Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

<u> </u>	For the	2023 ca	lendar year, (or tax year beg	jinning			, and	i ena	ıng				
В	Check if a	pplicable:	C Name of org	ganization S/	ARAH MCLI	AN FOUNDA	TION			D E	mployer i	dentification	number	
\bigsqcup_{i}	Address o	hange	Doing busin		JECT 31									
	Name cha	2000	Number and	d street (or P.O. bo	x if mail is not	delivered to stre	et address)	Room/suite	:	26-1	077197			
닏	Name Ch	ange	4701 NW 1	54th ST						E T	elephone r	umber		
Ш	Initial retu	m	· City or tow	n			State	ZIP code						
	Final return	/terminated	Edmond				OK	73013			•			
\equiv			Foreign co	untry name	Foreign	province/state/co	ounty	Foreign pos	stal co					
\square	Amended	return		 						G 🍝	rost recei	\$		<u>468,860</u>
\Box	Applicatio	n pending	F Name and a	address of principa	l officer:				Н	l(a) is this a gr	oup remain for	sub-dinates?	Yes	X No
			Sarah McLe	ean 4701 NW	154th St. E	dmond. OK	73013			l(b) Are al su		4	Yes	=
_	-		X 501(c)							A1	•	See instruction		, .
	iax-exen	npt status:		(3) 501(c)	<u> </u>	(insert no.)	4947(a)(1	or 52	⊣⊿					
J	Website	: proj	ject31.com			<u>·</u>				(c) Group ex	emption nu	ımber		
ĸ	Form of o	organization	n: X Corpor	ration Trust	Associa	ation Othe	er	L,	Year	f formation	2007	M State of I	egal domicil	e: OK
=	art I	Su	mmary								250.			<u> </u>
	1			organization's	mission or	most significa	ant activitie	s. 9	NO DO	rt Breast C	ancer C	ommunity		
ė	'	Differily u	iescribe trie t	organization s	1111331011 01	most significa	ant activitie	.s.	ppoi	IL Di casi C	Zaricei C	Ominionity_	,	
ă								· -{-	}					
Governance]				
₹	2	Check to	_			continued its			ed	more tha	n 25% o	l l	ets.	
Ö	3			embers of the								3		7
Activities &	4			dent voting mei)		. 1	4		7
謹	5			viduals employ			3 (Part V,	ne za) .				5		5
ંફ	6	Total nu	mber of volu	ınteers (estima	ate if neces	sary) . . . 🔏		.			[6		
¥	7a	Total un	related busir	ness revenue f	from Part V	'III, column	c), line 12 .	~				7a		0
	b	Net unre	elated busine	ess taxable inc	come from	Form 990-T, 1	at I, line	11			[7b		
							-		\Box	Prio	r Year		Current Ye	ar
(D)	8	Contribu	utions and gr	rants (Part VIII	, line 1h) .				. Г		317,	614		466,598
Ž	9			enue (Part VII							·	134		855
Revenue	10			(Part VIII, colui			d)					2		1,407
æ	11			: VIII, column (/					\vdash			0		1, 10,
	12			nes 8 through 1							317,			468,860
	13			mounts paid (I					+			300		400,000 0
	14			or members (P					\vdash	 -		0		- 0
	1			ensation, employ					\vdash		212			
ses	15								`		213,	400		213,603
Expenses	16a			sing fees (Par))		74	6-Qe*		U		0
쭚	b	lotal fur	naraising exp	penses (Par	corbin (D), line 25)		44,4	/4		404	0.40		477.070
ш	1 ''			rt IX, column (\vdash		121,			177,979
	18	lotal ex	penses. Add	l lines 13, 17 (r	must equal	Part IX, colu	mn (A), iine	3 25)	· _		334,			391,582
	19_	Revenu	e less exper	nses Subtract	fine 18 fror	n line 12			•			999		77,278
Net Assets or										Beginning o			End of Yea	
588t	20		sets (Part X,								103,	i		191,586
¥.5	21		bilities Part					· · · · ·	· L			937		8,198
Ž	22	Net ass	ets of tund	alances. Subt	ract line 21	from line 20	<u></u>	<u> </u>	<u>. </u>		102,	891	2.5	183,388
Pa	art II	Sig	natureBlo	ogK										
			- '	mave examined the			_				-	-		
and	belief, it i	s true, corre	ect, and complet	te. Declaration of p	reparer (other	than officer) is b	ased on all inf	ormation of w	hich p	reparer has a	any knowle	dge.		
Sig	an													
	ere	Sign	ature of officer								Date			
ne	ei C	Sar	ah McLean					Ex	xecut	tive Direct	or			
		Туре	or print name a	and title										
		Prin	nt/Type preparer	's name		Preparer's sign	ature			Date			PTIN	
Pa	id		DEDT: ***							.,		eckif		
	eparei	, IRO	BERT L MC			<u> </u>				4/25/20)24 se	lf-employed	P000304	104
	e Only		n's name	WRIGHT MCA	AFEE CO.,	CPA'S				Firm	s EIN	73-123957	7	
			n's address	3801 NW 63R	D ST, STE	260, OKLAH	OMA CITY	OK 73116	6	Phor	ne no.	(405) 842-0	0628	
N/a	v the JE		_	with the prepa								, ,	X Yes	No
IAIG	cy tile IF	vo alsous	oo uno retulli	i wini nie biebe	arct allowil	990AG : 966	ก เจน นบนปก	J					L^] ies	NO

