SCANNED JUN 9 5 2019

Return of Private Foundation

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

OMB No 1545-0052

2018

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

F	or cal	endar year 2018 or tax year beginning	, 2018,	and ending		, 20
N	aree of f	foundation		A Employer	identification number	r `
Ŋ	USZN	NEAUCKAS FAMILY FOUNDATION		26-14	80955	
		and street (or P O box number if mail is not delivered to street address)	Room/su	uite B Telephone	number (see instructi	ons)
1	0647	7 S ERIE PLACE	٠	(817)	647-5119	•
C	ty or tov	wn, state or province, country, and ZIP or foreign postal code	<u> </u>		on application is pendi	ng, check here ▶ □
т	ULSA	A OK 74137		''	• • •	
		· · · · · · · · · · · · · · · · · · ·	of a former public ch	harity D 1. Foreign	organizations, check l	nere ►
		☐ Final return ☐ Amended r	·		_	_
		Address change Name char	nge		organizations-meeting ere and attach compu	
H	Che	eck type of organization: X Section 501(c)(3) exempt p	rivate foundation	1197	oundation status was t	terminated under
		tion 4947(a)(1) nonexempt charitable trust Other tax		tion (7(b)(1)(A), check here	▶⊔
ī		market value of all assets at J . Accounting method		rual	dation is in a 60-montl	n termination
	end	of year (from Part II, col. (c),	• ,		ion 507(b)(1)(B), check	
	line	16) ► \$ 128,859. (Part I, column (d) must be	on cash basis)			4
	Part I	Analysis of Revenue and Expenses (The total of	(a) Revenue and			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net investment income	(c) Adjusted net uncome	for charitable purposes
		the amounts in column (a) (see instructions).)	books :			(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	24 84	SENTENCE OF THE SENTENCE OF TH	國際認識的發	的地名的人名
	2	Check ► 🖾 if the foundation is not required to attach Sch. B.				
	3	Interest on savings and temporary cash investments				於其他的學也
	4	Dividends and interest from securities	2,645.	2,645.	2,645.	多是加强。 台类次列
	5	a Gross rents				
	l	b Net rental income or (loss)		NEWSCHIEFT !		CONTRACTOR N
9	ยู 6ส	Net gain or (loss) from sale of assets not on line 10				
	<u> </u>	•	T PRODUCTION			WEAR AND
į	7	Capital gain net income (from Part IV, line 2)		i i		THE CAME OF
٥	8 ع	Net short-term capital gain			·	
	9	Income modifications			1	A Charles Solver 1973
	10a			是不允许的人的人。 生活,你不知识的人		
	t	b Less. Cost of goods sold	Production Carried			
	(c Gross profit or (loss) (attach schedule)	2			
	11		· ·			
5 –	12		2,645.	2,645.	.2,645.	
9	13	•	<u> </u>	•		
Ş	14					
Ş	15	· · · · · ·	<u></u>			
		• •				•
3	ַנֻ נַ	b Accounting fees (attach schedule)	400.		•	
÷	<u>ا ا</u>	c Other professional fees (attach schedule)		RECEIV		
ì	17	0 0	30 5	LILLE	ED 	
	2 18	· · · · · · · · · · · · · · · · · · ·	30 6	1	70/	TYCE STORES FOR AN
3	19	· · · · · · · · · · · · · · · · · · ·	 	APR 26 20	119 8	CARACTURATE ACK
~	5 20	·	154			
7	21 22			OGDENT		
3	5 22 5 23	= :		SARIA"	<u> </u>	
Oncertaining Administration C	24		•			
ţ	ซี 🎒	Add lines 13 through 23	430.			
Š	25		7,000.		HAMETHAM TOTAL	
Ċ	$\frac{25}{26}$		7,000.	E PT BERKEN CHESTA THE STATE OF	CAN PERSONAL STATE COM	
_	27	·	7.50			###########
		a Excess of revenue over expenses and disbursements	-4,785.			
		b Net investment income (if negative, enter -0-) .	THE BUILDING HIS	2,645.		
		c Adjusted net income (if negative, enter -0-)			2,645.	
_		·	are mount on two man, A., \$. It and Story. We	of the contract of the Colonia Contract of the Contract of the Colonia Contract of the Contrac	=, =	000 DE

