Form 990-PF

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545 0047

2019

Open to Public Inspection

| _ ! | For cal | lendar year 2019 or tax year beginning | , 2019. | , and ending | | | |
|---------|------------------------------|--|---|---------------------------------------|---------------|--|--|
| | | AHOMA ALLERGY CLINIC FOUNDATI | ON, INC. | | Α | Employer identification nur 73-6109394 | |
| | | N.E. 13TH ST NHOMA CITY, OK 73104 | | | В | Telephone number (see inst | ructions) |
| | | | | | С | If exemption application is | pending, check here 🕨 🗌 |
| - | G Che | eck all that apply Initial return Final return Address change | Initial return of a form Amended return Name change | ner public charity | Į | 1 Foreign organizations, chec 2 Foreign organizations meet | |
| ī | H Che | | (c)(3) exempt private f | oundation | 1 | here and attach computation | |
| - | I Fair | Section 4947(a)(1) nonexempt charitable t | rust Other taxable rounting method XC | | E | If private foundation status under section 507(b)(1)(A) | |
| | (froi ► \$ | | Other (specify) column (d), must be on c | | F | If the foundation is in a 60 under section 507(b)(1)(B) | |
| [| Part I | Analysis of Revenue and Expenses (The total 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 | (b) Net investment income | nt | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| • | | 1 Contributions, gifts, grants, etc., received (attach schedule) | 14,400. | 1 | | l | |
| ٠. | | 2 Check ► X if the foundation is not required to attach Sch B | | | | | |
| 7 | , _ | 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities | | | | N/A | |
| (1) | | 5 a Gross rents b Net_rental income | | · · · · · · | | | <u> </u> |
| V | ā | or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all | | | | | |
| | Revenue | assets on line 6a Capital gain net income (from Part IV, line 2) | | | | | |
| | ě | 8 Net short term capital gain 9 Income modifications | | | | | |
| | ď | 10 a Gross sales less | | | | | |
| | | returns and allowances b Less Cost of | | | | | |
| | | goods sold | | | | | <u> </u> |
| | | c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) | | | | | · |
| | | 12 Total Add lines 1 through 11 | 14,400. | | 0. | | |
| - | (0 | 13 Compensation of officers, directors, trustees, etc | 0. | | | | |
| | xpenses | 14 Other employee salaries and wages. 15 Pension plans, employee benefits | | | | \wedge | |
| | 듄 | 16a Legal fees (attach schedule) | | | , | / | |
| | | b Accounting fees (attach sch) | | | | STOCK TO THE STOCK | |
| | e H | c Other professional fees (attach sch) | | | 10 | | |
| ī | Ę | 17 Interest | | | | MAR | |
| 404 | Ę | 18 Taxes (atlach schedule)(see instrs) | | | _ | MAR 27 2020 | 76. |
| 3. | nis | 19 Depreciation (attach schedule) and depletion | | | 7 | COE. TOTAL | /S/ |
| > | Ē | 20 Occupancy | | | | | 6/ |
| į | Ad | 21 Travel, conferences, and meetings | | | | (0) 46 | / |
| - | פַ | 22 Printing and publications 23 Other expenses (attach schedule) | | | - | | |
| ָ נ | j ar | , , , , , , , , , , , , , , , , , , | | | | | |
| SCANNED | Operating and Administrative | 24 Total operating and administrative expenses Add lines 13 through 23 | | | | | |
| 4 | D | 25 Contributions, gifts, grants paid PART XV | 24,772. | , , , , , , , , , , , , , , , , , , , | `~~ | • " • | 24,772. |
| ഗ | ō | 26 Total expenses and disbursements Add lines 24 and 25 | 24,772. | \$ | 0. | | 24,772. |
| - | | 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements | -10,372. | | . | - · | |
| | | b Net investment income (if negative, enter 0-) | 10,372. | | 0. | • | |
| | | C Adjusted net income (if negative, enter 0-) | 1 | ۸ | 7 | | • |

