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### Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No 1545-0052

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements 12/31,2009 08/28 , 2009, and ending For cálendar year 2009, or tax year beginning Final return G Check all that apply X Initial return Initial return of a former public charity Amended return Address change Name change Name of foundation A Employer identification number HARVEY HOUSE FAMILY CHARITABLE FOUNDATION Use the IRS 27-6459525 label C/O NANCY HEMPHILL, TRUSTEE Otherwise, Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of the instructions) print or type. P.O. BOX 1468 (580) 251-7027 See Specific If exemption application is pending, check here City or town, state, and ZIP code Instructions 1 Foreign organizations check here DUNCAN, OK 73534-1468 2 Foreign organizations meeting the 85% test, check here and attach H Check type of organization X Section 501(c)(3) exempt private foundation computation . . . . . Other taxable private foundation Section 4947(a)(1) nonexempt chantable trust If private foundation status was terminated X Cash J Accounting method Fair market value of all assets at end Accrual under section 507(b)(1)(A), check here . of year (from Part II, col (c), line Other (specify) If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis) 2,031,852 *16)* ▶ \$ under section 507(b)(1)(B), check here . (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per income income may not necessarily equal the amounts in purposes books column (a) (see page 11 of the instructions) ; (cash basis only) 1,937,279 Contributions, gifts, grants, etc. received (attach schedule) if the foundation is not required to 2 Check ▶ attach Sch B. . . . . . . 10,526 10,526 3 Interest on savings and temporary cash investments 24,688 24,688. Dividends and interest from securities 5 a Gross rents . . . . . . . . . . . . . . . . . b Net rental income or (loss) -11,693 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns \* and allowances b Less Cost of goods sold . c Gross profitor (loss) (attach schedule) 253 253 Other income (attach schedule) ATT 11 Total Addlines 1 through 14. 1,961,053. 35,467 Compensation of officers directors trustees etc 4.187 4,187 13 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) b Accounting fees (attach schedule) Other professional fees (attach schedule) . . . Taxes (attach schedule) (see page 14 of the instructions) 119 Depreciation (attach schedule) and depletion 21 Travel, conferences, and meetings 22 Printing and publications . . . . . 23 Other expenses (attach schedule) . . . . . 24 Total operating and administrative expenses. 4,187 4,187 Add lines 13 through 23 25 Contributions, gifts, grants paid . . . . . . 4,187 4,187 0 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 1,956,866. a Excess of revenue over expenses and disbursements . . 31,280 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-). . -0-

1	art II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	year
4	ai t II	Dalance Officets	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ing		90.	90.
	2 '		cash investments		16,452.	16,452.
		Less allowance for doub	otful accounts			
	4					
		Less allowance for doub	otful accounts			
	5			<del></del>		
	6		ficers, directors, trustees, and other		<u> </u>	
			ich schedule) (see page 16 of the instructions)			
	7		ceivable (attach schedule)	<del></del>		
	′		otful accounts			
	١.					
sts	8	Inventories for sale or us				
Assets	9		eferred charges			<del></del>
ä	!		government obligations (attach schedule)			
			stock (attach schedule)	<del></del>	<del> </del>	<del></del>
	11 °	Investments - land, buildings			<del> </del>	·
		Less accumulated deprecia (attach schedule)	ition			
	12	Investments - mortgage I	loans			
	13	Investments - other (attach	ch schedule) ATT 2		1,940,324.	2,015,310.
	14	Land, buildings, and equipment basis	<b>&gt;</b>			
		Less accumulated deprecial	tion			
	15	Other assets (describe	<b>&gt;</b> )			
	16		pleted by all filers - see the			
			age 1, item I)		1,956,866.	2,031,852.
_	17		ccrued expenses			<del></del>
	18					
s	l	Deferred revenue				
Liabilities	20		s, trustees, and other disqualified persons			•
ā	21		es payable (attach schedule)			
Ë	22		es payable (attach schedule)			
	22	Other habilities (describe	·/		<del> </del>	
	23	Total liabilities (add line	s 17 through 22)			
_	25			· · · · · · · · · · · · · · · · · · ·		
		and complete lines 24	ow SFAS 117, check here ►			
ces	24	Unrestricted				
or Fund Balance	25	Temporarily restricted .				
Bai	26	Permanently restricted .	<i> </i>			
פ		Foundations that do				
5		check here and comp	olete lines 27 through 31. <b>▶</b>			
ŏ	27	Capital stock, trust princi	pal, or current funds	<u>,, , , , , , , , , , , , , , , , , , ,</u>		
ţ	28	Paid-in or capital surplus, or	land, bldg , and equipment fund			
Net Assets	29	Retained earnings, accumula	ated income, endowment, or other funds		1,956,866.	
¥	30、	Total net assets or fund	balances (see page 17 of the			_
Ž		instructions)			1,956,866.	
	31	Total liabilities and net a	assets/fund balances (see page 17			
		of the instructions)	<u> </u>		1,956,866.	
P	art II		anges in Net Assets or Fund	Balances	· · · · · · · · · · · · · · · · · · ·	
		<del></del>	ances at beginning of year - Part II, co		agree with	
			on prior year's return)	, ,,	-	
2		r amount from Part I, lir				1,956,866.
					· · · · · · · · · <del>  </del>	,
					<del></del>	1,956,866.
	_		ine 2 (itemize)			
5	Total	net assets or fund hal-	ne 2 (itemize) ▶ ances at end of year (line 4 minus line	5) - Part II. column (b)	line 30 6	1,956,866.
<u>-</u>	i Otal	not appets of fully ball	and to the or your time 4 minus inte	o, raicis, column (b),		Form 990-PE (2000)