REV 02/01/19 PRO

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash-non-interest-bearing			
- 1	2	Savings and temporary cash investments	140,600.	135,815.	128,859.
٠,	3	Accounts receivable		A. T. Children Colors (1997) ash	
		Less: allowance for doubtful accounts ▶			
	4	Less: allowance for doubtful accounts ▶ Pledges receivable ▶			
	•	Less: allowance for doubtful accounts ▶	2 20 20 20 20 20 20 20 20 20 20 20 20 20	Pynninininininininininininininininininin	
	5	Grants receivable			-
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶	A. YOMENTE LASANCE		TELEPHONE OF THE
	<u></u>	Less: allowance for doubtful accounts ▶	CONTRACTOR OF STATEMENT OF STAT		**************************************
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
155	10a	Investments—U.S. and state government obligations (attach schedule)	-		
1	b	Investments—corporate stock (attach schedule)			
	C	Investments—corporate bonds (attach schedule)	=		
	11	Investments—land, buildings, and equipment: basis ▶	PETRATETERIS ENTER	Proposition Color	
	''	Less: accumulated depreciation (attach schedule) ►			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			,
	14	·			Pille Tapada in Ameri.
	14	Land, buildings, and equipment: basis			
	45	Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the		125 215	100.050
_	47	instructions. Also, see page 1, item l)	140,600.	135,815.	128,859.
	17	Accounts payable and accrued expenses	<u> </u>		
Se	18	Grants payable			ALTERIOR AND ASSESSMENT OF THE CONTRACTOR ASSESSMENT O
Liabilities	19	Deferred revenue			A STATE OF THE STA
ig i	20	Loans from officers, directors, trustees, and other disqualified persons		<u> </u>	STATE OF THE STATE
Ë	21	Mortgages and other notes payable (attach schedule)			Birlistik (Kildi)
_	22	Other liabilities (describe)			
_	23	.Total liabilities (add lines 17 through 22)			THE PROPERTY OF THE PARTY OF TH
lances	,	Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.			
ā	24	Unrestricted	140,600.	135,815.	
(0)	25	Temporarily restricted			PERSON NOTES
핗	26	Permanently restricted			The state of the s
5		Foundations that do not follow SFAS 117, check here ▶ □			
7		and complete lines 27 through 31.			
0,0	27	Capital stock, trust principal, or current funds			
ë	28	Paid-in or capital surplus, or land, bldg., and equipment fund			等的"快"一个"
Net Assets or Fund B	29	Retained earnings, accumulated income, endowment, or other funds			MIND AND AND AND AND AND AND AND AND AND A
ţ,	30	Total net assets or fund balances (see instructions)	140,600.	135,815.	
Se	31	Total liabilities and net assets/fund balances (see			
		instructions)	140,600.	135,815.	经验了数据的条款 。
	rt III	Analysis of Changes in Net Assets or Fund Balances			т
1		I net assets or fund balances at beginning of year-Part II, colu			
		of-year figure reported on prior year's return)			140,600.
2		r amount from Part I, line 27a			-4,785.
3					
4		lines 1, 2, and 3			135,815.
5		reases not included in line 2 (itemize) ▶		5	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), li	ne 30 6	135,815.

Part I	V Capital Gains and I	Losses for Tax on Investmen	t Income			
	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co) (b) How acquired P—Purchase D—Donation				(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
_1a						
<u>, p</u>	_ 					
C						
<u>d</u> _						
е	·····	(A Decrease of allowed	(m) Coot on	ather bears	(h) Gar	n or /loco\
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		n or (loss) (f) minus (g))
<u>a</u>						
<u>b</u>			_			
						· · · · · · · · · · · · · · · · · · ·
<u>d</u> e		*				
	Complete only for assets show	ing gain in column (h) and owned by the	ne foundation	on 12/31/69.	(I) Gains (Co	(h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any	col (k), but no	t less than -0-) or from col (h))
а						
b						·
С						
d						
е		(16 pain plan	antau in Da			
2	Capital gain net income or (nei Caunai iossi 🔞 🔍	enter in Pa ter -0- in Pai		2	
	If gain, also enter in Part I,	or (loss) as defined in sections 122 line 8, column (c). See instruction	ns. If (loss)			
Part \		r Section 4940(e) for Reduce		lat Invastment	3	
		ate foundations subject to the sect				
(I-O) OP	donal use by domestic priva	are roundations subject to the sect	.ioii +3+0(a)	tax on het invest	inent income.j	
If section	on 4940(d)(2) applies, leave t	this part blank.				
		ection 4942 tax on the distributabl alify under section 4940(e). Do not			pase period?	☐ Yes ☐ No
		nt in each column for each year; s			akıng any entries.	
Caler	(a) Base period years dar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) f noncharitable-use a		(d) tribution ratio divided by col. (c))
	2017	8,250.		143,5		0.057452
	2016	7,750.		146,8		0.052763
	2015	8,000.		153,4	17.	0.052145
	2014	9,000.		162,7	14.	0.055312
	2013	9,000.				
	Total of line 1, column (d)					0.217672
		or the 5-year base period—divide indation has been in existence if le				0.054418
4	Enter the net value of nonch	naritable-use assets for 2018 from	Part X, line	5	. 4	134,548.
5	Multiply line 4 by line 3 .				. 5	7,322.
6	Enter 1% of net investment	income (1% of Part I, line 27b)			. 6	26.
7	Add lines 5 and 6				. 7	7,348.
		s from Part XII, line 4			. 8	7,430.
	If line 8 is equal to or greate Part VI instructions.	er than line 7, check the box in Pa	rt VI, line 1b	o, and complete	that part using a 1	% tax rate. See the