| Par | • 11 | Balance Sheets | Attached schedules and amounts in the description column should be for end of-year amounts only | Beginning of year | End o | f year |
|-----------------------------|-------|---|---|---------------------------------------|---|-----------------------|
| rai | C II | | (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash — non-interest | -bearing | 23,505. | 13,133. | 13,133. |
| | 2 | Savings and tempora | ary cash investments | | | |
| | 3 | Accounts receivable | • | | | |
| | | Less allowance for o | doubtful accounts > | | | |
| | 4 | Pledges receivable | • | | | |
| | | Less allowance for o | doubtful accounts > | | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from offic disqualified persons (attac | ers, directors, trustees, and other th schedule) (see instructions) | | | |
| | 7 | Other notes and loans rece | ervable (attach sch) | | | |
| | | Less allowance for o | doubtful accounts > | | | |
| | 8 | Inventories for sale of | or use | | | |
| | 9 | Prepaid expenses ar | nd deferred charges | | | |
| Assets | 10 a | a Investments – US obligations (attach s | and state government chedule) | | | |
| 1 58 | Ł | Investments — corporate s | stock (attach schedule) | | | |
| 4 | | : Investments — corporate I | oonds (attach schedule) | | | |
| | 11 | Investments — land, equipment basis. | buildings, and | | | |
| | | Less accumulated deprect (attach schedule) | ation • | | | |
| | 12 | Investments - morto | gage loans. | | | |
| | 13 | Investments - other | (attach schedule) | | | |
| | 14 | Land, buildings, and | equipment basis ► | | | |
| | | Less accumulated deprect (attach schedule) | ation • | | | |
| | | Other assets (describ | | | | |
| | 16 | Total assets (to be o | completed by all filers — Also, see page 1, item I) | 23,505. | 13,133. | 13,133. |
| | 17 | Accounts payable an | | 23,303. | 13,133. | 13,133. |
| | 18 | Grants payable | a socios expenses | | | |
| S | 19 | Deferred revenue | | 5,529. | 5,529. | |
| <u>ë</u> : | 20 | Loans from officers, direct | ors, trustees, & other disqualified persons | 0,023. | | |
| Liabilities | 21 | Mortgages and other notes | payable (attach schedule) | | | , j |
| Ę. | 22 | Other liabilities (desc | pribe►) | | | |
| _ | | - | 17.11 | 5 500 | F F00 | |
| | 23 | Total liabilities (add | | 5,529. | 5,529. | |
| ဆည | | and complete lines 2 | low FASB ASC 958, check here ► 24, 25, 29, and 30. | | | |
| 3alaı | 24 | Net assets without de | onor restrictions | | | |
| Þ | 25 | Net assets with dono | r restrictions | | | |
| Net Assets or Fund Balances | | Foundations that do nand complete lines 2 | not follow FASB ASC 958, check here ►X | | | |
| ō | 26 | · | rincipal, or current funds | 17,976. | 7,604. | |
| SS | 27 | | or land, bldg, and equipment fund | 21,7510.1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| SS (| 28 | | plated income, endowment, or other funds | | | |
| Ž | 29 | = | und balances (see instructions) | 17,976. | 7,604. | i |
| S | 30 | | net assets/fund balances | 23,505. | 13,133. | |
| Par | E III | Analysis of Chan | ges in Net Assets or Fund Balance | | · · · · · · · · · · · · · · · · · · · | |
| 1 | Total | net assets or fund ba | ilances at beginning of year – Part II, colu | ımn (a), line 29 (must ad | aree with | |
| | end- | of-year figure reported | l on prior year's return) | , , , , , , , , , , , , , , , , , , , | 1 | 17,976. |
| 2 | | r amount from Part I, | | | 2 | |
| 3 | | increases not included in lir | ne 2 (itemize) | | 3 | |
| 4 | | lines 1, 2, and 3 | | | 4 | 7,604. |
| 5 | | ases not included in line 2 (| | | 5 | |
| 6 | Total | net assets or fund ba | lances at end of year (line 4 minus line 5) | - Part II, column (b), li | ne 29 6 | 7,604. |