	0 (2023)	SARAH MCLEAN F					20	S-1077197	Page 2
Par	t III	Statement of Programmer Check if Schedule C				e in this Part III			
1	Embracii	escribe the organization's ng, equipping and empov ng, support, mentoring a	vering breast cance	er survivors a		lies.			
2	the prior	organization undertake ar Form 990 or 990-EZ? describe these new servi					listed on	Yes	X No
3	services'	organization cease condu ? describe these changes			es in how it o	conducts, any pro	gram	. Yes	X No
4	Describe expense	the organization's progr s. Section 501(c)(3) and expenses, and revenue,	am service accom _i 501(c)(4) organiza	tions are requ	ired to repor				
4a) (Expensing, equipping and emposementoring and motivating	g	er survivors a) (Revenue \$) ,
						•			
4b	(Code: _) (Expen	ses\$	includin	g grants of \$	3	_) (Revenue \$)
			<i>(</i> 0,						
			Š)	· · · · · · · · · · · · · · · · · · ·					
4c	(Code:	(EXAC)	ses \$	includin	g grants of \$	3) (Revenue \$)
4d	Other pr (Expens	ogram services (Describ es \$	e on Schedule O.) 0 including grants	s of \$		0) (Revenue \$		0)	
4e	Total pro	gram service expenses	3	307,918					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve toen space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule Description.			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donter-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		Х
ı	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
•	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
	Did the organization report an amount for other assets in Part X line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule Q Part IX	11d		x
. (Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X	 ^`
	F Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
	the organization's liability for uncertain tax positions and ex SIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
1	Was the organization included in consultated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school descriped in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	X
Ì	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, in estiment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization repair on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	46		
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u> X</u>
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1.5	 	 ^` -
	If "Yes," complete Schedule G, Part III.	19	· .	Х
20	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
	o If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	.	T
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		Х

Page 4

Form 9	990 (2023) SARAH MCLEAN FOUNDATION	26-107719	97	Pa	age 4
Pari	t IV Checklist of Required Schedules (continued)				
		_	4	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	· · · 2	2		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J	9	3	- 1	Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	· · · · 	-	\dashv	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>]			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24	4a	ŀ	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	_		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?	24	4c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	_	4d		Χ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	. [
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Particle 1	25	5a		Χ
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualfied person in a				
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or				
	990-EZ? If "Yes," complete Schedule L, Part I	25	5b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from ar payables to any current			•	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			i	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	2	26		_X
27	Did the organization provide a grant or other assistance to any current or former efficer director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a trant selection committee			İ	
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these		_		v
28	persons? If "Yes," complete Schedule L, Part III	2	2.7		Χ
20	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).				
а	A current or former officer, director, trustee, key employee, created or founder, or substantial contributor? <i>If</i>				
u	"Yes," complete Schedule L, Part IV	25	8a		X
b	A family member of any individual described in line 28a?	_	Bb		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	-	-		
•	"Yes," complete Schedule L, Part IV	2	8c	ł	Х
29	Did the organization receive more than \$25,000 in Johnson contributions? If "Yes," complete Schedule M		9	\neg	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Catheolie M	3	10		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Par		11		Х
32	Did the organization sell, exchange, dispose of a transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II	3	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If (Yes," complete Schedule R, Part I	3	3		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,				
	III, or IV, and Part V, line 1.		14		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u> </u>	5a		X
b	If "Yes" to line 35a, and the organization receive any payment from or engage in any transaction with a controlle				
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<u> </u>	5b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		_		
27	organization? If "Yes," complete Schedule R, Part V, line 2	3	16		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tay purposes? If "You " complete Schooling B. Best V				v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	3	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
Dar	19? Note: All Form 990 filers are required to complete Schedule O	3	8	X	
ı di	Check if Schedule O contains a response or note to any line in this Part V			Γ	\neg
	Shook in Concadio C contains a response of note to any line in this Fait V	· · · ·	· T.	· [<u> </u>
1-2	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	△		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u>-</u>			
	reportable gaming (gambling) winnings to prize winners?	1	С	х	

Form 99	90 (2023) SARAH MCLEAN FOUNDATION 26-10	77197	P	age 5
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		Х
b	If "Yes," enter the name of the foreign country	500		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		\Box
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such matribations or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal preperty to which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year		16.2	
e	Did the organization receive any funds, directly or indirectly, to pay ptermiums on a personal benefit contract?	7e	S KALTON	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	X
h	If the organization received a contribution of cars, boats, airplanes or other vehicles, did the organization file a Form 1098-C?.	7h		X
8	Sponsoring organizations maintaining donor advised funds (vid a donor advised fund maintained by the	18.4		
•	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised mas.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Χ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	30		
a	Initiation fees and capital contributions included to Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII line 12, for public use of club facilities 10b			4
11	Section 501(c)(12) organizations. Enter:	\dashv	1	12.7
a	Gross income from members or shareholders			3.0
b	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	* *** 5 .	100
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	Serie.	
13	Section 501(c)(29) qualified nonprovit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u _.	Note: See the instructions for additional information the organization must report on Schedule O.	100		Z
. b	Enter the amount of reserves the organization is required to maintain by the states in which			
, D	the organization is lice ised to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	-	 ^-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	 	
10		4-		_
	excess parachute payment(s) during the year?	15	Section 1	X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			, i
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes " complete Form 6069			

26-1077197 Pa

Part VI

	official in confedence of containing a respective of freeze to any line in the rate vis.			·	
Sect	on A. Governing Body and Management	· · · · · · · · · · · · · · · · · · ·			
1a	Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	1a 7		Yes	No
h	committee, explain on Schedule O.	1h 7			
р 2	Enter the number of voting members included on line 1a, above, who are independent Line Did any officer, director, trustee, or key employee have a family relationship or a business relations				3
	any other officer, director, trustee, or key employee?		2		Χ.
3	Did the organization delegate control over management duties customarily performed by or under supervision of officers, directors, trustees, or key employees to a management company or other particles.		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's	ssets?	5		Х
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the powel to elect of one or more members of the governing body?	appoint	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?	•	7b	·	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken the year by the following:	n during			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	. 	8b		X
9	Is there any officer, director, trustee, or key employee listed in PartVII, Section A, who cannot be reat the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9		Х
Sect	ion B. Policies (This Section B requests information a Jour Policies not required by the		Code.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such of affiliates, and branches to ensure their operations are consistent with the organization's exempt put		406		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this form 990 to all members of its governing body before the copy of this form 990 to all members of its governing body before the copy of this form 990 to all members of its governing body before the copy of this form 990 to all members of its governing body before the copy of this form 990 to all members of its governing body before the copy of this form 990 to all members of its governing body before the copy of this form 990 to all members of its governing body before the copy of this form 990 to all members of its governing body before the copy of		10b 11a		X
b	Describe on Schedule O the process, if any, used the organization to review this Form 990.	re ming the form:	- 1 A		
12a	Did the organization have a written conflict of intelest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could of	give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'describe on Schedule O how this was done.	'Yes,"	12c		Х
13	Did the organization have a written whisticolower policy?		13	·X	
14	Did the organization have a written decement etention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and appro independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official.		15a	Х	
b	Other officers or key employees of the organization	•.•.	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				4
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang with a taxable entire during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its			566
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	the organization's exempt status with respect to such arrangements?		16b		
	ion C. Disclosure	· ·			
17	List the states with which a copy of this Form 990 is required to be filed OK				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that applicable is a contraction of the contractio	-	50 I(C)	ı	
		ply. plain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,				
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's be				
	Jane Wilson 14151 Billy Dr. Edmond, OK 73034	(405) 210-6663			

cer, director, or trustee.