Pa	<del></del>	s and Losses for Tax on Interest of the describe the kind(s) of property sold (e		(b) How acquired	(c) Date	(d) Date sold
	• •	rick warehouse, or common stock, 200	•	P-Purchase D-Donation	acquired (mo , day, yr )	(mo , day, yr )
1 a	SEE PART IV SCHE	DULE		I		
b						
С				<u> </u>		
đ				1		
е	<u></u>				<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	•
a			<u> </u>	-		
b				<del> </del>		
C				<del> </del>	<del></del>	<del></del>
d				<del> </del>	<del> </del>	<del></del>
e		<u> </u>	11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ļ		
C	omplete only for assets sho	wing gain in column (h) and owned			Gains (Col (h) g	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	(k), but not less t Losses (from co	
а						
b	· · · · · · · · · · · · · · · · · · ·					
С				<u> </u>		
d				1		
е		L	1	<u> </u>		
2	Capital gain net income or	(net canital loce)	f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	2		-6,800.
3	Net short-term capital gain	or (loss) as defined in sections 122	· · ·			
	If gain, also enter in Part I,	line 8, column (c) (see pages 13 an	nd 17 of the instructions)			
	If (loss), enter -0- in Part I, I	line 8		3		
			ced Tax on Net Investment Inc	ome	· · · ·	
Νε			T AVAILABLE FOR INITIAL table amount of any year in the base to not complete this part.		ETURNS	] Yes [ ] No
			see page 18 of the instructions before	e making a	any entries	
<u>.</u>	(a)			T	(d)	
Ç	Base period years alendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
	2008			-		
	2007			1		
	2006					
	2005			+	<del></del>	
	2004	<u> </u>	<u></u>	+ + +	<del></del>	<del></del>
_						
2	Total of line 1, column (d)			2		
3	•	for the 5-year base period - divide the	• • •			
	number of years the found	lation has been in existence if less	than 5 years	3		· ————
4	Enter the net value of non-	charitable-use assets for 2009 from	Part X, line 5	4		
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distribution If line 8 is equal to or gr	eater than line 7, check the box	ın Part VI, line 1b, and complete	8 that part	using a 1% tax	x rate See th

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the ins	tructi	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		6	26.
	here ▶ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
3	Add lines 1 and 2		6	26.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		6	26.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
b	Exempt foreign organizations-tax withheld at source 6b 0.			
С	Tax paid with application for extension of time to file (Form 8868) 6c 1,400.			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		1,4	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due if the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		7	74.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ► 774 . Refunded ► 11			
	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?	1c	$\longrightarrow$	_ X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		.	
	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers $\blacktriangleright$ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		1	
	on foundation managers ►\$			v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	_2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	_	:	v
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		- <u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		
b		4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
_	If "Yes," attach the statement required by General Instruction T		.	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or     By state legislation, that effectively amends the governing instrument so that no mandatory directions that			
		6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
, 8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
Ja	instructions) > OK,		.	
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		$\neg +$	
-	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page		, 1	
	27)? If "Yes," complete Part XIV	9	. 1	Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
. •	names and addresses ATTACHMENT 3	10	х	
			O DE (	2000:

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Χ	L
	Website address   N/A			
14	The books are in care of ►NANCY HEMPHILL Telephone no ►580-251	-702	27	
	Located at ▶P.O. BOX 1468 DUNCAN, OK ZIP+4 ▶ 73534			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here · · · · · · · · · · · · · · · · · ·		▶	
	and enter the amount of tax-exempt interest received or accrued during the year			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit of use of a disqualified person)?	1	į .	
	(6) Agree to pay money or property to a government official? ( Exception. Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government scrytoc, it communing within 50 days /			
þ		1b		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	10		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1c		Х
•	were not corrected before the first day of the tax year beginning in 2009?	,,,		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))  At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
а	6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)		1	
	to all years listed, answer "No" and attach statement - see page 20 of the instructions )	2b		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year? Yes X No			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse		`	
	of the 10-, 15-, or 20-year first phase holding penod? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2009)	3b		<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	45		v

Par	VII-B Statements Regarding Activities for	Which Form 47	20 May Be Requi	red (continued)		
5 a	During the year did the foundation pay or incur any amount (1) Carry on propaganda, or otherwise attempt to influence (2) Influence the outcome of any specific public election (see directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other than a charitable section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see (5) Provide for any purpose other than religious, charitable, purposes, or for the prevention of cruelty to children or a lift any answer is "Yes" to 5a(1)-(5), did any of the transa Regulations section 53 4945 or in a current notice regarding disaster if the answer is "Yes" to question 5a(4), does the foundation	to legislation (section 49 legislation (section 4955), or to resimilar purposes? legislation of the page 22 of the instruscientific, literary, or animals? lections fail to qualifying disaster assistance assistance check her a claim exemption from	described in actions) educational under the exceptions e (see page 22 of the e	Yes X No	5b	
	because it maintained expenditure responsibility for the gran	nt?		. Yes No	·	
	If "Yes," attach the statement required by Regulations section.  Did the foundation, during the year, receive any funds, direction a personal benefit contract?	tly or indirectly, to pay		Yes X No	6b	X
	At any time during the tax year, was the foundation a party t			. Yes X No	·	
	If yes, did the foundation receive any proceeds or have any			Highly Daid Empl	, . 7b	
Par	t VIII Information About Officers, Directors and Contractors	, irustees, roun	uation wanagers	, nighiy Palu Empi	ioyees,	
1	List all officers, directors, trustees, foundation man	agers and their col (b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter	ge 22 of the instructi (d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
AT	TACHMENT 4		4,187.	0.	•	0
	Compensation of five highest-paid employees (othe If none, enter "NONE."	r than those includ	iea on line 1 - see p	age 23 of the instruc	tions).	
	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
			<del></del>		<del></del>	<del></del>
Tota	I number of other employees paid over \$50,000	_,, , ,				NONE
	i innince oi onei endulovees palo OVEL adv COV					I INCHINE

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employers and Contractors (continued)	oyees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none	enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	<u> </u>
T. 1	NONE
Total number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
	ļ
3	
	<del> </del>
4	
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	.L-,
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
	<u> </u>
All other program-related investments. See page 24 of the instructions	
3 NONE	
Total. Add lines 1 through 3	<u> </u>

Form **990-PF** (2009)

Pa	Minimum Investment Return (All domestic foundations must complete this part. For see page 24 of the instructions.)	oreign foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	1,972,242.
b	Average of monthly cash balances	1b	21,586.
С		1c	0.
d	Total (add lines 1a, b, and c)		1,993,828.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	•	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,993,828.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25	' '	
	of the instructions)	4	29,907.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,963,921.
6	Minimum Investment return. Enter 5% of line 5	6	33,898.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) p foundations and certain foreign organizations check here ▶ ☐ and do not complete the section of the instructions.	rivate operating	
1	Minimum investment return from Part X, line 6	1	33,898.
2 a	Tax on investment income for 2009 from Part VI, line 5	526.	
b		·	
С		2c	626.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	33,272.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4		33,272.
6	Deduction from distributable amount (see page 25 of the instructions)		
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	33,272.
Pa	art XII Qualifying Distributions(see page 25 of the instructions)	· . ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
' a		1a	0.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	· · · <del>  · ·     -                             </del>	
-	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)		0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4		0.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	whether the found	dation
	qualifies for the section 4940(e) reduction of tax in those years		