| | t IV Capital Gains and I | | | | | |
|---------------------------------------|--|--|---|--|---|----------------------------------|
| | | the kind(s) of property sold (for examparehouse, or common stock, 200 sh | | (b) How acquired P — Purchase D — Donation | (C) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
| 1 a | N/A | · · · · · · · · · · · · · · · · · · · | | | | |
| t | | | | | | |
| | · | | | | | |
| | | | | | | |
| | | (0.0 | (-) (2) (1) (1) | l | (1-) | (1) |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other ba plus expense of sa | | (h) Gain or ((e) plus (f) m | |
| | | | ··· | | | |
| t | | | | | | · |
| | | | | | | |
| <u>`</u> | | | · <u>-</u> - | | - | |
| | | g gain in column (h) and owned by the | foundation on 12/31/69 | | (I) Gains (Col | (h) |
| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | | ain minus col (k), b an -0-) or Losses (fr | ut not less |
| | <u> </u> | | | | | |
| t |) | | | | | |
| | ; | | | | | |
| | i | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | , | ···· |
| 2 | Capital gain net income or (ne | | enter in Part I, line 7 ter -0- in Part I, line 7 | _ 2 | | |
| 3 | Net short-term capital gain or | (loss) as defined in sections 1222(5 |) and (6) | | | |
| | If gain, also enter in Part I, line in Part I, line 8 | e 8, column (c) See instructions If | (loss), enter -0- | - 3 | | |
| Par | t V Qualification Under | Section 4940(e) for Reduce | d Tax on Net Investm | ent Income | | |
| (For | optional use by domestic private fo | oundations subject to the section 4940 | (a) tax on net investment ind | come) | N/A | |
| If se | ction 4940(d)(2) applies, leave t | his nart blank | | | | |
| | | ilis part biarik | | | | |
| | H. C. and J. and J. Britan Co. Harrison | · | | | □ v | |
| | | ction 4942 tax on the distributable a | | pase period? | Yes | No |
| If 'Ye | es,' the foundation doesn't quali | ction 4942 tax on the distributable a fy under section 4940(e). Do not co | mplete this part | · · · · · · | Yes | No |
| | es,' the foundation doesn't quali Enter the appropriate amount in | ction 4942 tax on the distributable a fy under section 4940(e). Do not co each column for each year, see the in | mplete this part structions before making any | · · · · · · | | ☐ No |
| If 'Ye | es,' the foundation doesn't quali | ction 4942 tax on the distributable a fy under section 4940(e). Do not co | mplete this part | entries | (d) Distribution (col (b) divided | ratio |
| If 'Ye | es,' the foundation doesn't quali Enter the appropriate amount in (a) Base period years Calendar year (or tax year | ction 4942 tax on the distributable a fy under section 4940(e). Do not co each column for each year, see the in (b) | mplete this part structions before making any (c) Net value of | entries | (d) Distribution | ratio |
| If 'Ye | Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginning in) | ction 4942 tax on the distributable a fy under section 4940(e). Do not co each column for each year, see the in (b) | mplete this part structions before making any (c) Net value of | entries | (d) Distribution | ratio |
| If 'Ye | Es,' the foundation doesn't qualication the appropriate amount in (a) Base period years Calendar year (or tax year beginning in) 2018 2017 2016 | ction 4942 tax on the distributable a fy under section 4940(e). Do not co each column for each year, see the in (b) | mplete this part structions before making any (c) Net value of | entries | (d) Distribution | ratio |
| If 'Ye | Es,' the foundation doesn't qualication the appropriate amount in (a) Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015 | ction 4942 tax on the distributable a fy under section 4940(e). Do not co each column for each year, see the in (b) | mplete this part structions before making any (c) Net value of | entries | (d) Distribution | ratio |
| If 'Ye | Es,' the foundation doesn't qualication the appropriate amount in (a) Base period years Calendar year (or tax year beginning in) 2018 2017 2016 | ction 4942 tax on the distributable a fy under section 4940(e). Do not co each column for each year, see the in (b) | mplete this part structions before making any (c) Net value of | entries | (d) Distribution | ratio |
| If 'Ye | Es,' the foundation doesn't qualication the appropriate amount in (a) Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015 | ction 4942 tax on the distributable a fy under section 4940(e). Do not co each column for each year, see the in (b) | mplete this part structions before making any (c) Net value of | entries | (d) Distribution | ratio |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (d) | ction 4942 tax on the distributable a fy under section 4940(e). Do not co each column for each year, see the in (b) Adjusted qualifying distributions | mplete this part structions before making any (c) Net value of noncharitable-use as | sets | (d) Distribution | ratio |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (d) Average distribution ratio for the | ction 4942 tax on the distributable a fy under section 4940(e). Do not co each column for each year, see the in (b) | mplete this part structions before making any (c) Net value of noncharitable-use as | sets | (d) Distribution | ratio |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (d) Average distribution ratio for the number of years the appropriate amount in (a) | ction 4942 tax on the distributable at fy under section 4940(e). Do not content to the column for each year, see the intent (b) Adjusted qualifying distributions 5-year base period — divide the total of the column for each year, see the intent for each year. | mplete this part structions before making any (c) Net value of noncharitable-use as on line 2 by 5 0, or by the 5 years | sets | (d) Distribution | ratio |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (d) Average distribution ratio for the number of years the appropriate amount in (a) | ction 4942 tax on the distributable at fy under section 4940(e). Do not conteach column for each year, see the in (b) Adjusted qualifying distributions 5-year base period — divide the total on has been in existence if less than | mplete this part structions before making any (c) Net value of noncharitable-use as on line 2 by 5 0, or by the 5 years | sets 2 | (d) Distribution | ratio |
| 2 3 | Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (d) Average distribution ratio for the number of years the foundation | stion 4942 tax on the distributable at fy under section 4940(e). Do not conteach column for each year, see the in (b) Adjusted qualifying distributions 5-year base period — divide the total on has been in existence if less than itable-use assets for 2019 from Paragraphs. | mplete this part structions before making any (c) Net value of noncharitable-use as on line 2 by 5 0, or by the 5 years | sets 2 3 4 | (d) Distribution | ratio |
| 2 3 4 5 | Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (d) Average distribution ratio for the number of years the foundation Enter the net value of nonchar Multiply line 4 by line 3 | stion 4942 tax on the distributable at fy under section 4940(e). Do not conteach column for each year, see the in (b) Adjusted qualifying distributions 5-year base period — divide the total on has been in existence if less than itable-use assets for 2019 from Paragraphs. | mplete this part structions before making any (c) Net value of noncharitable-use as on line 2 by 5 0, or by the 5 years | sets 2 3 4 5 | (d) Distribution | ratio |
| 2 3 4 5 6 | Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (d) Average distribution ratio for the number of years the foundation Enter the net value of nonchar Multiply line 4 by line 3 Enter 1% of net investment incompany and the properties of the second and the column (d) | stion 4942 tax on the distributable at fy under section 4940(e). Do not contact the column for each year, see the interest of the column for each year. | mplete this part structions before making any (c) Net value of noncharitable-use as on line 2 by 5 0, or by the 5 years | sets 2 3 4 5 6 | (d) Distribution | ratio |

| | 990-PF (2019) OKLAHOMA ALLERGY CLINIC FOUNDATION, INC. 73-610939 | | P | age 4 | |
|-----|---|--------------|---------------|---------------|---|
| Par | VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction | ns) | | | |
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1. | | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary — see instructions) | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, | | | 0. | |
| | check here ► and enter 1% of Part I, line 27b | | | Ì | |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) | . | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable | | | • | |
| _ | foundations only, others, enter -0-) | | | 0. | |
| 3 | Add lines 1 and 2 | | | 0. | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | | 0. | |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- Credits/Payments | | | 0. | |
| 6 | 2019 estimated tax pymts and 2018 overpayment credited to 2019 | | | | |
| | Exempt foreign organizations — tax withheld at source | | | 1 | |
| | Tax paid with application for extension of time to file (Form 8868) 6 c | | | - 1 | |
| | Backup withholding erroneously withheld 6 d | | | - { | |
| | Total credits and payments Add lines 6a through 6d | | | 0. | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here | | | <u> </u> | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | 0. | |
| | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | | |
| | Enter the amount of line 10 to be Credited to 2020 estimated tax Refunded | - | | | |
| | VII-A Statements Regarding Activities | | | | |
| 1 a | 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? | 1 a | | <u>X</u> | |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | 1 ь | | X | |
| | If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities | | | | |
| | Did the foundation file Form 1120-POL for this year? | 1 c | | Χ | |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ►\$ 0. (2) On foundation managers ►\$ | | | - { | |
| e | (1) On the foundation . ►\$ 0 . (2) On foundation managers ►\$ 0 . Liter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | <u>- </u> | - | | |
| _ | foundation managers ►\$ 0. | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | X | |
| | If 'Yes,' attach a detailed description of the activities | | } | - 1 | |
| 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 | 3 | | X | |
| 4.0 | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4 a | | | |
| | If 'Yes,' has it filed a tax return on Form 990-T for this year? | 4 b | N | X / A | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | X | |
| • | If 'Yes,' attach the statement required by General Instruction T | | | <u> </u> | |
| 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 conflict with the state law remain in the governing instrument? | 6 | X | | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV | 7 | $\frac{x}{x}$ | | |
| | Enter the states to which the foundation reports or with which it is registered. See instructions | 31 | | · [| |
| | N/A | - ` ^" | ۰۵۰ | ^ | |
| b | If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ² If 'No,' attach explanation | 8 b | X . | ! | / |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5 for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If 'Yes,' complete Part XIV. | 9 | | $\frac{1}{x}$ | J |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names | | | | - |
| BAA | and addresses | 10 orm 990 | -PF (2 | X 019) | |
| | | | | | |