う

Part		8-s	ee inst	ructio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.				145
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)		rzy wyn	/a/∴t	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		26.	124 - 50-5
•	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 J Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2		0.	
3	Add lines 1 and 2	3		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	5		26.	
6	Credits/Payments:				
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a			Contraction of the contraction o	
b	Exempt foreign organizations—tax withheld at source 6b				33.
C	Tax paid with application for extension of time to file (Form 8868) . 6c				
d	Backup withholding erroneously withheld				<u> </u>
7	Total credits and payments. Add lines 6a through 6d	7			
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	9		26.	<u> </u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid >	10		0.	
11	Enter the amount of line 10 to be. Credited to 2019 estimated tax ▶ Refunded ▶	11			<u> </u>
	VII-A Statements Regarding Activities		Literate	(150	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or di			
	participate or intervene in any political campaign?		. <u>1a</u>		×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? instructions for the definition	See ·	the ⁻ . 1b		×
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any nublished or distributed by the foundation in connection with the activities.	nateri	als		
С	Did the foundation file Form 1120-POL for this year?		. <u>1c</u>		×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				12.17
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$				
ę	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax im	pose	d 🎏		
	on foundation managers. ► \$				
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, of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the char			Y WES	×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		. <u>4a</u>		<u>×</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?				<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	. 5	ner aznor v .	X
	If "Yes," attach the statement required by General Instruction T.				1
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 direction				
_	conflict with the state law remain in the governing instrument?			×	<u> </u>
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	d Part	XV 7	X	ciburis, 158
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶				
	TX				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			1	E. E.
	(or designate) of each state as required by General Instruction G? If "No," attach explanation				×
9	Is the foundation claiming status as a private operating foundation within the meaning of section 494			كتثنتا	رتست
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV	If "Ye			~
	complete Part XIV		. 9	-	×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list				
	names and addresses		. 10		L ×

Part	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11	!	×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	13	×	
	Website address ► N/A			
14	The books are in care of ► ERIC C WISZNEAUCKAS Telephone no. ► (817)) 647-	5119)
	Located at ► 10647 S ERIE PLACE TULSA OK ZIP+4 ► 7413	<u>7</u>		
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 ▶ 15		T	T
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No ×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Parl	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	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):			4
	(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?			
	2.00	200 A CAR		
r	 (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yés ☒ № (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ № 	と しょうしょう		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			2 16 pm
	the benefit or use of a disqualified person)?	,		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after		1.000 1.000	
	termination of government service, if terminating within 90 days.)	,		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		×
	Organizations relying on a current notice regarding disaster assistance, check here	E 215 X V		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			4 17
,	were not corrected before the first day of the tax year beginning in 2018?	1c		×
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)):			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years ▶ 20, 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2		12.2	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	Treatte	21.5107-1
•	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	20 3574		X CHFA
С	▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation o			
	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 start place holding period? (the Schodule C. Form 4730, to determine if the			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.)	TOLK NO.		tradic
4-	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a	-	-
4a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		in all	M X
~	charitable purpose that had not been removed from jeonardy before the first day of the tay year beginning in 2018'		1294	