Part VII

(6) Cynthia Kennedy

Director

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

Check this box if neither the organization nor any related organization compensated any

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees was received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any relationship attentions. See the instructions for the order in which to list the persons above.

Position (B) (do not check more (D) (E) (F) (A) Reportable Reportable Estimated amount Name and title Average box, unless person is th an officer and a dire mpensation compensation of other hours from the from related compensation per week organization (W-2/ organizations (W-2/ from the (list any 1099-MISC/ 1099-MISC/ organization and hours for 1099-NEC) 1099-NEC) related organizations related organizations below dotted line 40.00 (1) Sarah McLean 40.00 75,101 **Executive Director** 1.00 (2) Tracy Cothran Х President ŌΟ (3) Vicki Thorp Х Vice President 1.00 (4) Troy Harrod Х 1.00 Х Treasurer 1.00 (5) Leah Scoles Secretary 1.00 Х Х

(7) Juan Carlos Claros	1.00								
Director	1.00	Х						"	
(8) Lon Fett	1.00			1	1	İ			
(8) Lon Fett Director	1.00	Х							
(9)									- N
(10)						+		 	
(10)									
(11)									
(12)									
(13)									
(14)							<u> </u>		1 -
	i	1	1	1 1				I	1 .

1.00

1.00

	(A) Name and title	(C) Position (B) (do not check more than of box, unless person is both officer and a director/truste						ee)	(D) Reportable compensation	(E) Reportable compensatio	n	(F) imated amount of other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (\\ 1099-MISC \\ 1099-NEC)	// org	ompensation from the ganization and ed organizations
(15)										7		
(16)										•)		
(17)												
(18)								-				
							4					
(20)							(<u> </u>
				•	_	$\mathbf{\xi}$						
			•									
						V		-				
				•								-
		• 6										
1b	Subtotal		Ī	Ш			<u> </u>	<u> </u>	75,101		0	(
С	Total from continuation sheets to Part VII, S	ection A							75,101		0	(
d 2	Total (add lines 1b and 1c)	mited to those lis	sted a					ivec			<u> </u>	
-	reportable compensation from the organization								·	•		Yes No
3	Did the organization list any former office dire employee on line 1a? If "Yes," complete School	ector, trustee, ke <i>lule J for such in</i>	y emp dividu	oloye <i>ual</i> .	ee,	or h 	ighe:	st c	ompensated · · · · · ·		. 3	X
4	For any individual listed on line 1a, is the sum the organization and related organizations great individual		00? <i>II</i>	f "Ye	s,"	con	plete	e Sa			4	X
5	Did any person lister on line fareceive or acc for services rendered to the organization? If "Y	•			-			_	,		. 5	
Sec	tion B. Independent Centractors	· ·									· <u> </u>	^
1	Complete this table for your five highest compecompensation from the organization. Report co										n's tax y	/ear.
	(A) Name and business add								(B) Description of se		, ((C) ensation
None	9							Ë				
					-			-				. (
												(
								1				- 1

Part VIII Statement of Revenue	
--------------------------------	--

		Check if Schedule O contains a respon	se or	note to any line in	this Part VIII			🔲
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
· · ·	1a	Federated campaigns	1a	0				
Grants nounts	b	Membership dues	1b	0				
윤절	С	Fundraising events	1c	. 0				
F F	d	Related organizations	1d	0				
Giffs, ilar An	е	Government grants (contributions)	1e	0				
Sin Si	f	All other contributions, gifts, grants, and						
er it		similar amounts not included above	1f	466,598				
출원	g	Noncash contributions included in						
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f	1g					
O B	h	Total. Add lines 1a-1f	٠,		466,598			
				Business Code				
ice	2a	Sales of product			855	855		
er ue	b				O			
n S ren	C				0			
ran ?ev	d				0			-
Program Service Revenue	е	All						<u> </u>
ď	1 7	All other program service revenue Total. Add lines 2a–2f		L	855			
	3	Investment income (including dividends, in			000			#1824 T
		other similar amounts)			1,407	'	·	1,407
	4	Income from investment of tax-exempt both			0			
	5	Royalties			0			
		(i) Re	al	(ii) Pursonal	Subject		克里斯尼	349b (17)
	6a	Gross rents 6a		X_	- (200			
	b	Less: rental expenses . 6b						
	С	Rental income or (loss) 6c	0	0	PERMIT			4.7 741
ļ	d	Net rental income or (loss)			0		10	
	7a	Gross amount from (i) Secu	rities	Other				
		sales of assets other than inventory		0	4			100
Ф	b	other than inventory	1	0	A Section 1			
Revenue	5	and sales expenses 7b	0	0	30.0			
ě	ء ا	Gain or (loss) 7c		0	建			
	d	Net gain or (loss)			o			
Other	8a	Gross income from fundraising			75	32.3		
0		events (not including \$				1000000	7.7	235.5%
		of contributions reported on the 10		1	The state of the s	1957		
		See Part IV, line 18	8a	0			46.5	
	b	Less: direct expenses	8b				1000000	(19 4)
	C	Net income or (loss) from fundraising ever	nts .	<u> <i>.</i></u> T				
	9a	Gross income from garning activities. See Part IVLine 19	9a					
	b	Less: direct expenses	9b	0				4. 医链
	C	Net income or (loss) from gaming activitie)		
	10a	Gross sales of inventory, less	Ĭ <u></u> -	T	11.44		(19)	- 4
		returns and allowances	10a	0			美	
	b	Less: cost of goods sold	10b	 	1990年	发展 数	400	
	С	Net income or (loss) from sales of invento	ry		С			
S				Business Code	1. 2714		A Comment	3784
eor Pe	11a				C			
an	b				C	1		
cellaneo Revenue	C				<u> </u>	`	ļ	
Miscellaneous Revenue	d	All other revenue	•	L	<u> </u>			
	12	Total royenue See instructions			468,860	055	0	4 407
	12	Total revenue. See instructions	· ·	· · · · · ·	1 400,000	855	y V	1,407