| Par | rt VII-A | Statements Regarding Activities (continued) | | | | | |
|-----|--------------------------|---|-------------|--------|----------|----------|------------|
| 11 | At any tin within the | ne during the year, did the foundation, directly or indirectly, own a controlled entity meaning of section 512(b)(13)? If 'Yes,' attach schedule See instructions | | | 11 | Yes | No X |
| 12 | Did the for | undation make a distribution to a donor advised fund over which the foundation or a disqualified perso privileges? If 'Yes,' attach statement. See instructions | n had | | 12 | | Х |
| 13 | Did the fo | oundation comply with the public inspection requirements for its annual returns and exemption | applica | tion? | 13 | Χ | |
| 14 | Website a | address * <u>N/A</u> s are in care of * SCOTT DENNIS Telephone | | 405-23 | | | - - |
| 14 | | Telephone 3. To N.E. 13TH STREET OKLAHOMA CITY OK ZIP + 4 | 731 | | <u> </u> | <u> </u> | · |
| 15 | Section 4 | 947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here. | | , | N/A | - | |
| | and enter | the amount of tax-exempt interest received or accrued during the year | > | 15 | - | · · | N/A |
| 16 | | e during calendar year 2019, did the foundation have an interest in or a signature or other authority of curities, or other financial account in a foreign country? | ver a | | 16 | Yes | No X |
| | | nstructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' name of the foreign country | | | | | |
| Par | rt VII-B | Statements Regarding Activities for Which Form 4720 May Be Required | | | | | |
| | | 4720 if any item is checked in the 'Yes' column, unless an exception applies. | | | | Yes | No |
| 1 a | Ţ | year, did the foundation (either directly or indirectly) | ٦., | | • | | |
| | • | ge in the sale or exchange, or leasing of property with a disqualified person? | Yes | X No | | | |
| | | w money from, lend money to, or otherwise extend credit to (or accept it from) a alified person? | Yes | XNo | | | |
| | (3) Furni | sh goods, services, or facilities to (or accept them from) a disqualified person? | Yes | X No | | | |
| | (4) Pay o | compensation to, or pay or reimburse the expenses of, a disqualified person? | Yes | X No | | | |
| | (5) Trans for th | ifer any income or assets to a disqualified person (or make any of either available e benefit or use of a disqualified person)? | Yes | XNo | 1 | | |
| | found | e to pay money or property to a government official? (Exception . Check 'No' if the ation agreed to make a grant to or to employ the official for a period after termination vernment service, if terminating within 90 days.) | Yes | ΧΝο | | | |
| t | o If any ans | swer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in ns section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions | | | | | /3 |
| | _ | ns section 53 4941 (d)-3 or in a current notice regarding disaster assistance? See instructions the section of | • | \Box | 1 b | IN S | /A |
| | J | | | | | | |
| (| that were | oundation engage in a prior year in any of the acts described in 1a, other than excepted acts, not corrected before the first day of the tax year beginning in 2019? | | | 1 c | | Х |
| 2 | Taxes on private of | failure to distribute income (section 4942) (does not apply for years the foundation was a perating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | | | |
| ā | At the en- 6e) for ta | d of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and x year(s) beginning before 2019? | Yes | XNo | | | |
| | If 'Yes,' li | st the years ► 20 , 20 , 20 | | | | | |
| ŀ | Are there | any years listed in 2a for which the foundation is not applying the provisions of section 49420 | a)(2) | | | | |
| | | to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a listed, answer 'No' and attach statement — see instructions). | a)(2) to | : | 2 b | N | /A |
| | - | visions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h | ere | | | | |
| | ▶ 20 | , 20 , 20 , 20 | | | | | |
| 3 a | Did the fo | oundation hold more than a 2% direct or indirect interest in any business e at any time during the year? | Yes | X No | | | |
| t | or disqua | id it have excess business holdings in 2019 as a result of (1) any purchase by the foundation | I | _ | | | |
| | by the Co | lified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved immissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or ose of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to | | | | | |
| | determine | e if the foundation had excess business holdings in 2019) | | | 3 b | N | /A |
| 4 a | | oundation invest during the year any amount in a manner that would jeopardize its | | | 4 a | | Х |
| ı | n Did the fo | oundation make any investment in a prior year (but after December 31, 1969) that could | | | | | |
| · | jeopardize | ents charitable purpose that had not been removed from jeopardy before the first day of ear beginning in 2019? | | | 4 b | | X |
| BAA | | cal beginning in 2017. | | Fo | rm 99 |)-PF (| |