Part	t VII-B Statements Regarding	Activities	for W	/hich Form	4720	May Be R	equire	d (conti	nued)			
5a	During the year, did the foundation p									经验	Yes	No
	'(1) Carry on propaganda, or otherwis							Yes Yes	⊠No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,											
•	directly or indirectly, any voter registration drive?											
	(3) Provide a grant to an individual for travel, study, or other similar purposes?											
	(4) Provide a grant to an organizatio				-		ribed in	_		新教		
	section 4945(d)(4)(A)? See instruc						 *:	_ ∐ Yes	⊠ No			
	(5) Provide for any purpose other the purposes, or for the prevention of							⊓Yes	□N-		160	海區
b	If any answer is "Yes" to 5a(1)–(5), d	-							No Scribed	200 44		
b	in Regulations section 53.4945 or in									5b		فتنطنط
	Organizations relying on a current no	-	_~	- ,	-				▶ □	1.00 m	1,780 5	
С	If the answer is "Yes" to question 5	-	-				the tax					
	because it maintained expenditure re							☐Yes	□No			128
	If "Yes," attach the statement require	-		_						1000		
6a	Did the foundation, during the year, i						emiums	j				
	11 (1 1 10						. :	☐ Yes	⊠ No			
b	Did the foundation, during the year, p	oay premiun	ns, dire	ctly or indired	ctly, on	a personal	benefi	t contract	? .	6b		×
	If "Yes" to 6b, file Form 8870.											, 1964 2 11 3
7a	At any time during the tax year, was the	foundation a	a party	to a prohibited	tax sh	elter transad	ction?	☐ Yes	⊠No			· · · · · · ·
b	If "Yes," did the foundation receive a								n? .	7b		
8	Is the foundation subject to the sect			•					_	200		
	remuneration or excess parachute pa								U No	20-1146 4		
Par	VIII Information About Office and Contractors	ers, Direc	tors, i	rustees, Fo	ounda	tion Man	agers,	Hignly I	ald E	mpioy	ees,	
1.	List all officers, directors, trustees	and found	ation r	nanagers an	d their	compens	ation. S	See instru	uctions			
<u> </u>		,	(b) Title	e, and average	(c) Co	mpensation	(d)	Contribution	s to		ense acco	ount.
<u> </u>	(a) Name and address	,	(b) Title hou		(c) Col		(d) emple		s to plans	(e) Expe	ense acco allowanc	
ERIC			(b) Title hou devot	e, and average rs per week	(c) Col	mpensation not paid,	(d) emple	Contribution byee benefit	s to plans	(e) Expe		
	(a) Name and address		(b) Title hou devot	e, and average rs per week ed to position	(c) Col	mpensation not paid,	(d) emple	Contribution byee benefit	s to plans	(e) Expe		
106.	(a) Name and address C C WISZNEAUCKAS		(b) Title hou devot	e, and average rs per week ed to position & TREAS	(c) Col	mpensation not paid, iter -0-)	(d) emple	Contribution byee benefit	s to plans ensation	(e) Expe		es
106.4 PATI	(a) Name and address C. C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7	74137	(b) Title hou devote PRES	e, and average rs per week ed to position & TREAS 1.00 ETARY 0.25	(c) Col	mpensation not paid, iter -0-)	(d) emple	Contribution byee benefit	s to plans ensation	(e) Expe		es
1064 PATI 1064 GEOI	(a) Name and address C C WISZNEAUCKAS 47 S ERIE PLACE TULSA OK 7 RICIA L WISZNEAUCKAS 47 S ERIE PLACE TULSA OK 7 FFREY C WISZNEAUCKAS	74137	(b) Title hou devote PRES	e, and average rs per week ed to position & TREAS 1.00 ETARY 0.25 PRESIDENT	(c) Col	mpensation not paid, ter -0-)	(d) emple	Contribution byee benefit	s to plans ensation 0.	(e) Expe		0. 0.
1064 PATI 1064 GEOI	(a) Name and address C. C. WISZNEAUCKAS 4.7 S ERIE PLACE TULSA OK 7 RICIA L. WISZNEAUCKAS 4.7 S ERIE PLACE TULSA OK 7	74137	(b) Title hou devote PRES	e, and average rs per week ed to position & TREAS 1.00 ETARY 0.25	(c) Col	mpensation not paid, iter -0-)	(d) emple	Contribution byee benefit	s to plans ensation 0.	(e) Expe		0 .
1064 PATI 1064 GEO!	(a) Name and address C C WISZNEAUCKAS 47 S ERIE PLACE TULSA OK 7 RICIA L WISZNEAUCKAS 47 S ERIE PLACE TULSA OK 7 FFREY C WISZNEAUCKAS	74137	(b) Title hou devote PRES	e, and average rs per week ed to position & TREAS 1.00 ETARY 0.25 PRESIDENT 0.25	(c) Col	mpensation not paid, iter -0-) 0.	(d) emple	Contribution byee benefit	s to plans ensation 0. 0.	(e) Expe		0. 0.
1064 PATI 1064 GEOI 1064 See	(a) Name and address C. C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 RICIA L. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 FFREY C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 Statement	74137 74137 74137	(b) Title hou devot PRES SECRI VICE	e, and average rs per week ed to position & TREAS 1.00 ETARY 0.25 PRESIDENT 0.25	(c) Co (lf r en	0 . 0 . 0 .	(d) emple and def	Contribution byee benefit erred compa	s to plans ensation 0. 0. 0.	(e) Experience other	allowance	0. 0.
1064 PATI 1064 GEO!	(a) Name and address C. C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 RICIA L. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 FFREY C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7	74137 74137 74137	(b) Title hou devot PRES SECRI VICE	e, and average rs per week ed to position & TREAS 1.00 ETARY 0.25 PRESIDENT 0.25	(c) Co (lf r en	0 . 0 . 0 .	(d) emple and def	Contribution byee benefit erred compa	s to plans ensation 0. 0. 0.	(e) Experience other	allowance	0. 0.
1064 PATI 1064 GEOI 1064 See	(a) Name and address C. C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 RICIA L. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 FFREY C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 Statement Compensation of five highest-pain	74137 74137 74137	(b) Title hou devot PRES SECRI VICE	e, and average rs per week ed to position & TREAS 1.00 ETARY 0.25 PRESIDENT 0.25 0.50 er than thos	(c) Coi (lf r en	0 . 0 . 0 .	(d) emple and def	Contribution byee benefit erred compe	s to plans ensation O. O. O. uction	(e) Experience other	allowance	0. 0.
1064 PATI 1064 GEOI 1064 See	(a) Name and address C. C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 RICIA L. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 FFREY C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 Statement Compensation of five highest-pain	74137 74137 74137 d employee	(b) Title hou devot PRES SECRI VICE	e, and average rs per week ed to position & TREAS 1.00 ETARY 0.25 PRESIDENT 0.25 0.50 er than those	(c) Col (lf r en	0 . 0 . 0 .	(d) emplo and def	See instr	s to plans ensation O. O. uction	(e) Experience other	one, el	0. 0. 0. nter
1064 PATI 1064 GEOI 1064 See	(a) Name and address C. C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 RICIA L. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 FFREY C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 Statement Compensation of five highest-pair "NONE."	74137 74137 74137 d employee	(b) Title hou devot PRES SECRI VICE	e, and average rs per week ed to position & TREAS 1.00 ETARY 0.25 PRESIDENT 0.25 0.50 er than thos	(c) Col (lf r en	0. 0. 0. uded on li	(d) emplo and def	See instr	s to plans ensation O. O. uction uutions to benefit deferred	(e) Experience other	allowance	0. 0. 0. nter