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4)	organizations must complete all columns	a. All other organizations must comp	olete column ((A).
--	---------------------------------	---	--------------------------------------	----------------	------

	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		•		
	individuals. See Part IV, lines 15 and 16.	0			
4 5	Benefits paid to or for members	U1			
.5	trustees, and key employees	75,101	37,55	0	37,550
6	Compensation not included above to disqualified	73,101	57,58	-	37,000
U	persons (as defined under section 4958(f)(1)) and			•	
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	98,336	32	19,668	4,916
8	Pension plan accruals and contributions (include	33,333			.,,,,,,
-	section 401(k) and 403(b) employer contributions)	ol			
9	Other employee benefits	9,862	7,397	1,972	493
10	Payroll taxes	30,30	22,728	6,061	1,515
11	Fees for services (nonemployees):	+ 4			
а	Management	0			
b	Legal	975		975	
C	Accounting	1980		190	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	≈ - ,			
	(A), amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	0			
13	Office expenses	10,283	1,748	8,535	
14	Information technology	, 0			
15	Royalties	0			·
16	Occupancy	0	4 000		<u> </u>
17	Travel	1,229	1,229		
18	Payments of travel or entertainment expenses for any federal, state, or local public strictals				
19	Conferences, conventions, and meetings	0			<u> </u>
20	Interest	0			
21	Payments to affiliates	0			·
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	1,789		1,789	
24	Other expenses. Itemize expenses not covered				i fil
	above. (List miscellaneous expenses on line 24e. If			7.基	
	line 24e amount exceeds 12% of line 25, column			美科格基	
	(A), amount, list line 24 expenses on Schedule O.)		0236k #	医基础性 医基础	
a	Supplies				
b	Program expenses	162,949	162,949		
C	COGS	564	564		
ď		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	391,582	307,918	39,190	44,474
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if			i .	
	following SOP 98-2 (ASC 958-720)	<u> </u>			Form 990 (2023)

26-1077197

Form 990 (2023) SARAH MC
Part X Balance Sheet

		Check if Schedule O contains a response or note to any li	ne in this Part X .			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		103,828	1	191,586
	2	Savings and temporary cash investments	[0	2	
	3	Pledges and grants receivable, net	[0	3	0
	4	Accounts receivable, net	<i></i> [0	4	0
	5	Loans and other receivables from any current or former office	er, director,			
		trustee, key employee, creator or founder, substantial contrib				
			[O ₁	5	-
	6	Loans and other receivables from other disqualified persons (a	s defined			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
~		under section 4958(f)(1)), and persons described in section 49	58(c)(3)(B)	0	E.	
Assets	7	Notes and loans receivable, net			7 🛡	0
\SS	8	Inventories for sale or use		0	8	
1	9	Prepaid expenses and deferred charges		0	9	
ľ	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D 10a	0			
	b	Less: accumulated depreciation	0	0	10c	0
	11	Investments—publicly traded securities	<u> </u>	0	11	0
	12	Investments—other securities. See Part IV, line 11	Th:	0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33) .		103,828	16	191,586
	17	Accounts payable and accrued expenses		937	17	1,969
	18	Grants payable		0	18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue	/	0	19	· · · · · · · · · · · · · · · · · · ·
	20	Tax-exempt bond liabilities		0	20	
	21	Escrow or custodial account liability. Complete Part IV of Sch		0	21	3 3 - 2 74 May 20 20 20 20 20 20 20 20 20 20 20 20 20
Liabilities	22	Loans and other payables to any current or former officer, di				
≝		trustee, key employee, creator or founder, substantial contist				
jab		controlled entity or family member of any of these persons.		0	22	
	23	Secured mortgages and notes payable to unrelated third par		0	23	0
	24	Unsecured notes and loans payable to unrelated third partie		0	24	0
	25	Other liabilities (including federal income tax, payables to rel		٠		
		parties, and other liabilities not included on lines 17–24). Col	npiete			2 200
		Part X of Schedule D		0		6,229
	26	Total liabilities. Add lines 17 through 2	<u> </u>	937	26	8,198
ès		Organizations that follow FASB ASC 958, check here]			
ä		and complete lines 27, 28, 32, and 33.				
32	27			0	27	
B	28	Net assets with donor restrictions		0	28	
S		Organizations that to not follow FASB ASC 958, check h	ere X			
Net Assets or Fund Balances		and complete thes 29 through 33.	-			
Ş	29	Capital stock or trust principal, or current funds		0	29	
sei	30	Paid-in or capital surplus, or land, building, or equipment fun	a	0	30	100 000
As	31	Retained earnings, endowment, accumulated income, or other		102,891		183,388
det	32	Total net assets or fund balances		102,891		183,388
_	33	Total liabilities and net assets/fund balances	<u> </u>	103,828	33_	191,586

orm 9	990 (2023) SARAH MCLEAN FOUNDATION	26-107719	97 Page	<u> 12</u>
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		,[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	468,	860
2	Total expenses (must equal Part IX, column (A), line 25)	2	391,	582
3	Revenue less expenses. Subtract line 2 from line 1	3	77,	,278
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	102,	,891
5	Net unrealized gains (losses) on investments	5	3,	219
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32)			
	column (B))	1 0	183,	,388
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII.		L	
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2	la l	Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent a sourcent?	2	b	Χ
-	If "Yes," check a box below to indicate whether the financial statements are the year were audited on a			
	separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	.		
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process of selection process during the tax year, explain on			1 0
	Schedule O.			
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
3a	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		Ba	X
. h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	· · · ·	,a	
b.	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	-	3b	
	required addit of addito, explain with oir confidences and describe any steps taken to disdely sacin addits.		, a.	