| Form 990-PF (2019) OKLAHOMA ALLERGY (| CLINIC FOUNDATI | ON, INC. | 73- | 610939 | 4 | P | age (|
|--|--|--|--|-----------|------------------|--------|-------|
| Part VII-B Statements Regarding Activit | | n 4720 May Be Req | uired (continue | <u>d)</u> | | | |
| 5 a During the year, did the foundation pay or incur a | • | (l 4045(-)\2 | | | | Yes | No |
| (1) Carry on propaganda or otherwise attem | | | ∐ Yes | X No | | | |
| (2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra | ation drive? | - | Yes | X No | | | |
| (3) Provide a grant to an individual for travel, | • . | • | Yes | Х Мо | | | |
| (4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions | X No | , | | | | | |
| (5) Provide for any purpose other than religion educational purposes, or for the prevention | Yes | X No | | | | | |
| b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in a See instructions | f the transactions fail to current notice regarding o | qualify under the exce disaster assistance? | ptions | | 5 b | N | /A |
| Organizations relying on a current notice rega | irding disaster assistan | ce, check here | • | · 🔲 | | | 7.11 |
| c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon | sibility for the grant? | | N/A Yes | No | | | |
| If 'Yes,' attach the statement required by Reg | | . , | | | | | |
| 6 a Did the foundation, during the year, receive a on a personal benefit contract? | | | Yes | XNo | 6.5 | | V |
| b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870 | iums, directly or indirec | ay, on a personal bene | int contract? | | 6 b | | X |
| 7 a At any time during the tax year, was the found | · · · | | | X No | | | |
| b If 'Yes,' did the foundation receive any proces8 Is the foundation subject to the section 4960 tax of | • | | | N/A | 7 b | | |
| or excess parachute payment(s) during the ye | · • | an wr,000,000 in remaine | Yes | XNo | • | | |
| Part VIII Information About Officers, D | irectors, Trustees, | Foundation Manag | gers, Highly Pa | id Empl | oyee: | 5, | |
| and Contractors 1 List all officers, directors, trustees, and found | dation managers and the | neir compensation. See | instructions. | | | | |
| | (b) Title, and average | (c) Compensation | (d) Contributions | to | | | |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | employee bene plans and defer compensation | red C | xpens other a | | |
| SEE STATEMENT 1 | | | | | | | |
| | | | | | | | • |
| | | 0. | | 0. | | | 0. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Compensation of five highest-paid employees (of | her than those included | on line 1 – see instruction | ns). If none, enter 'N | ONE.' | | | |
| (a) Name and address of each employee | (b) Title, and average | | (d)Contributions employee bene | to /__ | xpens | e acco | ount. |
| paid more than \$50,000 | hours per week devoted to position | (c) Compensation | plans and deferr | | ther al | llowar | ces |
| NONE_ | | | <u> </u> | | | | _ |
| | | | | | | | |
| | | | | | | | - |
| | | | | | | | |
| | | - | | _ | | | |
| | | | | } | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | _ | | | |
| | • | | | | | | |
| Total number of other employees paid over \$50,000 |) | · · · · · · · · · · · · · · · · · · · | | P | | | 0 |
| B 4 4 | | | | F - | 000 | 05 (0) | 1101 |

Form **990-PF** (2019)

| Form 990-PF (2019) OKLAHOMA ALLERGY CLINIC FOUNDATION, INC. 73-61 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid I and Contractors (continued) | |
|--|---------------------------|
| 3 Five highest-paid independent contractors for professional services. See instructions. If none, enter 'NONE.' | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| NONE | |
| | |
| | |
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| ································· | |
| | |
| Total number of others receiving over \$50,000 for professional services | 0 |
| Part IX-A Summary of Direct Charitable Activities | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
| 1 N/A | |
| | |
| 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 N/A | |
| | |
| 2 | |
| | |
| All other program-related investments See instructions 3 | |
| | |
| Total. Add lines 1 through 3 | 0. |
| BAA | Form 990-PF (2019) |

| Form 990-PF (2019) OKLAHOMA ALLERGY CLINIC FOUNDATION, INC. | 73-6109394 | Page 8 |
|---|--------------------|---------|
| Part X Minimum Investment Return (All domestic foundations must complete this p see instructions.) | art. Foreign found | ations, |
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities. | 1 a | |
| b Average of monthly cash balances | 1 b | 10,780. |
| c Fair market value of all other assets (see instructions) | 1 c | |
| d Total (add lines 1a, b, and c) | 1 d | 10,780. |
| e Reduction claimed for blockage or other factors reported on lines 1a and | | |
| 1c (attach detailed explanation) | 0. | |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 Subtract line 2 from line 1d | 3 | 10,780. |
| 4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 162. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 10,618. |
| 6 Minimum investment return. Enter 5% of line 5 | 6 | 531. |
| PartXIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private and certain foreign organizations, check here ☐ and do not complete this i | | tions |
| 1 Minimum investment return from Part X, line 6 | 1 | 531. |
| 2 a Tax on investment income for 2019 from Part VI, line 5 | | |
| b Income tax for 2019 (This does not include the tax from Part VI) | | |
| c Add lines 2a and 2b | 2 c | |
| 3 Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 531. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 Add lines 3 and 4 | 5 | 531. |
| 6 Deduction from distributable amount (see instructions) | 6 | |
| 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 531. |
| PartiXIII 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 | 1 a | 24,772. |
| b Program-related investments — total from Part IX-B | 1 b | |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purpose | | |
| 3 Amounts set aside for specific charitable projects that satisfy the. a Suitability test (prior IRS approval required) | 3 a | |
| b Cash distribution test (attach the required schedule) | 3 b | |
| 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line | e 4 4 | 24,772. |
| 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 | |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

6 Adjusted qualifying distributions. Subtract line 5 from line 4

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24,772.