1064 PATI 1064 GEOI 1064 See	(a) Name and address C. C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 RICIA L. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 FFREY C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 Statement Compensation of five highest-pair "NONE."	74137 74137 74137 d employee	(b) Title hou devot PRES SECRI VICE	e, and average rs per week ed to position & TREAS 1.00 ETARY 0.25 PRESIDENT 0.25 0.50 er than those	(c) Col (lf r en	0. 0. 0. uded on li	(d) emplo and def	see instr	s to plans ensation O. O. uction uutions to benefit deferred	(e) Experience other	one, el	0. 0. 0. nter
1064 PATI 1064 GEO! 1064 See	(a) Name and address C. C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 RICIA L. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 FFREY C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 Statement Compensation of five highest-pair "NONE."	74137 74137 74137 d employee	(b) Title hou devot PRES SECRI VICE	e, and average rs per week ed to position & TREAS 1.00 ETARY 0.25 PRESIDENT 0.25 0.50 er than those	(c) Col (lf r en	0. 0. 0. uded on li	(d) emplo and def	see instr	s to plans ensation O. O. uction uutions to benefit deferred	(e) Experience other	one, el	0. 0. 0. nter
1064 PATI 1064 GEO! 1064 See	(a) Name and address C. C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 RICIA L. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 FFREY C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 Statement Compensation of five highest-pair "NONE."	74137 74137 74137 d employee	(b) Title hou devot PRES SECRI VICE	e, and average rs per week ed to position & TREAS 1.00 ETARY 0.25 PRESIDENT 0.25 0.50 er than those	(c) Col (lf r en	0. 0. 0. uded on li	(d) emplo and def	see instr	s to plans ensation O. O. uction uutions to benefit deferred	(e) Experience other	one, el	0. 0. 0. nter
1064 PATI 1064 GEO! 1064 See	(a) Name and address C. C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 RICIA L. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 FFREY C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 Statement Compensation of five highest-pair "NONE."	74137 74137 74137 d employee	(b) Title hou devot PRES SECRI VICE	e, and average rs per week ed to position & TREAS 1.00 ETARY 0.25 PRESIDENT 0.25 0.50 er than those	(c) Col (lf r en	0. 0. 0. uded on li	(d) emplo and def	see instr	s to plans ensation O. O. uction uutions to benefit deferred	(e) Experience other	one, el	0. 0. 0. nter
1064 PATI 1064 GEO! 1064 See	(a) Name and address C. C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 RICIA L. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 FFREY C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 Statement Compensation of five highest-pair "NONE."	74137 74137 74137 d employee	(b) Title hou devot PRES SECRI VICE	e, and average rs per week ed to position & TREAS 1.00 ETARY 0.25 PRESIDENT 0.25 0.50 er than those	(c) Col (lf r en	0. 0. 0. uded on li	(d) emplo and def	see instr	s to plans ensation O. O. uction uutions to benefit deferred	(e) Experience other	one, el	0. 0. 0. nter
1064 PATI 1064 GEO! 1064 See	(a) Name and address C. C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 RICIA L. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 FFREY C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 Statement Compensation of five highest-pair "NONE."	74137 74137 74137 d employee	(b) Title hou devot PRES SECRI VICE	e, and average rs per week ed to position & TREAS 1.00 ETARY 0.25 PRESIDENT 0.25 0.50 er than those	(c) Col (lf r en	0. 0. 0. uded on li	(d) emplo and def	see instr	s to plans ensation O. O. uction uutions to benefit deferred	(e) Experience other	one, el	0. 0. 0. nter
1064 PATI 1064 GEO! 1064 See	(a) Name and address C. C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 RICIA L. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 FFREY C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 Statement Compensation of five highest-pair "NONE."	74137 74137 74137 d employee	(b) Title hou devot PRES SECRI VICE	e, and average rs per week ed to position & TREAS 1.00 ETARY 0.25 PRESIDENT 0.25 0.50 er than those	(c) Col (lf r en	0. 0. 0. uded on li	(d) emplo and def	see instr	s to plans ensation O. O. uction uutions to benefit deferred	(e) Experience other	one, el	0. 0. 0. nter
1064 PATI 1064 GEO! 1064 See	(a) Name and address C. C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 RICIA L. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 FFREY C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 Statement Compensation of five highest-pair "NONE."	74137 74137 74137 d employee	(b) Title hou devot PRES SECRI VICE	e, and average rs per week ed to position & TREAS 1.00 ETARY 0.25 PRESIDENT 0.25 0.50 er than those	(c) Col (lf r en	0. 0. 0. uded on li	(d) emplo and def	see instr	s to plans ensation O. O. uction uutions to benefit deferred	(e) Experience other	one, el	0. 0. 0. nter
1064 PATI 1064 GEO! 1064 See	(a) Name and address C. C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 RICIA L. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 FFREY C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 Statement Compensation of five highest-pair "NONE."	74137 74137 74137 d employee	(b) Title hou devot PRES SECRI VICE	e, and average rs per week ed to position & TREAS 1.00 ETARY 0.25 PRESIDENT 0.25 0.50 er than those	(c) Col (lf r en	0. 0. 0. uded on li	(d) emplo and def	see instr	s to plans ensation O. O. uction uutions to benefit deferred	(e) Experience other	one, el	0. 0. 0. nter
1064 PATI 1064 GEOI 1064 See	(a) Name and address C. C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 RICIA L. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 FFREY C. WISZNEAUCKAS 47 S. ERIE PLACE TULSA OK 7 Statement Compensation of five highest-pair "NONE."	74137 74137 74137 ore than \$50,00	(b) Title hou devot PRES SECRI VICE	e, and average rs per week ed to position & TREAS 1.00 ETARY 0.25 PRESIDENT 0.25 o.50 er than those (b) Title, and a hours per week ed to position	(c) Col (lf r en	0. 0. 0. uded on li	(d) emplo and def	see instr	s to plans ensation O. O. uction uutions to benefit deferred	(e) Experience other	one, el	0. 0. 0. nter

