)	N/A
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for				L	
b	Check box to indicate whether the four		operating foundat		ection 🗌 4942	(j)(3) or/4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	each year listed					
b	85% of line 2a					
	Qualifying distributions from Part XII,		 	 	/	
•	line 4 for each year listed					
d	Amounts included in line 2c not used directly				/	
u	for active conduct of exempt activities				1	
_	•			 /-		
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		
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-enter 2/3		7			
	of minimum investment return shown in Part X, line 6 for each year listed					
_	"Support" alternative test—enter:		/			
С	• •			ļ		
	(1) Total support other than gross investment income (interest,		/			
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	and 5 or more exempt organizations as provided in			İ		
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from					
	an exempt organization	4				
	(4) Gross investment income					
Part	XV Supplementary Information	on (Complete th	is part only if t	he foundation h	nad \$5,000 or r	nore in assets at
-	any time during the year-					
1	Information Regarding Foundation	Managers:				
а	List any managers of the foundation	who have contribu	ited more than 2%	6 of the total cont	ributions receive	d by the foundation
	before the close of any tax year (but o					
	LEE W. YOUNG-PRESIDENT; MA	RIE E. YOUNG	-TREASURER	, , ,	· · · · · ·	
_	List any managers of the foundation			ck of a corporatio	n (or an equally	large portion of the
	ownership of a partnership or other el					argo portion of the
,	NONE	,		TO TO ST GLOCATOR INTO		
		Cront Citt Los	. Cobalanda e	As Dusanes		
2	Information Regarding Contribution			. •		
	Check here ▶ ☐ if the foundation					
	unsolicited requests for funds. If the f		giits, grants, etc.,	to individuals or o	organizations und	er other conditions,
	complete items 2a, b, c, and d. See ir					
а	The name, address, and telephone nu	ımber or email add	dress of the perso	n to whom applica	ations should be	addressed:
	See Supplementary Informat	ion_Statemen	t			
b	The form in which applications should	d be submitted and	d information and	materials they sho	ould include:	
				-		
c	Any submission deadlines:					
•	, Januari and and an inter-					
- Н	Any restrictions or limitations on av	vards, such as h	v geographical a	reas, charitable fi	elds kinds of in	stitutions or other
•	factors:		, 33 ai	, orialitable II	ao, miao oi ii	.c.itations, or other

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager or substantial contributor contribution recipient Name and address (home or business) a Paid during the year NEXUS EQUINE, INC. 501C(3) THE RIGHT HORSE P.O. BOX 54572 IRS SECTION INITIATIVE OKLAHOMA CITY OK 73154 EIN:81-1990122 2,500. WORLD NEIGHBORS, INC. 3 YR GRANT FOR 5600 N. MAY, SUITE 160 GENERAL PURPOSES OKLA. CITY OK 73112 501C(3) | EIN: 73-0707328 30,000. 3a 32,500. **b** Approved for future payment Total