Part XIII Undistributed Income (see instructions)

| | | | (a) Corpus | (b) Years prior to 2018 | (c) 2018 | (d) 2019 |
|----|---|--|---------------|----------------------------|--------------------|--------------------|
| 1 | Distributable amount for line 7 | 2019 from Part XI, | | | | 531. |
| 2 | Undistributed income, if any, a | s of the end of 2019 | | | | 551. |
| | Enter amount for 2018 of | | | | 0. | |
| | Total for prior years 20 | · | | 0. | | |
| | Excess distributions carryover, | L | | | | |
| a | From 2014 | 38,232. | | | | |
| b | From 2015 | 23,493. | | | | |
| c | From 2016 | 27,587. | | | ' | · |
| c | From 2017 | 22,497. | | | | |
| e | From 2018 | 22,544. | | | | |
| f | Total of lines 3a through | n e | 134,353. | | | |
| 4 | Qualifying distributions f | for 2019 from Part | | | | |
| | XII, line 4 🕨 💲 | 24,772. | | | | |
| ā | Applied to 2018, but not | more than line 2a | | | 0. | |
| t | Applied to undistributed (Election required — see | | | 0. | | |
| c | Treated as distributions (Election required – see | | 0. | | | ' |
| c | Applied to 2019 distribut | table amount | | | | 531. |
| e | Remaining amount distr | ibuted out of corpus | 24,241. | | | |
| 5 | Excess distributions carryover (If an amount appears in | n column (d), the | | | | 0 |
| _ | same amount must be s | ` ′ ′ | 0. | | | 0. |
| ь | Enter the net total of ea indicated below: | ch column as | | | | , |
| a | Corpus Add lines 3f, 4c, and 4 | e Subtract line 5 | 158,594. | | · · · · · · · | |
| b | Prior years' undistributed line 4b from line 2b | d income Subtract | | 0. | | |
| c | Enter the amount of pric income for which a notic been issued, or on which tax has been previously | ce of deficiency has h the section 4942(a) | | 0. | | , |
| c | Subtract line 6c from lin amount – see instructio | e 6b Taxable | | 0. | | |
| | | | | 0. | | |
| e | Undistributed income for 2018 line 2a Taxable amount — see | | | | 0. | |
| f | Undistributed income for 4d and 5 from line 1. The distributed in 2020. | | | | | 0. |
| 7 | Amounts treated as dist corpus to satisfy requirem section 170(b)(1)(F) or 49 may be required — see | ents imposed by 42(g)(3) (Election | 0. | | | |
| 8 | Excess distributions carr applied on line 5 or line | ryover from 2014 not | 38,232. | | , | |
| 9 | Excess distributions ca Subtract lines 7 and 8 fr | | 120,362. | | , | |
| 10 | Analysis of line 9 | <u> </u> | | | · | |
| | Excess from 2015 | 23,493. | | | | |
| b | Excess from 2016 | 27,587. | | | | |
| c | Excess from 2017 | 22,497. | | | | |
| c | Excess from 2018 | 22,544. | | | | |
| e | Excess from 2019 | 24,241. | | | | |

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| Form 990-PF (2019) OKLAHOMA ALLERGY | | | | 73-6109394 | 1 Page 10 |
|---|---|--|---|-----------------------|-------------------|
| Part XIV Private Operating Founda | | | | | N/A |
| 1 a If the foundation has received a ruling or determined is effective for 2019, enter the date of the | | | | | |
| b Check box to indicate whether the founda | | rating foundation de | | 4942(j)(3) or | 4942(j)(5) |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | (b) 2018 | Prior 3 years (c) 2017 | (d) 2016 | (e) Total |
| investment return from Part X for each year listed | (a) 2019 | (b) 2018 | (c) 2017 | (a) 2016 | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4, for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e 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 | | | | 1 | |
| a '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 | | | | | |
| c 'Support' alternative test — enter | | | | | |
| Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) | | | | | |
| (3) Largest amount of support from an exempt organization | , | | | | |
| (4) Gross investment income | | | | | |
| Part XV Supplementary Information assets at any time during the | (Complete this ne year – see in: | part only if the structions.) | foundation had | \$5,000 or more | in |
| 1 Information Regarding Foundation Mana | | - | | - | |
| a List any managers of the foundation who have close of any tax year (but only if they have NONE | e contributed more the contributed more | an 2% of the total co than \$5,000) (See | ntributions received b section 507(d)(2)) | y the foundation befo | ore the |
| b List any managers of the foundation who own a partnership or other entity) of which the | n 10% or more of the foundation has a 10 | stock of a corporation 0% or greater intere | n (or an equally large est | portion of the owner | ship of |
| NONE | | | | | - |
| 2 Information Regarding Contribution, Grant, Check here ☐ if the foundation only make requests for funds. If the foundation make 2a, b, c, and d. See instructions | akes contributions to p | preselected charitable | | | |
| a The name, address, and telephone number of | r email address of the | e person to whom app | plications should be a | ddressed | |
| SEE STATEMENT 2 | | | | | |
| b The form in which applications should be | submitted and infor | mation and material | Is they should includ | le | |
| SEE STATEMENT FOR LINE 2A | | | | | |
| c Any submission deadlines | | | | | |
| SEE STATEMENT FOR LINE 2A d Any restrictions or limitations on awards, | such as by geograp | hical areas, charitat | ole fields, kinds of in | nstitutions, or other | factors: |
| SEE STATEMENT FOR LINE 2A | | | | | |
| BAA | TCC | VU3101 V8/33/10 | | F | orm 990-PF (2019) |

Form 990-PF (2019) OKLAHOMA ALLERGY CLINIC FOUNDATION, INC. 73-6109394 Page 11 Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution status of recipient Amount Name and address (home or business) a Paid during the year SEE STATEMENT 3 3 a 24,772. Total b Approved for future payment