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid I and Contractors (continued)	Employees,
3 Five h	ighest-paid independent contractors for professional services. See instructions. If none, enter "NC	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
'NONE'		
Total numbe	r of others receiving over \$50,000 for professional services	• 0
Part IX-A	Summary of Direct Charitable Activities	
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of and other beneficiaries served, conferences convened, research papers produced, etc.	of Expenses
1		
2		
. ———		
3		[
4		

Part IX-B	Summary of Program-Related Investments (see instructions)	
Describe the	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2		
All other prog	ram-related investments. See instructions.	
3		
**********		·-
		·-
Total. Add lin	es 1 through 3	>
		Form 990-PF (2018

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	gn fou	indations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
٠a	Average monthly fair market value of securities	1a	136,597.
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	136,597.
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	
3	Subtract line 2 from line 1d	3	136 <u>,</u> 597.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	2,049.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	134,548.
6	Minimum investment return. Enter 5% of line 5	6	6,727.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ► □ and do not complete this part.)	ounda	tions
1	Minimum investment return from Part X, line 6	1	6,727.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b	1	
C	Add lines 2a and 2b	2c	26.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,701.
4	Recoveries of amounts treated as qualifying distributions	4	· · · · · · · · · · · · · · · · · · ·
5	Add lines 3 and 4	5	6,701.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	6,701.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	7,430.
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<u>. </u>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	7,430.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	26.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	7,404.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whet	her the foundation