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2023

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization SARAH MCLEAN FOUNDATION 26-1077197 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 140(b) iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a government rrimental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170() An organization that normally receives a substantial part of its support from a govern mental ui t or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operation ates in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the n city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a) 31. (Complete Part III.) An organization organized and operated exclusively to test for public afety. See section 509(a)(4). 11 An organization organized and operated exclusively for the next of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type or supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervise or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. C Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. d Check this box if the organization ecceived a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III ion-functionally integrated supporting organization. e Enter the number of supported 0 f organizations. Provide the following infor amon about the supported organization(s)

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(described on lines 1–10 listed in your governing su		(vi) Amount of other support (see instructions)
				Yes No		
(A)						
(B)						
(C)			. '			
(D)						
(E)						
Total		1977		100 m	0	. 0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	281,677	323,031	287,845	317,748	468,860	1,679,161
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge				S	9	0
5	Total. Add lines 1 through 3	281,677	323,031	287,845	417,744	468,860	1,679,161
6	Public support. Subtract line 5 from line 4				A. F. FERLES		1,679,161
Sec	tion B. Total Support				J		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	281,677	323,03	287,845	317,748	468,860	1,679,161
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.		4 8	3	2	1,407	1,420
9	Net income from unrelated business activities, whether or not the business is regularly carried on	•	Ċ,				0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	<				570	0
11	Total support. Add lines 7 through 10		25.50	工。有定量等以		40	1,680,581
12	Gross receipts from related activities, etc. (s					12	
13	First 5 years. If the Form 990 is for the orgoganization, check this box and stop here	X		or fifth tax year as a	a section 501(c)(3)	· · · · · · · ·	
	ction C. Computation of Public Sp Public support percentage for 2023 (line d			(f)\		14	99.92%
14 15						15	100.00%
16a	5 Public support percentage from 2022 Schedule A, Part II, line 14						
	33 1/3% support test—2022. If the organize box and stop here. The organization qualifi	ies as a publicly su	oported organizatio	n			[
	Ta 10%-facts-and-circumstances est—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
t	10%-facts-and-circumstances test—202 15 is 10% or more, and if the organization in Part VI how the organization meets the facinganization.	neets the facts-and	-circumstances tes	t, check this box ar	nd stop here . Expl	ain	
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	ally under the	tests listed bele	w, picase coi	inplete i alt ii.j		· · · · · · · · · · · · · · · · · · ·
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees				1		(7)
	received. (Do not include any "unusual grants.")				. [C
2	Gross receipts from admissions, merchandise						=
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose					,	C
3	Gross receipts from activities that are not an					•	
-	unrelated trade or business under section 513						C
4	Tax revenues levied for the					7	
	organization's benefit and either paid to						
	or expended on its behalf		·				c
5	The value of services or facilities						
	furnished by a governmental unit to the				1	•	
	organization without charge						C
6	Total. Add lines 1 through 5	0	0	(0	0	C
7a	Amounts included on lines 1, 2, and 3			_			
	received from disqualified persons						·
b	Amounts included on lines 2 and 3				N		· ·
	received from other than disqualified				y		
	persons that exceed the greater of \$5,000					·	
	or 1% of the amount on line 13 for the year						· C
. с	Add lines 7a and 7b	0	, † 0		0 0	0	(
8	Public support (Subtract line 7c from	10	1				
	line 6.)		(€).				
	tion B. Total Support		X				,
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	(0 0	0	
10a	Gross income from interest, dividends,	•	.()				
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less		•				4.14
	section 511 taxes) from businesses						
	acquired after June 30, 1975		·	- <u>-</u>			
С	Add lines 10a and 10b	0	0	(0 0	0	
11	Net income from unrelated business	X					
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		·				* -
	loss from the sale of capital assets	4					
	(Explain in Part VI.)	 			<u> </u>		
13	Total support. (Add lines \$, 10c, 1						
	and 12.)	0			0 0		. (
14	First 5 years. If the Form 390 is for the organization to the base of the first 5 years.						Г
	organization, check this box and stop here						· · · · · <u>L</u>
	ction C. Computation of Public Su			(0)		145	0.000
15	Public support percentage for 2023 (line 8,		-			15	0.00%
16	Public support percentage from 2022 Sched				 	16	0.00%
	ction D. Computation of Investme			-1 (6)	· · · · · · · · · · · · · · · · · · ·	147	0.000
17	Investment income percentage for 2023 (lin		- · · · · · · · · · · · · · · · · · · ·			17	0.00%
18	Investment income percentage from 2022 S 33 1/3% support tests—2023. If the organ					18	0.00%
198	not more than 33 1/3%, check this box and						· · · · ·
h	33 1/3% support tests—2022. If the organ						· · · · · L
Ŋ	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did			- Tale			- T
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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If this is answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4, (5), as (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to example such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization mac such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Pan Al what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported reganizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, lean, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(S)). family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a bando a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete fart I or Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 302(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below the governing body of a supported organization? b A family member of a person described on line 11a above? c A 33% controlled entity of a person described on line 11a above? A 33% controlled entity of a person described on line 11a above? A 33% controlled entity of a person described on line 11a of 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of oil or more sepported organizations have the power to regularly apport or elect at least a migraty of the organization of electron or more sepported organizations have the power to expend or "The organization had more than to end organization, describe how the power to expend or "The organization had more than to expend organization, describe how the powers to expend and organization on the travel when the property of organizations and what conditions or restrictions, if any, applied to sort powers during an entire organization of expenditions and what conditions or restrictions, if any, applied to sort powers during any behavior of expenditions and expendition and more than the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organizations. 1 Were a majority of the organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported or	Part	V Supporting Organizations (continued)	
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 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 			2b
trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			類類
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		
· · · · · · · · · · · · · · · · · · ·	L		PROTECTION OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF THE
	D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	_		
instructions. All other Type III non-functionally integrated supporting orga	nizatio	ons must complete Sections	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	. 0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property	6	4	
held for production of income (see instructions)	7		
7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			基本的 沙麦
instructions for short tax year or assets held for part of year):			素性 下に
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	N	
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors		· · · · · · · · · · · · · · · · · · ·	基础的人的
(explain in detail in Part VI):		1000 经验 基金	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for creater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8.	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section 4, line 8, column A)	1	· 接道: 200%。	. 0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	。但是是这种的	0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5	460 · 加州与1900	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		一大人,这是是 为	
emergency temporary reduction (see instructions).	6	A MARKET	0
7 Check here if the current year is the organization's first as a non-functional instructions).	ally int	egrated Type III supporting	organization (see
		_	