Total

3ь

| Enter gro | ss amounts unless otherwise indicated | Unrelated | business income | Excluded by | section 512, 513, or 514 | (e) |
|--|---|--|----------------------|--|--------------------------|--|
| 1 Pro | gram service revenue | (a) Business code | (b) Amount | (c) Exclu- sion | (d) Amount | Related or exempt function income (See instructions) |
| | grain service revenue | | ···- | code | | · · · · · · · · · · · · · · · · · · · |
| a b | | | | | | |
| - E | | | | | | · · · · · · · · · · · · · · · · · · · |
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| e | | + | | | | · - |
| - - - | | | | | | |
| _ | s and contracts from government agencies | | | | | |
| | mbership dues and assessments | | | | | |
| | est on savings and temporary cash investments | | | | | · |
| | dends and interest from securities | | | | | |
| | rental income or (loss) from real estate | ' | | | | |
| | t-financed property | | <u> </u> | | | |
| | debt-financed property | | | | | |
| 6 Net i | rental income or (loss) from personal property | | | | | |
| 7 Oth | er investment income | | | | | - · - |
| 8 Gain | or (loss) from sales of assets other than inventory | | | | | |
| 9 Net | income or (loss) from special events | | | | | |
| 10 Gro | ss profit or (loss) from sales of inventory | | | | | |
| 11 Oth | er revenue , | | | | | |
| а | | <u> </u> | **** | | · - · - · - · | ·- <u></u> |
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| d | | | | | | |
| | | | | | · | |
| _ | | 1 | | | | |
| e | total Add columns (h) (d) and (e) | - | | | <u> </u> | |
| 12 Sub | total Add columns (b), (d), and (e) | | | | | |
| 12 Sub 13 Tota | al. Add line 12, columns (b), (d), and (e) | | | | 13 | 0 |
| 12 Sub 13 Tota See work | al. Add line 12, columns (b), (d), and (e) asheet in line 13 instructions to verify calculate | | hmont of Evom | nt Purpos | 13 | 0 |
| 12 Sub 13 Tota See work Part XV | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV | al. Add line 12, columns (b), (d), and (e) scheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV Line No. | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV Line No. | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV Line No. | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV Line No. | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV Line No. | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV Line No. | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV Line No. | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV Line No. | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV Line No. | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
| 12 Sub 13 Tota See work Part XV | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |
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| 12 Sub 13 Tota See work Part XV | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated Relationship of Activities to the | Accomplis | | | 13 _ | |

Form 990-PF (2019) OKLAHOMA ALLERGY CLINIC FOUNDATION, INC. 73-6109394 Partixvill Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

| | <u></u> | | | | | | | T. N |
|---|--|--|---|---|---|---|--|---------------------------|
| 1 Did the | organization directly | or indirectly en | ngage in any of | the following wit | h any other organi in section 527. | zation | Yes | No |
| relating | to political organizars from the reporting | tions? | | _ | | | | |
| (1) Cas | | j louridation to a | a monemantable | exempt organiza | ation of | | 1 a (1) | Х |
| • • | er assets | | | | | | 1 a (2) | $\frac{1}{X}$ |
| \- / | ansactions | | | | | | | |
| (1) Sale | es of assets to a nor | ncharitable exer | npt organization | ı | | | 1 b (1) | Х |
| (2) Pur | chases of assets from | m a noncharitat | ole exempt orga | nızatıon | | | 1 b (2) | Х |
| (3) Ren | ntal of facilities, equip | pment, or other | assets | | | | 1 b (3) | Х |
| (4) Rei | mbursement arrange | ements | | | | | 1 b (4) | Х |
| (5) Loa | ns or loan guarantee | es | | | | | 1 b (5) | X |
| (6) Per | formance of services | s or membershij | p or fundraising | solicitations | | | 1 b (6) | X |
| c Sharing | of facilities, equipm | ient, mailing list | s, other assets, | or paid employ | ees | | 1 c | <u> </u> |
| d If the are the good any tran | nswer to any of the a ds, other assets, or se desaction or sharing a | above is 'Yes,' or rvices given by the arrangement, sh | complete the following found | lowing schedule dation If the four | Column (b) should dation received less a goods, other ass | d always show the fair is than fair market value in sets, or services receive | market value of ed. | |
| (a) Line no | (b) Amount involved | | noncharitable exem | | | of transfers, transactions, and | | nts |
| N/A | . , | \ | | - | · · · · · · · · · · · · · · · · · · · | | | |
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| describe | undation directly or inded in section 501(c) | (other than sect | with, or related t tion 501(c)(3)) o | o, one or more ta r in section 527 | x-exempt organization | ons | Yes X | No |
| | complete the follow | | /L\ Tuna | of organization | | (a) Description of rol | ationship | |
| N/A |) Name of organizati | ion | (в) туре | of organization | | (c) Description of rel | attoriship | |
| N/A | | | | | | ··· | | |
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| Under | penalties of perjury, I declar | re that I have examin | ned this return, includ | ing accompanying so | hedules and statements, | and to the best of my knowledge | ge and belief, it is tru | e, |
| Sign Here | S | - Crusical Contents | - | 3/4/2020 | COO | Moneage | May the IRS distins return with the preparer shown | lhe below ⁹ |
| Signa | ature of officer or trustee | | | Date | Title | | _ See instructions X Yes | No |
| Doid | Print/Type preparer's nar | me | Preparer's s | | Date 2/20/ | Check If | PTIN P00039569 | |
| Paid | | DAY, SAMUE | LSON & COB | · | 1 729 | · · · · · · · · · · · · · · · · · · · | 030230 | |
| Preparer Use Only | | | EXPRESSWAY | | | 75 1 | | |
| USE UIIIY | _ | KLAHOMA C | | | | Phone no (405 |) 843-4637 | 7 |
| BAA | · | | | | | , | Form 990-PF | |
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2019

FEDERAL STATEMENTS

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CLIENT 900

OKLAHOMA ALLERGY CLINIC FOUNDATION, INC.