	gross amounts un	less otherwise indicated.		siness income	Excluded by sect	on 512, 513, or 514	(e)
4	Drogram poniga ra	N/ORUG:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1	Program service re a	evenue.					
	b		-				
	С						
	d						
	e			·			
	f						
	-	acts from government agencies					<u> </u>
2	•	and assessments					
3	-	and temporary cash investments			14	1,473.	ļ
4		rest from securities or (loss) from real estate:	15.4				
5	a Debt-financed				07.2000000 3425478	<u>/57/43#88/45</u>	
		ced property					
6		or (loss) from personal property					
7		ncome	-				
8		ales of assets other than inventory				130	
9	• •	s) from special events					
10	Gross profit or (los	s) from sales of inventory					
11	Other revenue: a						
						·	
			ļ		ļ	<u> </u>	
	d						
	e		1				1
			14-17 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		200000000000000000000000000000000000000		
	Subtotal. Add colu	imns (b), (d), and (e)				1,473.	
13	Subtotal. Add colu Total. Add line 12,	columns (b), (d), and (e)					
13 (See	Subtotal. Add colu Total. Add line 12, worksheet in line 1	columns (b), (d), and (e) 3 instructions to verify calculation	 ns.)				
13 (See Pal	Subtotal. Add colu Total. Add line 12, worksheet in line 1 t XVI-B Relat	columns (b), (d), and (e) 3 instructions to verify calculation tionship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	1,473.
13 (See Pal Lin	Subtotal. Add colu Total. Add line 12, worksheet in line 1 t XVI-B Relat	columns (b), (d), and (e) 3 instructions to verify calculation	 ns.) Accomplishm	ent of Exemp	t Purposes	13	1,473.
13 (See Pal Lin	Subtotal. Add colu Total. Add line 12, worksheet in line 1 t XVI-B Relat	columns (b), (d), and (e) 3 instructions to verify calculation tionship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	1,473.
13 (See Pal Lin	Subtotal. Add colu Total. Add line 12, worksheet in line 1 t XVI-B Relat	columns (b), (d), and (e) 3 instructions to verify calculation tionship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	1,473.
13 (See Pal Lin	Subtotal. Add colu Total. Add line 12, worksheet in line 1 t XVI-B Relat	columns (b), (d), and (e) 3 instructions to verify calculation tionship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	1,473.
13 (See Pal Lin	Subtotal. Add colu Total. Add line 12, worksheet in line 1 t XVI-B Relat	columns (b), (d), and (e) 3 instructions to verify calculation tionship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	1,473.
13 (See Pal Lin	Subtotal. Add colu Total. Add line 12, worksheet in line 1 t XVI-B Relat	columns (b), (d), and (e) 3 instructions to verify calculation tionship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	1,473.
13 (See Pal Lin	Subtotal. Add colu Total. Add line 12, worksheet in line 1 t XVI-B Relat	columns (b), (d), and (e) 3 instructions to verify calculation tionship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	1,473.
13 (See Pal Lin	Subtotal. Add colu Total. Add line 12, worksheet in line 1 t XVI-B Relat	columns (b), (d), and (e) 3 instructions to verify calculation tionship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	1,473.
13 See Pal Lin	Subtotal. Add colu Total. Add line 12, worksheet in line 1 t XVI-B Relat	columns (b), (d), and (e) 3 instructions to verify calculation tionship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	1,473.
13 See Pal Lin	Subtotal. Add colu Total. Add line 12, worksheet in line 1 t XVI-B Relat	columns (b), (d), and (e) 3 instructions to verify calculation tionship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	1,473.
13 (See Pal Lin	Subtotal. Add colu Total. Add line 12, worksheet in line 1 t XVI-B Relat	columns (b), (d), and (e) 3 instructions to verify calculation tionship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	1,473.
13 (See Pal Lin	Subtotal. Add colu Total. Add line 12, worksheet in line 1 t XVI-B Relat	columns (b), (d), and (e) 3 instructions to verify calculation tionship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	1,473.
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13 (See Pal Lin	Subtotal. Add colu Total. Add line 12, worksheet in line 1 t XVI-B Relat	columns (b), (d), and (e) 3 instructions to verify calculation tionship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	1,473.
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13 (See Pal Lin	Subtotal. Add colu Total. Add line 12, worksheet in line 1 t XVI-B Relat	columns (b), (d), and (e) 3 instructions to verify calculation tionship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	1,473.
13 (See Pal Lin	Subtotal. Add colu Total. Add line 12, worksheet in line 1 t XVI-B Relat	columns (b), (d), and (e) 3 instructions to verify calculation tionship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	1,473.
13 (See Pal Lin	Subtotal. Add colu Total. Add line 12, worksheet in line 1 t XVI-B Relat	columns (b), (d), and (e) 3 instructions to verify calculation tionship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	1,473.
13 (See Pal Lin	Subtotal. Add colu Total. Add line 12, worksheet in line 1 t XVI-B Relat	columns (b), (d), and (e) 3 instructions to verify calculation tionship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	1,473.
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13 (See Pal Lin	Subtotal. Add colu Total. Add line 12, worksheet in line 1 t XVI-B Relat	columns (b), (d), and (e) 3 instructions to verify calculation tionship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	1,473.