Part \	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	<u>ed)</u>	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which to	he organization is responsive		
	(provide details in Part VI). See instructions.		-	
9	Distributable amount for 2023 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount		10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions Pre-2023	ons	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required—explain in Part VI). See			
	instructions.	· · · · · · · · · · · · · · · · · · ·		基本
3	Excess distributions carryover, if any, to 2023			。
_ , a	From 2018		a e	
b	From 2019			
С	From 2020			《大學》,是《大學文學》
d	From 2021			建设数点头。但是是
e	From 2022			維化性學學
f	Total of lines 3a through 3e	0	î-	
g	Applied to underdistributions of prior years		0	· 及級 · 生 · 地震影響
<u>h</u>	Applied to 2023 distributable amount		Maria	0
i	Carryover from 2018 not applied (see instructions)		學。但	40000000000000000000000000000000000000
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3	0	A.7.	おかり、世界を整
4	Distributions for 2023 from	第一次 三基 第二基金数		
	Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years	The same	0	
b	Applied to 2023 distributable amount			0
<u>C</u>	Remainder. Subtract lines 4a and 4b fcm ine.	0 0		
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from the 2. For result			
	greater than zero, explain in Pant VI. See instructions.	State of the San San San	0	
. 6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions			O
7	Excess distributions carry over to 2024. Add lines 3j			图码数 计设备
	and 4c.	0 ***		the state of the state of
8	Breakdown of line			A CONTRACTOR
a	Excess from 2019.	新疆是到了	- #	第640000000000000 0
b_	Excess from 2020			
<u>c</u>	Excess from 2021			HWW.C. C. C. C. C.
d	Excess from 2022	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
е	Excess from 2023	· · · · · · · · · · · · · · · · · · ·		

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section	7 Page 8
B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
	
	

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Employer identification number

Department of the Treasury

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.

Go to www.irs.gov/Form990 for the latest information.

SARAH MCLEAN FOUNDATION 26-1077197 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private four 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a priva 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a For an organization filing Form 990, 990-EZ, or 990-PF that rece contributor's total contributions. Special Rules For an organization described in section 501(c) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 100(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Lart VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section \$61(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, as for the prevention of cruelty to children of "N/A" in column (b) instead of the contributor name and address), II, and III. r for the prevention of cruelty to children or animals. Complete Parts I (entering For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled nore man \$1,000. If this box is checked, enter here the total contributions that were received during the year for an explusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, 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), 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).

Name of organization
SARAH MCLEAN FOUNDATION

Employer identification number 26-1077197

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
1	Victory Church 4300 N MacArhur Blvd Oklahoma City OK 73122	\$ 3,500	Person X Payroll Noncash	
	Foreign Country:	5,500	Complete Part II for repeash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	Russell & Vicki Thorp 1800 N Canary Dr Edmond OK 73034 Foreign State or Province: Foreign Country:	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	Brenda & Jerry Murphy 3915 Smoking Oaks Rd Oklahoma City OK 73150 Foreign State or Province: Foreign Country:	\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	Lance Baker 1245 E 33rd St Edmond OK 73 13 Foreign State or Province: Foreign Country:	\$1,250	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	Beth & Clayton Harine 13204 Springcreet Dr Oklahoma City OK 73170 Foreign State or Province: Foreign Country	\$ 3,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	Avis Scaramuci P O Box 890720 Oklahoma City OK 73189 Foreign State or Province: Foreign Country:	\$6,719	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization
SARAH MCLEAN FOUNDATION

Employer identification number 26-1077197

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) (a) No. (d) Date received (b) Description of noncash property given FMV (or estimate) from (See instructions.) Part i (c) (a) No. (d) Date received FMV (or estimate from Description of noncash property given (See instra Part I (a) No. (d) 4V (or estimate) from Description of noncash property given Date received ee instructions.) Part I (c) (a) No. (d) FMV (or estimate) from Date received Description of noncash prope (See instructions.) Part I (c) (a) No. (d) FMV (or estimate) from Date received ioncash property given Description of (See instructions.) Part I (c) (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Name of org	anization CLEAN FOUNDATION		Employer identification number 26-1077197
Part III	Exclusively religious, charitable, etc., control (10) that total more than \$1,000 for the year the following line entry. For organizations commontributions of \$1,000 or less for the year. (Euse duplicate copies of Part III if additional sp	from any one contributor. Cor pleting Part III, enter the total of inter this information once. See it	cribed in section 501(c)(7), (8), or nplete columns (a) through (e) and exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
raiti			
	Transferee's name, address, and ZIP	(e) Transfer of gift + 4 Relation	openip of transferor to transferee
	For. Prov. Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
,		(e) Transfel of gift	
	Transferee's name, address, and ZIP	+ 4 Relation	onship of transferor to transferee
(a) No. from Part I	For, Prov. Country (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	C	(e) Transfer of gift	
	Transferee's partie, address, and ZIP	+4 Relati	onship of 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 gift	
	Transferee's name, address, and ZIF		onship of transferor to transferee
	For. Prov. Country		

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name (of the organization		Employer identification number
SARA	SARAH MCLEAN FOUNDATION		26-1077197
Part		dvised Funds or Other Similar Fu	
1 411	Complete if the organization answere		
	Complete if the organization unioners	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		13
. 5	Did the organization inform all donors and donors	or advisors in writing that the assets held in	n donor edvised
	funds are the organization's property, subject to		
6	Did the organization inform all grantees, donors		
O,	only for charitable purposes and not for the ber		
	conferring impermissible private benefit?		Yes No
Dor	Conservation Easements.		1.00 1.00
rair		od "Vos" on Form 000 Part IV line 7	
	Complete if the organization answere		
1	Purpose(s) of conservation easements held by		An of a historically important land area
	Preservation of land for public use (for examp		n of a historically important land area
	Protection of natural habitat	r eserval	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	n held a qualified conservation contributio	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easen	nents .	2b
C	Number of conservation easements on a certification		2c
d	Number of conservation easements included of	n line 2c acquired after July 25, 2006, and	1
	not on a historic structure listed in the National		2d
3	Number of conservation easements modified,	transferred, released, extinguished, or terr	ninated by the organization during
	the tax year		
4	Number of states where property subject to co	nservation pasement is located	<u></u>
. 5	Does the organization have a written policy reg		, handling of
	violations, and enforcement of the conservation		Yes . No
6	Staff and volunteer hours devoted to monitoring in-		conservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing cons	servation easements during the year
	X		
- 8	Does each conservation easement eported or	n line 2d above satisfy the requirements of	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the arganization repo	orts conservation easements in its revenue	e and expense statement and
	balance sheet, and include if applicable, the to		
	organization's accounting for conservation eas		
Par	Organizations Maintaining Collect	ions of Art. Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answere	ed "Yes" on Form 990. Part IV. line 8.	
1a	If the organization elected as permitted under		
	works of art, historical seasures, or other simil		
	public service, provide in Part XIII the text of the		
h	If the organization elected, as permitted under	FASB ASC 958 to report in its revenue st	tatement and balance sheet works
Ŋ	of art, historical treasures, or other similar asse	ets held for public exhibition education or	research in furtherance of public
	service, provide the following amounts relating		
	(i) Revenue included on Form 990, Part VIII, I	ine 1	\$
	(ii) Assets included in Form 990, Part X.	IIIO 1	\$
2	If the organization received or held works of a		
2	following amounts required to be reported und		
_	Revenue included on Form 990, Part VIII, line		
, a			
	Assets included in Form 990, Part X	 	Ψ