73-6109394

STATEMENT 1 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | | | ACCOUNT/ |
|---|--|-------|--------------|----------|
| DR. LAURA K. CHONG 750 N.E. 13TH STREET OKLAHOMA CITY, OK 73104 | PRES & DIRECTOR 0 | \$ 0. | \$ 0. | \$ 0. |
| DR. PATRICIA I. OVERHULSER 750 N.E. 13TH STREET OKLAHOMA CITY, OK 73104 | SEC/TREAS & DIR 0 | 0. | 0. | 0. |
| SCOTT DENNIS 750 N.E. 13TH STREET OKLAHOMA CITY, OK 73104 | COO 0 | 0. | 0. | 0. |
| DR. DEAN A. ATKINSON 750 N.E. 13TH STREET OKLAHOMA CITY, OK 73104 | V.P. & DIRECTOR 0 | 0. | 0. | 0. |
| DR. SHAHAN A. STUTES 750 N.E. 13TH STREET OKLAHOMA CITY, OK 73104 | V.P. & DIRECTOR 0 . | 0. | 0. | 0. |
| DR. GREGORY M. METZ 750 N.E. 13TH STREET OKLAHOMA CITY, OK 73104 | V.P. & DIRECTOR 0 | 0. | 0. | 0. |
| DR. RICHARD T. HATCH 750 N.E. 13TH STREET OKLAHOMA CITY, OK 73104 | V.P. & DIRECTOR 0 | 0. | 0. | 0. |
| | TOTAL | \$ 0. | <u>\$</u> 0. | \$ 0. |

STATEMENT 2 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

DR. LAURA K. CHONG

CARE OF:

OKLAHOMA ALLERGY CLINIC FOUNDATION 750 N.E. 13TH STREET

STREET ADDRESS:

OKLAHOMA CITY, OK 73104

CITY, STATE, ZIP CODE:

TELEPHONE:

E-MAIL ADDRESS:

FORM AND CONTENT:

LETTER AS TO AMT & PURPOSE OF CONT OR BY REQ FROM DR.

STUTES

SUBMISSION DEADLINES:

NO SUBMISSION DEADLINES

RESTRICTIONS ON AWARDS:

GRANTS ARE GENERALLY TO CHARITIES AND EDUC ORGN IN THE OKC

AREA.

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OKLAHOMA ALLERGY CLINIC FOUNDATION, INC.

73-6109394

STATEMENT 3 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|--|-----------------------|---------------------------|---|-----------|
| ALLIED ARTS FOUNDATION 1015 N. BROADWAY OKLAHOMA CITY OK 73102 | | | ARTS FUNDING | \$ 5,000. |
| OKC PHILHARMONIC 428 WEST CALIFORNIA, STE 210 OKLAHOMA CITY OK 73102 | | | ARTS FUNDING | 2,500. |
| UNITED WAY OF CENTRAL OKLAHOMA P.O. BOX 837 OKLAHOMA CITY OK 73101 | | | FUNDING FOR VARIOUS LOCAL CHARITIES | 8,000. |
| UNIVERSITY OF OKLAHOMA FOUNDATION P.O. BOX 26901, 162 LIBRARY NORMAN OK 73190 | | | EDUCATION | 2,500. |
| LYRIC THEATRE OF OKLAHOMA 1727 NW 16TH STREET OKLAHOMA CITY OK 73106 | | | ARTS FUNDING | 500. |
| CAVETT KIDS FOUNDATION 3801 N. CLASSEN BLVD. STE. 300 OKLAHOMA CITY OK 73118 | · | | GENERAL FUNDING | 132. |
| MYRIAD GARDENS FOUNDATION 200 NORTH WALDER OKLAHOMA CITY OK 73102 | | | CITY BEAUTIFICATION | 780. |
| OKLAHOMA CITY MUSEUM OF ART 415 COUCH DRIVE OKLAHOMA CITY OK 73102 | | | ARTS FUNDING | 740. |
| OKC DODGERS BASEBALL FOUNDATION 2 S. MICKEY MANTLE DRIVE OKLAHOMA CITY OK 73104 | | | GENERAL FUNDING | 500. |
| THE TOBY KEITH FOUNDATION 818 NE 8TH STREET OKLAHOMA CITY OK 73104 | | | GENERAL FUNDING | 300. |
| OKLAHOMA ZOOLOGICAL SOCIETY PO BOX 18424 OKLAHOMA CITY OK 73154 | | | GENERAL FUNDING | 1,000. |

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FEDERAL STATEMENTS

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CLIENT 900

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OKLAHOMA ALLERGY CLINIC FOUNDATION, INC.

73-6109394

STATEMENT 3 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | Ai | MOUNT |
|---|-----------------------|---------------------------|---------------------------|----|---------|
| NATIONAL COWBOY&WESTERN HERITAGE MUSEUM 1700 NE 63TD STREET OKLAHOMA CITY OK 73111 | | | MUSEUM FUNDING | \$ | 1,000. |
| POSITIVE TOMORROWS PO BOX 61190 OKLAHOMA CITY OK 73146 | | | EDUCATION FOR HOMELESS | | 250. |
| AMERICAN LUNG ASSOCIATION 730 W WILSHIRE BLVD STE 300 OKLAHOMA CITY OK 73120 | | | MEDICAL RESEARCH | | 70. |
| SALVATION ARMY PO BOX 2536 OKLAHOMA CITY OK 73101 | | | GENERAL FUNDING | | 500. |
| YOUNG LIFE CENTRAL OKLAHOMA | | | YOUTH MINISTRY FUNDING | | 500. |
| 2933 W HEFNER ROAD OKLAHOMA CITY OK 73120 | | | ronorno | | |
| YUKON COMMUNITY SUPPORT PO BOX 850500 YUKON OK 73085 | | | COMMUNITY FUNDING | • | 500. |
| | | | TOTAL | \$ | 24,772. |