BAA

rait /	ZVII	Organization	n negaranig man ons	isiers to ariu	i i alisacilo	iis ailu n	eiationsi	iiba AAirii iA	onchan	ILADIE EX	ampı
1	Did the		directly or indirectly	engage in any of	the following	ng with an	v other org	anization de	scribed	Yes	No
			ther than section								- "Q-C"
(organiz	ations?			·						
а	Transfe	ers from the rep	porting foundation to	a noncharitable	e exempt or	ganization	of:				
		sh								1a(1)	×
((2) Oth	er assets .								1a(2)	×
b	Other t	ransactions:									1300
	(1) Sale	es of assets to	a noncharitable exe	mpt organizatio	n					1b(1)	×
	(2) Pur	chases of asse	ets from a noncharita	able exempt org	anization .					1b(2)	×
((3) Rer	ntal of facilities,	, equipment, or othe	rassets						1b(3)	X
+	(4) Rei	mbursement a	rrangements							1b(4)	×
4	(5) Loa	ins or loan gua	rantees							1b(5)	×
!	(6) Per	formance of se	ervices or membersh	nip or fundraising	g solicitation	s				1b(6)	×
			quipment, mailing lis							1c	×
			of the above is "Yes								
			ther assets, or servi								
			on or sharing arrang								
(a) Line	no. (b)	Amount involved	(c) Name of nonch	naritable exempt org	anization	(d) Desci	ription of trans	fers, transaction	ns, and sha	ring arrangem	ents
						 					
						 					
						 					
			<u> </u>		 .				 /		
	-					 					
			<u> </u>			 					
	-					·					
	}					 					
					· · · · · · · · · · · · · · · · · · ·	-					
											
	_					· 					——-
	+					 					
	_										
	_									· ····	
2a	s the	foundation dire	ectly or indirectly aff	filiated with, or	related to, o	ne or mo	re tax-exer	npt organiza	ations		
			501(c) (other than se] Yes ⊠	No
b	If "Yes	" complete the	e following schedule							_	
		(a) Name of organ	iization	(b) Type	of organization	1		(c) Descriptio	n of relation	iship	
···											
								-			
			I declare that I have examine laration of preparer (other the						my knowled	ge and belief, i	t is true,
Sign	correct	, and complete Deci	aration of preparer (other th	an taxpayer) is based	on all information	i oi which prep	oarer nas any Ki	nowieage.		RS discuss this	
Here	<u> </u>	xec 1	V. Sur	7-/4	- 18 P PI	RESIDEN'	Τ			eparer shown litions (7 Yes	
		ure of officer or tru		Date	Title	9					
Paid		Print/Type preparer	r's name	Preparer's signati		0	Date	Chec	k I I If I	TIN	
Prepa	rer _	KEITH A. F	ROBBEN	Tre-	H- Vou	100Z_	06/29/			0045020	1
Use C		Firm's name	KEITH A. ROB	BEN, C.P.A.	PC PC			Firm's EIN ▶			
		Firm's address 🕨	9106 N. KELL					Phone no		48-0610	
BAA			OKLAHOMA CIT	Y	OF	73131			Fo	m 990-PF	(2017)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

