### Part I  Revenue, Expenses, and Changes in Net Assets or Fund Balances

**Revenue**

1. Contributions, gifts, grants, and similar amounts received.  
2. Program service revenue including government fees and contracts.  
3. Membership dues and assessments.  
4. Investment income.  
5. Gross amount from sale of assets other than inventory.  
6. Gaming and fundraising events  
   - a. Gross income from gaming (attach Schedule G if greater than $15,000).  
   - b. Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000).  
   - c. Less: direct expenses from gaming and fundraising events.  
   - d. Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).  
7. Gross sales of inventory, less returns and allowances.  
8. Other revenue (describe in Schedule O).  

**Expenses**

11. Benefits paid to or for members.  
12. Salaries, other compensation, and employee benefits.  
13. Professional fees and other payments to independent contractors.  
14. Occupancy, rent, utilities, and maintenance.  
15. Printing, publications, postage, and shipping.  
16. Other expenses (describe in Schedule O).  

**Net Assets**

17. Total expenses. Add lines 10 through 16.  
18. Excess or (deficit) for the year (Subtract line 17 from line 9).  
19. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  
20. Other changes in net assets or fund balances (explain in Schedule O).  

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**Footnotes:**

- For Paperwork Reduction Act Notice, see the separate instructions.
- **Cat. No. 10642I** Form 990-EZ (2016)
Part II  Balance Sheets (see the instructions for Part II)  
Check if the organization used Schedule O to respond to any question in this Part II  ☐

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>4,202.25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>4,378.26</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>27</td>
</tr>
</tbody>
</table>

Part III  Statement of Program Service Accomplishments (see the instructions for Part III)  
Check if the organization used Schedule O to respond to any question in this Part III  ☐

What is the organization's primary exempt purpose?  non-profit

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28  
**Workshops:** weekly tutorial for families, viewing of documentary, resource tables and sharing sponsored

29  
**Website:** reached 89,822 with our comprehensive website directory in 2016

30  
**Improved Health Care:** provided Healing Touch training for vets/families, distributed 500 booklets to Integris for CLEET training

31  
**Other program services (describe in Schedule O)**

32  
**Total program service expenses** (add lines 28a through 31a)  9,093.

Part IV  List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)  
Check if the organization used Schedule O to respond to any question in this Part IV  ☐

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
</table>
| Cynthia Collins-Clark  
4001 E. 30th St.  Edmond, OK  73013 | Executive Director 10 hours | -0- | -0- | -0- |
| James L. Clark  
4001 E. 30th St. | Secretary 1 hr. | -0- | -0- | -0- |
Part V  Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. □

33 Did the organization engage in any significant activity not previously reported to the IRS? If “Yes,” provide a detailed description of each activity in Schedule O. □

34 Were any significant changes made to the organizing or governing documents? If “Yes,” provide an explanation in Schedule O. □

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? □

35b If “Yes,” did the organization file a Form 990-T for the year? □

35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? □

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? □

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. □

37b Did the organization file Form 1120-POL for this year? □

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? □

38b If “Yes,” complete Schedule L, Part II and enter the total amount involved. □

39 Section 501(c)(7) organizations. Enter: □

39a Initiation fees and capital contributions included on line 9. □

39b Gross receipts, included on line 9, for public use of club facilities. □

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: □

40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? □

40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. □

40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. □

40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? □

41 List the states with which a copy of this return is filed. □

42a The organization’s books are in care of: □

42b Located at: □

42c At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? □

42d If “Yes,” enter the name of the foreign country: □

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here □

43a and enter the amount of tax-exempt interest received or accrued during the tax year. □

44a Did the organization maintain any donor advised funds during the year? □

44b Did the organization operate one or more hospital facilities during the year? □

44c Did the organization receive any payments for indoor tanning services during the year? □

44d If “Yes” to line 44c, has the organization filed a Form 720 to report these payments? □

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? □

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? □

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### Part VI

**Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI □

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If “Yes,” complete Schedule C, Part I.</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If “Yes,” complete Schedule C, Part II.</td>
<td>✔</td>
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<tr>
<td>48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E.</td>
<td>✔</td>
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<td>49a Did the organization make any transfers to an exempt non-charitable related organization?</td>
<td></td>
<td>✔</td>
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<tr>
<td>49b If “Yes,” was the related organization a section 527 organization?</td>
<td></td>
<td>✔</td>
</tr>
</tbody>
</table>

**50** Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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**51** Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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**52** Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. □ Yes □ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Signature of officer**

Cynthia L. Collins-Clark

**Date**

05/14/2017

**Firm’s name**

**Firm’s EIN**

**Firm’s address**

**Phone no.**

May the IRS discuss this return with the preparer shown above? See instructions □ Yes □ No

Form 990-EZ (2016)