Form **990-PF** (2009)

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		·
	•	(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
•	· .				33,272.
_	line 7				<u> </u>
2	Undistributed income, if any, as of the end of 2009				
	Enter amount for 2008 only	·····	<del> </del>		
þ	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b	From 2005				
С	From 2006				
d	From 2007				
e					
-	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part XII,				
4					
а	Applied to 2008, but not more than line 2a				<del> </del>
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				
е	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2009				
	(If an amount appears in column (d), the same				
_	amount must be shown in column (a) )				
6	Enter the net total of each column as indicated below:				
		0.			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
þ	Prior years' undistributed income Subtract				
_	Inne 4b from line 2b  Enter the amount of prior years' undistributed		<u> </u>		<u> </u>
·	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed	<del></del>		<u> </u>	
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions			<u> </u>	
е	Undistributed income for 2008 Subtract line			•	
	4a from line 2a Taxable amount - see page 27 of the instructions				
_					
Ť	Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2010				33,272.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)				
-	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2010.	0			
	Subtract lines 7 and 8 from line 6a	0.			<u></u>
	Analysis of line 9				
	Excess from 2005				
	Excess from 2006				
C	Excess from 2007 ,				
d	Excess from 2008				
е	Excess from 2009 0 .				

Form 990-PF (2009)

Pa	rt XIV Private Oper	rating Foundations	(see page 27 of the	instructions and	Part VII-A, ques	stion 9)	NOT API	PLICABLE
	If the foundation has	received a ruling or d	etermination letter that					
	foundation, and the ruling	is effective for 2009, ente	r the date of the ruling		▶ [		·····	
b	Check box to indicate whe		nvate operating foundation	<del></del>	on <u>i</u>	4942(J)	(3) or	4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year	<u> </u>	Prior 3 years	<del></del>		(e) T	otal
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 200	6		
	I or the minimum investment return from Part X for each							
	year listed			<del> </del>	<del></del>			
b	85% of line 2a			<del> </del>	<del></del>			
С	Qualifying distributions from Part							
d	XII, line 4 for each year listed .  Amounts included in line 2c not							
u	used directly for active conduct of exempt activities	,						
e	Qualifying distributions made							
	directly for active conduct of exempt activities Subtract line 2d from line 2c							
3	Complete 3a b or c for the			•			<del></del>	
	alternative test relied upon							
а	"Assets" alternative test - enter  (1) Value of all assets							
	(2) Value of assets qualifying		-					
	under section 4942(j)(3)(B)(i)							
b	"Endowment" alternative test-							
	enter 2/3 of minimum invest-							
	ment return shown in Part X, line 6 for each year listed							
С	"Support" alternative test - enter							
	(1) Total support other than							
	gross investment income (interest dividends, rents,		İ					
	payments on securities		İ	İ				
	loans (section 512(a)(5)), or royalties)							
	(2) Support from general							
	public and 5 or more exempt organizations as							
	provided in section 4942 (j)(3)(B)(iii)							
	(3) Largest amount of sup-							
	port from an exempt organization			İ				
	(4) Gross investment income							
Pa	rt XV Supplement	ary Information (C	omplete this part	only if the fo	undation had \$	5,000	or more i	n assets
	<u>*</u>	during the year - se	• •	structions.)				
1	Information Regarding	,						
а	List any managers of before the close of any						ed by the fo	oundation
	NONE							
b	List any managers of	the foundation who	own 10% or more o	f the stock of a	corporation (or an	equally	large portio	on of the
	ownership of a partner	ship or other entity) of	f which the foundation	n has a 10% or gre	eater interest	-		
	NONE		<del></del>					
2	Information Regarding			• • •				
	Check here ► X If t	he foundation only i	makes contributions	to preselected of	charitable organiza	ations ar	nd does no	t accept
	unsolicited requests f				page 28 of the i	nstruction	s) to indiv	riduals or
	organizations under ot	ner conditions, comple	ete items 2a, b, c, and	ı a				
а	The name, address, an	d telephone number of	the person to whom a	applications should	be addressed			
b	The form in which appli	cations should be subr	nitted and information	and materials they	/ should include			
				ĺ				
	Any submission deadlir	nes		<del></del>		<del></del>	<del></del>	
-	•							
	Any restrictions or b	mitatione on owards	euch on hy googs	anhical areas at	antable fields les	nde of	netiti itiono	or other
a	Any restrictions or li factors	imations on awards,	, audit as by geogra	apilical aleas, CN	amane neius, Kii	iius UI II	าอแนนเบทิร,	or other