XIII Undistributed Income (see instr	uctions)			
	(a) Corpus	·(b) Years prior to 2017	(c) 2017	(d) 2018
Distributable amount for 2018 from Part line 7	XI,			6,701.
Undistributed income, if any, as of the end of 20	18:			
· · · · · · · · · · · · · · · · · · ·			7,150.	
· · · · · · · · · · · · · · · · · · ·				
	THE REPORT OF THE PARTY OF THE			
1	The state of the s			
	THE PROPERTY OF THE PARTY OF TH			
Total of lines 3a through e	. 3,128.			湖域 建铁石公司
	XII,			
			•	A CONTRACT OF THE STATE OF THE
• •	troubather assess and address accounted to		ET-RESELTATION & FRANCIS AS NO	
(Election required - see instructions)		inger bar das sulimberheitsber stiller		Position of the Control of the Contr
required—see instructions)				
• •				TAIR AN AVANDARY SEASON NA
-	•			
(If an amount appears in column (d), the sa	me			,
Enter the net total of each column indicated below:	as			
	WOULD IN LOUGHT MARK IN COMPANY OF			
Prior years' undistributed income. Subtriline 4b from line 2b	act , , , , , , ,	0.		
income for which a notice of deficiency had been issued, or on which the section 4942	nas P(a)	i de la companya de l		
Subtract line 6c from line 6b. Taxa amount—see instructions	ble	0.		
	正学是公式程的方式。5.50 max 18.50 max 18.65 max 2		7,150.	
				6,701.
to satisfy requirements imposed by sect 170(b)(1)(F) or 4942(g)(3) (Election may	ion be			Transport of the Property of t
Excess distributions carryover to 20	19.			
Analysis of line 9.				
· · · · · · · · · · · · · · · · · · ·	- A STATE OF THE S			
	1 10 E-2 1 2 E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	The state of the s			
	Distributable amount for 2018 from Part line 7 Undistributed income, if any, as of the end of 2015 enter amount for 2017 only Total for prior years: 20, 20, 20 Excess distributions carryover, if any, to 2015 rom 2013, 33 From 2014, 8 From 2015, 33 From 2016, 41 From 2017, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Distributable amount for 2018 from Part XI, Inne 7 Undistributed income, if any, as of the end of 2018: Enter amount for 2017 only Total for prior years: 20 _ , 20 _ 20	Distributable amount for 2018 from Part XI, line 7 Undistributed income, if any, as of the end of 2018: Enter amount for 2017 only Total for prior years: 20	Corpus Years prior to 2017 Coll

Page 10
/A
4942(j)(5)
-
-

Part	XIV Private Operating Founda	itions (see instru	ictions and Part	VII-A, question 9	·)	N/A
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective fo					0) 10 10 10 10
	Check box to indicate whether the four		operating founda		ection 🗌 4942(j)(3) or \Box 4942(j)(5
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(0) 1012.
	each year listed					
b	85% of line 2a					
c	Qualifying distributions from Part XII,					
·	line 4 for each year listed					
	<u>-</u>	<u> </u>				
d	Amounts included in line 2c not used directly for active conduct of exempt activities					<u></u>
- е	Qualifying distributions made directly	-				
	for active conduct of exempt activities.	1				
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
•	alternative test relied upon:					
	•		1			
а	"Assets" alternative test—enter:			<i>Y</i>		
	(1) Value of all assets		/			
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed.					
_	•		/			
С	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on	<i>'</i>	1			
	securities loans (section		,			
	512(a)(5)), or royalties)					
	(2) Support from general public	/				
	and 5 or more exempt	/			1	
	organizations as provided in section 4942(j)(3)(B)(iii)	//				
	(3) Largest amount of support from	/				
	an exempt organization	/				
	, ,	/		 		
	(4) Gross investment income				1.05.000	
Part			-	ne toundation n	ad \$5,000 or mo	ore in assets at
	any time during the year-		15.)			
1	Information Regarding Foundation	_				
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	only if they have co	ontributed more th	nan \$5,000). (See s	ection 507(d)(2).)	
b	List any managers of the foundation	who own 10% or	r more of the stor	ck of a corporation	ı (or an equally lar	ae portion of the
-	ownership of a partnership or other ei					30 parman or mi
	ownership of a partitional por other of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. o, o o. g. oa.o		
		0 1000	. 0 - 1 - 1 1			
2	Information Regarding Contribution					
	Check here ► ⊠ if the foundation	•			_	· ·
	unsolicited requests for funds. If the f		gifts, grants, etc.,	to individuals or or	rganizations under	other conditions
	complete items 2a, b, c, and d. See in	istructions.				
а	The name, address, and telephone nu	umber or email add	dress of the perso	n to whom applica	tions should be ad	dressed.
	, , ,		,	, ,		
	The form in which applications should	he submitted and	d information and	materials they sho	uld include	
D	The form in which applications should	i ne annimitten que	a innomination and	materials triey SHO	aia irioidde	
C	Any submission deadlines.					
		<u></u> _				
d	Any restrictions or limitations on av	vards, such as b	y geographical ai	reas, charitable fie	elds, kinds of inst	itutions, or other
	factors:					