Part	III Organizations Maintaining Co	ollections of A	rt, Histori	cal Trea	sures, or C	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, acc	ession. and othe	r records, cl	neck any	of the following	g that make signific	ant use of its
•	collection items (check all that apply).	,		•			
а	Public exhibition		d \square	Loan or e	exchange pro	gram	
_							
b	Scholarly research		e	Other			
С	Preservation for future generations						
4	Provide a description of the organization XIII.	's collections and	d explain ho	w they fui	ther the orga	nization's exempt pા	ırpose in Part
5	During the year, did the organization soli assets to be sold to raise funds rather th	icit or receive doi an to be maintai	nations of al ned as part	rt, historic of the org	al treasures, anization's co	or other similar ollection?..	Yes No
Part	V Escrow and Custodial Arrang	jements.			-	1	
	Complete if the organization an	swered "Yes" o	on Form 99	90, Part	IV, line 9, or	reported an allo	unt on Form
	990, Part X, line 21.						!
1a	Is the organization an agent, trustee, cus	stodian, or other	intermediar	y for conti	ributions or ot	here ssets not	
	included on Form 990, Part X?					and the second	Yes No
b	If "Yes," explain the arrangement in Part	XIII and comple	te the follow	ing table.			
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance			,		1f	0
2a	Did the organization include an amount	on Form 990. Pa	ırt X. line 21	, for eserc	ow a custedia	al account liability?	Yes X No
b	If "Yes," explain the arrangement in Part	and the second s		—	•		
		TAME OF COR HOR	/ II allo oxpiq	Total Ties	oon provide		<u></u>
Part	V Endowment Funds. Complete if the organization ar	awarad "Vaa"	on Eor it o O		♥ IV line 10		
	Complete if the organization at	(a) Current year	(b) P	T WOOF	(c) Two years	back (d) Three years	back (e) Four years back
4-	Designing of year halance	(a) Curient year	+ (0) 17	year v	(C) TWO YEARS	back (u) Theo years	Back (c) tour yours back
1a	Beginning of year balance					 -	
b	Contributions			·	<u> </u>		
С	Net investment earnings, gains,						
-1	and losses				 	-	
d	Grants or scholarships		<u> </u>				
e	Other expenditures for facilities						
	and programs		1			-	
f	Administrative expenses		0	0		o	0 0
g	End of year balance				Jump (a)) beli		<u> </u>
2	Board designated or quasi-endowment		w balance (i	ine ig, co	diffit (a)) flot		
a	Permanent endowment	//					
b	Term endowment	2/0					
L .	The percentages on lines 2a, 2b, and 2	e. eshould equal 10	nn%				• ,
32	Are there endowment funds not the p			n that are	held and adr	ninistered for the	
Ja	organization by:	.000000.011 01 11.0	or garmaano				Yes No
	(i) Unrelated organizations						3a(i)
	(ii) Related organizations						3a(ii)
b	If "Yes" on line 3a(i) are the related org	nanizations listed	as required	I on Sche	dule R?		. 3b
1	Describe in Part XIII the intended uses	of the organizatio	on's endowr	nent fund:	S.		,
Par						······································	
Fai	Complete if the organization a		on Form 9	90 Part	IV line 11a	See Form 990 F	Part X line 10
. —			other basis		or other basis	(c) Accumulated	(d) Book value
	Description of property	1 ' '	otner basis stment)		or other basis other)	depreciation	(a) Dook value
- 4-	Land		0		0		
1a	Land	•	0		0		0 0
b	Buildings		0		0		
q C		·	0		0		0 0
d	Equipment	· ·	0		. 0		0 0
e Tota	Other	ust equal Form		line 10c			
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			3-4 N / P 44 L O E 000 D1 V P 40
		ea "Yes" on Form 990, F	Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
•	al derivatives	0	
	held equity interests	. 0	
(3) Other			
(C)			
(G) (H)			
	nn (b) must equal Form 990, Part X, line 12, col. (B))	. 0	
Part VIII		·	
Pail VIII		ed "Yes" on Form 990, F	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)	<u> </u>	• 4	
(5)	· · · · · · · · · · · · · · · · · · ·		
(6)	· · · · · · · · · · · · · · · · · · ·	•	
(7)			
(8)			
(9)		X	
(9) Total. (Colum	nn (b) must equal Form 990, Part X, line 13, col. (B))	. 0	
(9)	Other Assets.		
(9) Total. (Colum	Other Assets. Complete if the organization answer	ed "Yes" on Form 990, I	Part IV, line 11d. See Form 990, Part X, line 15.
(9) Total. (Colum Part IX	Other Assets. Complete if the organization answer		Part IV, line 11d. See Form 990, Part X, line 15.
(9) Total. (Colun Part IX	Other Assets. Complete if the organization answer	ed "Yes" on Form 990, I	
(9) Total. (Colum Part IX (1) (2)	Other Assets. Complete if the organization answer	ed "Yes" on Form 990, I	
(9) Total. (Colum Part IX (1) (2) (3)	Other Assets. Complete if the organization answer	ed "Yes" on Form 990, I	
(9) Total. (Colum Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answer	ed "Yes" on Form 990, I	
(9) Total. (Colum Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answer	ed "Yes" on Form 990, I	
(9) Total. (Colum Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answer	ed "Yes" on Form 990, I	
(9) Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answer	ed "Yes" on Form 990, I	
(9) Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answer	ed "Yes" on Form 990, I	
(9) Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer	ed "Yes" on Form 990, I	(b) Book value
(9) Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a) D umn (b) must equal Form 900, Part X, line Other Liabilities.	ed, "Yes" on Form 990, I escription	(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answer (a) D umn (b) must equal Form 900, Part X, line Other Liabilities.	ed, "Yes" on Form 990, I escription	(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answer (a) D umn (b) must equal Form 990, Part X, line Other Liabilities. Complete if the organization answer line 25.	ed, "Yes" on Form 990, I escription	(b) Book value
(9) Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	Other Assets. Complete if the organization answer (a) D umn (b) must equal Form 990, Part X, line Other Liabilities. Complete if the organization answer line 25.	ed "Yes" on Form 990, I escripted	Part IV, line 11e or 11f. See Form 990, Part X,
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal	Other Assets. Complete if the organization answer (a) D umn (b) must equal Form 990, Part X, line: Other Liabilities. Complete if the organization answer line 25.	ed "Yes" on Form 990, I escripted	Part IV, line 11e or 11f. See Form 990, Part X,
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal	Other Assets. Complete if the organization answer (a) D umn (b) must equal Form 990, Part X, line Other Liabilities. Complete if the organization answer line 25. (a) De	ed "Yes" on Form 990, I escripted	Part IV, line 11e or 11f. See Form 990, Part X,
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) PAYR	Other Assets. Complete if the organization answer (a) D umn (b) must equal Form 990, Part X, line Other Liabilities. Complete if the organization answer line 25. (a) De	ed "Yes" on Form 990, I escripted	Part IV, line 11e or 11f. See Form 990, Part X,
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) PAYR (3)	Other Assets. Complete if the organization answer (a) D umn (b) must equal Form 990, Part X, line Other Liabilities. Complete if the organization answer line 25. (a) De	ed "Yes" on Form 990, I escripted	Part IV, line 11e or 11f. See Form 990, Part X,
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) PAYR (3) (4)	Other Assets. Complete if the organization answer (a) D umn (b) must equal Form 990, Part X, line Other Liabilities. Complete if the organization answer line 25. (a) De	ed "Yes" on Form 990, I escripted	Part IV, line 11e or 11f. See Form 990, Part X,
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) PAYR (3) (4) (5)	Other Assets. Complete if the organization answer (a) D umn (b) must equal Form 990, Part X, line Other Liabilities. Complete if the organization answer line 25. (a) De	ed "Yes" on Form 990, I escripted	Part IV, line 11e or 11f. See Form 990, Part X,
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) PAYR (3) (4) (5) (6)	Other Assets. Complete if the organization answer (a) D umn (b) must equal Form 990, Part X, line Other Liabilities. Complete if the organization answer line 25. (a) De	ed "Yes" on Form 990, I escripted	Part IV, line 11e or 11f. See Form 990, Part X,
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) PAYR (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a) D umn (b) must equal Form 990, Part X, line Other Liabilities. Complete if the organization answer line 25. (a) De	ed "Yes" on Form 990, I escription 15, col. (B)) ed "Yes" on Form 990, I scription of liability	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 6,22