.:

<ul> <li>Recipient</li> <li>Name and address (home or business)</li> <li>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</li> <li>Foundation status of recipient</li> <li>Foundation purpose of grant or contribution</li> </ul>	Part XV Supplementary Information (c 3 Grants and Contributions Paid Duri	ng the Year or App	roved for F	Future Payment	
a Paid during the year  Total		If recipient is an individual,	Foundation		Amount
a Paid during the year  Total		any foundation manager or substantial contributor	recipient	contribution	Amount
		show any relationship to any foundation manager or substantial contributor	status of	contribution	Amount
	Total			> 3a	NONE
		<u> </u>	<del></del>		INOINE
		<u></u>			NONE

	unless otherwise indicated		ited business income	Excluded by	section 512, 513, or 514	(e)
Program service i		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a	Tevenue		_			,
					· · · ·	······································
f						
g Fees and contr	racts from government agencies					
2 Membership dues	s and assessments					
3 Interest on savings	and temporary cash investments					,,·
4 Dividends and int	terest from securities			14	35,214.	
	e or (loss) from real estate					<u>.</u> .
	d property					<del> , ,</del>
	nced property		<u></u>			<del>,</del>
	r (loss) from personal property .		· · · · · · · · · · · · · · · · · · ·			·····
7 Other investment	income			14	253.	
• •	sales of assets other than inventory			18	-11,693.	
9 Net income or (lo	ss) from special events					
	ess) from sales of inventory					
1 Other revenue a						<del>- , </del>
b						
С	<del> </del>	<del></del>				
d				ı		
d					22 774	
d e	umns (b), (d), and (e)				23,774.	22 774
d e 12 Subtotal Add coll 13 Total Add line 12	umns (b), (d), and (e)					23,774.
d e 12 Subtotal Add coli 13 Total. Add line 12 See worksheet in line Part XVI-B R Line No Explain	umns (b), (d), and (e)	verify calcula to the Ac	titions ) complishment of E	Exempt Purp	oses  (e) of Part XVI-A cont	ributed importantly t
d e 2 Subtotal Add coli 3 Total. Add line 12 See worksheet in lin Part XVI-B R Line No Explate	umns (b), (d), and (e)	verify calcula to the Ac	titions ) complishment of E	Exempt Purp	oses  (e) of Part XVI-A cont	ributed importantly t
d e 2 Subtotal Add coli 3 Total. Add line 12 See worksheet in lin Part XVI-B R Line No Explate	umns (b), (d), and (e)	verify calcula to the Ac	titions ) complishment of E	Exempt Purp	oses  (e) of Part XVI-A cont	ributed importantly t
d e 2 Subtotal Add coli 3 Total. Add line 12 See worksheet in lin Part XVI-B R Line No Explate	umns (b), (d), and (e)	verify calcula to the Ac	titions ) complishment of E	Exempt Purp	oses  (e) of Part XVI-A cont	ributed importantly t
d e 12 Subtotal Add coll 13 Total. Add line 12 See worksheet in line Part XVI-B R Line No Explait	umns (b), (d), and (e)	verify calcula to the Ac	titions ) complishment of E	Exempt Purp	oses  (e) of Part XVI-A cont	ributed importantly t
d e 2 Subtotal Add coll 3 Total. Add line 12 See worksheet in lin Part XVI-B R Line No Explate	umns (b), (d), and (e)	verify calcula to the Ac	titions ) complishment of E	Exempt Purped in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly t
d e 2 Subtotal Add coli 3 Total. Add line 12 See worksheet in lin Part XVI-B R Line No Explate	umns (b), (d), and (e)	verify calcula to the Ac	ctions) complishment of E ch income is reporte exempt purposes (	Exempt Purped in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly t
d e 2 Subtotal Add coli 3 Total. Add line 12 See worksheet in lin Part XVI-B R Line No Explate	umns (b), (d), and (e)	verify calcula to the Ac	ctions) complishment of E ch income is reporte exempt purposes (	Exempt Purped in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly t
d e 2 Subtotal Add coli 3 Total. Add line 12 See worksheet in lin Part XVI-B R Line No Explate the in	umns (b), (d), and (e)	verify calcula to the Ac	ctions) complishment of E ch income is reporte exempt purposes (	Exempt Purped in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly t
d e 2 Subtotal Add coli 3 Total. Add line 12 See worksheet in line Part XVI-B R Line No Explait the	umns (b), (d), and (e)	verify calcula to the Ac	ctions) complishment of E ch income is reporte exempt purposes (	Exempt Purped in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly t
d e 2 Subtotal Add coli 3 Total. Add line 12 See worksheet in line Part XVI-B R Line No Explait the	umns (b), (d), and (e)	verify calcula to the Ac	ctions) complishment of E ch income is reporte exempt purposes (	Exempt Purped in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly t
d e 2 Subtotal Add coli 3 Total. Add line 12 See worksheet in lin Part XVI-B R Line No Explate	umns (b), (d), and (e)	verify calcula to the Ac	ctions) complishment of E ch income is reporte exempt purposes (	Exempt Purped in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly t
d e 2 Subtotal Add coll 3 Total. Add line 12 See worksheet in lin Part XVI-B R Line No Explate	umns (b), (d), and (e)	verify calcula to the Ac	ctions) complishment of E ch income is reporte exempt purposes (	Exempt Purped in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly t
d e 2 Subtotal Add coli 3 Total. Add line 12 See worksheet in lin Part XVI-B R Line No Explate	umns (b), (d), and (e)	verify calcula to the Ac	ctions) complishment of E ch income is reporte exempt purposes (	Exempt Purped in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly to
d e 12 Subtotal Add coll 13 Total. Add line 12 See worksheet in line Part XVI-B R Line No Explain	umns (b), (d), and (e)	verify calcula to the Ac	ctions) complishment of E ch income is reporte exempt purposes (	Exempt Purped in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly to

### Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

1	in se	he organization directly ction 501(c) of the Co	de (other than	section 501	(c)(3) c	organizations)							Yes	No
а		fers from the reporting four										19/1)		×
		ash								• • • •	• • • •	. 1a(1) 1a(2)		X
h		transactions			• • • •							14(2)		
U		ales of assets to a nonchar	utable exempt or	manization								1b(1)		х
		urchases of assets from a										1b(2)		X
		ental of facilities, equipmer										1b(3)		Х
		eimbursement arrangemer										1b(4)		Х
		oans or loan guarantees .										1b(5)		Х
		erformance of services or r										. 1b(6)		X
С	Sharır	ng of facilities, equipment, i	mailing lists, othe	er assets, or pa	ııd emplo	yees						. 1c	L	Х
đ	If the	answer to any of the	ne above is "	Yes," complet	te the	following s	chedule	Column	(b) sho	uld alv	vays sho	w the	fair r	narket
	value	of the goods, other	assets, or serv	rices given b	y the i	reporting for	undation	If the f	foundatio	on rec	eived les	s than	faır r	narket
	value	in any transaction or	sharing arrang	gement, show	/ in co	lumn (d) th	e value	of the	goods,	other a	assets, o	servic	es rec	eived
		T				. 1					<del></del>			
(a) l	ine no	(b) Amount involved	(c) Name of n	onchantable exe	mpt organ	nization		escription of tr	ransfers, t	ransactio	ns, and sha	iring arrai	ngemen	ts
		N/A	<del></del>				N/A				<del></del> -			
			···							· · · · · · · · · · · · · · · · · · ·				
			<del></del>					· · · · · · · · · · · · · · · · · · ·						
				<del></del>										
					-									
	-													
			•											
					······································									
					<del></del>									
									<u> </u>			<del></del>		
2a		foundation directly or	-					•	-				_	7
		n 501(c) of the Code (other		501(c)(3)) or in	section	527?					• • • •	Y	es 🔛	Я ИО
b	If "Yes	s," complete the following s	schedule	/ы	Type of or	ganization			(c) [	) ne crintio	n of relation	ebin	-	
		(a) Name of organization		(0)	ype or or	ganizadon			(6)		oi ieialioi	isriip		
	<del></del>	<del></del>	-											
	-													
	Under	penalties of perjury, I decla	re that I have ex	amined this retu	ırn, ıncluc	ling accompan	nying sch	edules and	statement	s, and t	o the best	of my k	nowled	ge and
	belief,	it is true, correct, and comp	lete Declaration of	of preparer (other	er than ta	xpayer or fidu	ciary) is t	based on all	information					vledge
		// am	April	ull			10	1/2/10	<u> </u>	IVAN Popias	cy He	mpnıı <del>Preside</del>		
<u>e</u> [	Sı	ignature of officer or trustee					Date /	/ /	Tit	ie	RancFi	reside	;nr	
Sign Here						Date		Check	ıf	!	Preparer number (			1
5	حي	Preparer's	1 10	Dank	_	1/2 .			ployed	▶∐│	page 30 of			•
S	aid Pare On	signature	ma C.	CUR		107	-10		ı					
	Paid Preparer's Use Only	Firm's name (or yours if	KPMG I			- 00			EI	N ▶ 1	3-5565	5207		
		self-employed), address, and ZIP code		ARK AVE.,		E 2850		21.00	_		405	222 -	413	
		and ZIF Code	OKLAHO	OMA CITY,	OK	-	7.	3102	<u> </u> Pt	one no		239-6		
												Form 99	リーピト	(2009)