CARO	L ELIZABETH YO	UNG FOUNDATION	73-1291004
Organiz	ation type (check on	a):	
Filers o	f:	Section:	
Form 99	0 or 990-EZ	☐ 501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation
		527 political organization	
Form 99	0-PF	■ 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private founda	tion
		501(c)(3) taxable private foundation	
Note: Coinstruction	ons.	, (8), or (10) organization can check boxes for both the General Rule a	nd a Special Rule. See
Genera ⊠	For an organization or more (in money o	iling Form 990, 990-EZ, or 990-PF that received, during the year, cont property) from any one contributor. Complete Parts I and II. See instr	
	contributor's total co	intributions.	
Special	Rules		
	regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 that received from any one contributor, during the year, total contributhe amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	00 or 990-EZ), Part II, line tions of the greater of (1)
	contributor, during t	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, total contributions of more than \$1,000 exclusively for religious al purposes, or for the prevention of cruelty to children or animals. Cor	, charitable, scientific,
	contributor, during t contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, contributions exclusively for religious, charitable, etc., purposed more than \$1,000. If this box is checked, enter here the total contribution exclusively religious, charitable, etc., purpose. Don't complete any of second to this organization because it received nonexclusively religious, charted the grant of the year	es, but no such utions that were received f the parts unless the uritable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

CAROL ELIZABETH YOUNG FOUNDATION

73-1291004

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JMW CHARITABLE LEAD UNITRUST 1606 COVENTRY PARK OKLAHOMA CITY OK 73120	\$ 40,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

CAROL ELIZABETH YOUNG FOUNDATION

Employer identification number

73-1291004

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (c) FMV (or estimate) (a) No. (b) (d) from Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received (See instructions.) Part I (a) No. (c) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) (c) FMV (or estimate) (a) No. (b) (d) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

	rganization			Employer identification number
	LIZABETH YOUNG FOUNDATION			73-1291004
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional transfer in the copies of the transfer in the copies of the transfer in the	ne year from any one	contributor. Complenter the total of exc	lete columns (a) through (e) and clusively religious, charitable, etc.,
(a) No. from	(b) Purpose of gift	(c) Use of gift	(4)	Description of how gift is held
Part I	(b) Fulpose of gift	(c) Ose of gift	(0)	Description of now girt is need
-		(e) Transfer of	gift	
	Transferee's name, address, and	ZIP + 4	Relationship o	f transferor to transferee
-				
				••••
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
-		(e) Transfer of	aift	
		(c) Transier of	9	
	Transferee's name, address, and	ZIP + 4	Relationship o	f transferor to transferee
(a) No.	4.5	4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
from Part I	(b) Purpose of gift	(c) Use of gift	(a)	Description of how gift is held

-		(e) Transfer of	 aift	
		(0)	•	
L	Transferee's name, address, and	ZIP + 4	Relationship o	f transferor to transferee
į				
(a) No. from	0.5	4) 11 6 16		
from Part I	(b) Purpose of gift	(c) Use of gift	: (a)	Description of how gift is held
		····		
+	L	(e) Transfer of	gift	
		(-)	-	
	Transferee's name, address, and	ZIP + 4	Relationship o	f transferor to transferee
İ				
				•••••

Continuation Statement

CAROL ELIZABETH YOUNG FOUNDATION
Form 990-PF: Return of Private Foundation
Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.

Name and Address Information	Form Information	Submission Information	Restrictions
THE BOARD OF DIRECTORS CAROL E. YOUNG FOUNDATION, INC., 909 E. BRITTON ROAD USE OF FUNDS OKLAHOMA CITY, OK 73114	LETTER FORMAT, AMOUNT DESIRED AND USE OF FUNDS	NONE	YES - TO PROVIDE ASSISTANCE TO HISPANIC PEOPLE THOUGHOUT THE AMERICAS AND
405-848-0610			
			TO THE POOR IN THE STATE OF OKLAHOMA

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
INCOME TAXES	10.			
Total	10.			

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
OFFICE SUPPLIES	253.			
Total	253.			

Form 990-PF Part I, Lines 16a - 16c

Legal and Professional Fees

2017

Name	Employer Identification No
CAROL ELIZABETH YOUNG FOUNDATION	73-1291004

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Total to Form 990-F	PF, Part I, Line 16a		<u> </u>	<u></u>	

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
KEITH A ROBBE	TAX PREPARATIO	395.			
Total to Form 990-	PF, Part I, Line 16b	395.			

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
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	-	\ 			-
al to Form 99	0-PF, Part I, Line 16c				