Pari			turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•
а	Net unrealized gains (losses) on investments	a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants		4952	
d	Other (Describe in Part XIII.)	<u>d</u>		_
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)			
b	outer (Booding in Carty in)		Ac	0
C E	Add lines 4a and 4b		5	0
5 Por	t XII Reconciliation of Expenses per Audited Financial Statements W		Return	
rai	Complete if the organization answered "Yes" on Form 990, Part IV, li		rtotuiii.	_
1	Total expenses and losses per audited financial statements		1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	a		
b	Prior year adjustments	B		
С	Other losses	4		
d	Other (Describe in Part XIII.)			_
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 7:		4	
a	Investment expenses not included on Form 990, Part VIII, line 7b. 40 Other (Describe in Part XIII.)			
b		וט	200	
_	Add lines 4s and 4h		4c	. 0
C	Add lines 4a and 4b		4c	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c 5	0
Pari	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	0
Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part II	V, lines 1b and 2b; Pa	rt V, line 4; Par	0
Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	V, lines 1b and 2b; Pa	rt V, line 4; Par	0
Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part II	V, lines 1b and 2b; Pa	rt V, line 4; Par	0
Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part II	V, lines 1b and 2b; Pa	rt V, line 4; Par	0
Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part II	V, lines 1b and 2b; Pa	rt V, line 4; Par	0
Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part II	V, lines 1b and 2b; Pa	rt V, line 4; Par	0
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Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part II	V, lines 1b and 2b; Pa	rt V, line 4; Par	0
Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part II	V, lines 1b and 2b; Pa	rt V, line 4; Par	0
Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part II	V, lines 1b and 2b; Pa	rt V, line 4; Par	0
Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part II	V, lines 1b and 2b; Pa	rt V, line 4; Par	0
Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part II	V, lines 1b and 2b; Pa	rt V, line 4; Par	0
Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part II	V, lines 1b and 2b; Pa	rt V, line 4; Par	0
Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part II	V, lines 1b and 2b; Pa	rt V, line 4; Par	0
Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part II	V, lines 1b and 2b; Pa	rt V, line 4; Par	0
Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part II	V, lines 1b and 2b; Pa	rt V, line 4; Par	0
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Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part II	V, lines 1b and 2b; Pa	rt V, line 4; Par	0
Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part II	V, lines 1b and 2b; Pa	rt V, line 4; Par	0
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Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part II	V, lines 1b and 2b; Pa	rt V, line 4; Par	0

Schedule D (Fo		SARAH MCLEAN FOUNDATI	ON				26-1077197	Page 5
Part XIII	Supplem	ental Information (continue	d)					
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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-E∠.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

SARAH MCLEAN FOUNDATION	[26-1077197
Form 990, Part VI, Section B, Line 11b: The executive director reviews the return and any	
member of the board would be provided with a copy of the return if they request it.	
Form 990, Part IV, Section B, Line 15a: The board approves the salary of the executive	
director annually	
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Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
SARAH MCLEAN FOUNDATION	26-1077197
	
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