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

### **Schedule of Contributors**

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

OMB No 1545-0047

Employer identification number

Name of the organization		Employer identification number
HARVEY HOUSE FAMILY C	HARITABLE FOUNDATION	
C/O NANCY HEMPHILL, TH	RUSTEE	27-6459525
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n
	501(c)(3) taxable private foundation	•
Note. Only a section 501(c)(7), (8 instructions	ered by the <b>General Rule</b> or a <b>Special Rule</b> . 3), or (10) organization can check boxes for both the General Rule and a Sp	oecial Rule See
General Rule		
<del></del>	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or in contributor. Complete Parts I and II	nore (ın money or
Special Rules		
sections 509(a)(1) and	organization filing Form 990 or 990-EZ that met the 33 1/3 % support test 170(b)(1)(A)(vi), and received from any one contributor, during the year, a % of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line	
the year, aggregate co	, (8), or (10) organization filing Form 990 or 990-EZ that received from any ntributions of more than \$1,000 for use exclusively for religious, charitable or the prevention of cruelty to children or animals. Complete Parts I, II, and	e, scientific, literary, or
the year, contributions aggregate to more that year for an exclusively applies to this organization.	for use exclusively for religious, charitable, etc., purposes, but these controls 1,000. If this box is checked, enter here the total contributions that were religious, charitable, etc., purpose. Do not complete any of the parts unless ation because it received nonexclusively religious, charitable, etc., contributions.	butions did not received during the s the General Rule
990-EZ, or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file Scho answer "No" on Part IV, line 2 of its Form 990, or check the box on line Ho o certify that it does not meet the filing requirements of Schedule B (Form 99	ts Form 990-EZ,
For Privacy Act and Paperwork Reducti	on Act Notice, see the Instructions Schedule	B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Page_	of	0	f	Part I

Name of organization HARVEY HOUSE FAMILY CHARITABLE FOUNDATION C/O NANCY HEMPHILL, TRUSTEE			Employer identification number 27-6459525	
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
1	HOUSE FAMILY 1996 CRUT  P.O. BOX 1468  DUNCAN, OK 73534	\$1,927,377.	Person X Payroll X Noncash X  (Complete Part II if there is a noncash contribution )	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
2	HOUSE FAMILY 1996 CRUT  P.O. BOX 1468  DUNCAN, OK 73534	<b>\$</b> 9,902.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution )	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
<del></del>			Person Payroll Noncash (Complete Part II if there is a noncash contribution )	

Page of of Part II

HARVEY HOUSE FAMILY CHARITABLE FOUNDATION Name of organization

Employer identification number 27-6459525

C/O NANCY HEMPHILL, TRUSTEE

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SECURITIES		
		\$1,927,377.	08/28/2009
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

9E1254 1 000

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

HARVEY HOUSE FAMILY CHARITABLE FOUNDATION
FORM 990-PF - PART IV

. Kind of Property		AINS AND LOSSES FOR TAX ON INVEST  Description			P 5 D	Date acquired	Date sold	
Gross sale Depreciation pnce less allowed/ expenses of sale allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)		
1,980.	HARBOR INTER	NATIONAL FUN	ND CL I			08/07/2009 260.	12/07/2009	
1,820.	FIRST AMERIC	CAN REAL ESTA	ATE FD			01/22/2009 556.	12/07/200	
15,000.	BANCFIRST LA 14,882.	ARGE CAP GRO	WTH FD			03/31/2003	08/31/200	
12,000.	BANCFIRST LA 13,203.	RGE CAP VAL	JE FUND			03/31/2003 -1,203.	08/31/200	
19,500.	BANCFIRST SM 22,507.	IALL CAP VAL	JE FUND			03/31/2003 -3,007.	08/31/2009	
2,100.	MFS RESEARCH 2,781.	I INTERNATION	NAL FD			04/22/2008 -681.	12/07/200	
10,800.	BANCFIRST LA 10,564.	RGE CAP VALU	UE FUND			03/31/2003 236.	12/31/200	
7,100.	BANCFIRST SM 7,422.	IALL CAP VAL	UE FUND			03/31/2003 -322.	12/31/200	
3,135.	ST GAIN FROM	1 PASSTHROUG	HS	•		VAR 3,135.	VA	
-5,892.	LT LOSS FROM	1 PASSTHROUGI	HS			VAR -5,892.	VA	
OTAL GAIN (LOSS)						-6,800.		

### 1:21:44 PM V 09-8.1 3728AM 1722 10/6/2010

ATTACHMENT 1

## FORM 990PF, PART I - OTHER INCOME

•	
	INCOME
	DESCRIPTION OTHER INVESTMENT INCOME

	N	INVE	II	253.
REVENUE	AND	EXPENSES	PER BOOKS	

NET	INVESTMENT	INCOME

253.

253.

TOTALS

PAGE 20

# HARVEY HOUSE FAMILY CHARITABLE FOUNDATION

### OTHER INVESTMENTS PART FORM 990PF

Ī

DESCRIPTION

ALLIANZ NFJ SMALL CAP VALUE FD CAP VALUE FUND FEDERATED TOTAL RETURN BOND IN FIRST AMERICAN REAL ESTATE SEC JOHN HANCOCK RAINIER GROWTH EQ BANCFIRST SMALL CAP VALUE FUND BANCFIRST STRATEGIC INCOME FD MFS RESEARCH INTERNATIONAL FD BANCFIRST LARGE CAP GROWTH FD AMERICAN BEACON L/C VALUE FD DODGE & COX INCOME FUND #147 HARBOR INTERNATIONAL FD CL BANCFIRST LARGE

TOTALS

2,015,310.

1,940,324.

2	ENDING	618,254. 292,131. 572,122. 38,936. 85,395. 15,445. 19,796. 78,156. 29,497. 101,534. 88,072.
ATTACHMENT 2	ENDING BOOK VALUE	602,500. 283,056. 549,717. 31,548. 79,000. 10,325. 17,530. 70,000. 37,294. 92,741. 87,199.

2

HARVEY HOUSE FAMILY CHARITABLE FOUNDATION

ATTACHMENT 3

LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS PART VII-A, FORM 990PF,

NAME AND ADDRESS

SUPPORT

DIRECT PUBLIC

DATE

1,937,279.

08/28/2009

TOTAL CONTRIBUTION AMOUNTS

HOUSE FAMILY 1996 CRUT P.O. BOX 1468 DUNCAN, OK 73534

1,937,279.

ATTACHMENT

ATTACHMENT

FORM 990PE, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

١,٠

•					
EXPENSE ACCT AND OTHER ALLOWANCES	Ö	O	, o	Ö	0.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	Ö	Ö	ó	0.
COMPENSATION	4,187.	Ö	.0	0	4,187.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE 2.00	TRUSTEE 1.00	TRUSTEE 1.00	TRUSTEE 1.00	GRAND TOTALS
NAME AND ADDRESS	BANCFIRST P.O. BOX 1468 DUNCAN, OK 73534-1468	JUDITH GAIL HOUSE HARGROVE P.O. BOX 1468 DUNCAN, OK 73534-1468	MARTHA ELLEN HOUSE MCMULLIN P.O. BOX 1468 DUNCAN, OK 73534-1468	ANNA BETH HOUSE KELLY P.O. BOX 1468 DUNCAN, OK 73534-1468	

4