Form 990-PF (2018) Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution Name and address (home or business) recipient or substantial contributor a Paid during the year COMMUNITY FOOD BANK EAST OK 1304 N KENOSHA AVE 501(C)3 GENERAL SUPPORT 3,700. TULSA OK 74106 WOMEN MARINES ASSOCIATION P.O. BOX 377 501(C)3 SCHOLARSHIP FUND 500. OAKS PA 19456 ST JUDE CHILDREN RES HOSPITAL P.O. BOX 1893 MEMPHIS TN 38101 501(C)3 GENERAL SUPPORT 0. DONORS CHOICE 134 WEST 37TH ST, 11TH FL NEW YORK NY 10018 1,400. 501(C)3 SPECIAL EDUCATION COMPASSION WOMEN'S CTR 140 NORTH BROADWAY 501(C)3 GENERAL SUPPORT 1,400. INOLA OK 74036 INTERNATIONAL REFUGEE ASS URBAN JUSTICE 40 RECTOR ST 501(c) GENERAL SUPPORT NEW YORK NY 10006 0. 3939 S HARVARD SUITE 120 501(C)3 GENERAL SUPPORT 0. TULSA OK 74135 RAINFOREST TRUST 7078 AIRLINE ROAD 501(C)3 GENERAL SUPPORT 0. WARRENTON VA 20187 За Total 7,000. b Approved for future payment

Total

		Analysis of Income-Producing Ac	ctivities				· · · · · · · · · · · · · · · · · · ·
Ente	er gro	ss amounts unless otherwise indicated.	(a)	(b)	(c)	(d)	Related or exemple function income
4	Pro	gram service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions)
•	a	9.4 33, 1.33 / 3, 3, 1.33					
	ъ.						-
	c .						
	ď			*	<u> </u>		
	e .						
	f .		<u> </u>	<u>-</u>			
	g	Fees and contracts from government agencies					
— ₂ -	_	nbership dues and assessments	-		 		
3		rest on savings and temporary cash investments					
4		dends and interest from securities			14	2,645.	
5		rental income or (loss) from real estate:		, , , ,	-		-
J		Debt-financed property	<u> </u>		THEFT NAV. 1 I A. S.		
		Not debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income					
-		or (loss) from sales of assets other than inventory			 		
8		• •					
9		income or (loss) from special events ss profit or (loss) from sales of inventory	-				
10		• • • •					
11		er revenue: a			 		
	b.				 		
	C .						
	d .				<u> </u>		
40	e Cub	Askel Add solvens (b) (d) and (s)				2 (45	
12	Sub	ototal. Add columns (b), (d), and (e)	1			2,645.	
		al. Add line 12, columns (b), (d), and (e)				13	2,645.
<u> </u>				ant of Evamo	+ Durnage		
_	e No.						
Ciri	₩ 140.	Explain below how each activity for which accomplishment of the foundation's exempt pur	income is repor rposes (other that	n by providing fur	e) of Part XVI) ds for such purp	I-A contributed ii oses). (See instruc	mportantly to the ctions)
			· · · · · · · · · · · · · · · · · · ·				·····
			 				
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				··			
						·····	
							
							
							
					 		
		 					
		<u> </u>					
						_	

		Organization	ons									
	ın se			engage in any of the fo 501(c)(3) organization							Yes	No
а	Trans	fers from the rep	orting foundation to	a noncharitable exem	npt organ	nization of.)
		· ·	-							1a(1)		_× .
	• •						• • •					
		ther assets .								1a(2)		<u>X</u>
b	Other	r transactions.										
	(1) S	ales of assets to	a noncharitable exe	mpt organization .						1b(1)	ŀ	×
				able exempt organizati						1b(2)		×
										 		
				rassets					•	1b(3)		<u>×</u>
	(4) R	eimbursement ai	rrangements							1b(4)		X
	(5) Lo	oans or loan gua	rantees							1b(5)		×
		_		nip or fundraising solici						1b(6)		
										1c		×
		•		sts, other assets, or pa								
				s," complete the follow								
	value	of the goods, or	ther assets, or servi	ces given by the repor	rtıng foui	ndation. If t	he found	ation rece	ived less	than 1	fair m	arket
	value	in any transaction	on or sharing arrang	ement, show in colum	n (d) the	value of th	e goods,	other asse	ets, or se	rvices	receiv	ved.
(a) Line		b) Amount involved		naritable exempt organization		(d) Descriptio						
(a) Cirio	,,,,	D) / WHOCH C WOOD	(0)		·	(4) 5000			,	9 4,,,0	90	
				·								
			1.11									
						**						
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					-					-		
	1											
2a	Is the	foundation dire	ectly or indirectly at	ffiliated with, or relate	d to, on	e or more	tax-exen	npt organ	izations			
				ction 501(c)(3)) or in se						☐ Ye	e [X]	No
			, , ,				• • •		, ,	re	3 <u>(</u>	140
D	IT Ye	es," complete the	following schedule									
		(a) Name of organ	ization	(b) Type of organ	nization		(c) Description	n of relation	nship		
			-									
				-11								
				d this return, including accomp					my knowled	ge and b	elief, it	ıs true,
Sign	corre	ct, and complete Deck	aration of preparer (other that	an taxpayer) is based on all info	rmation of v	which preparer	has any know	rledge	May the IF	S dieciii	se this	return
-) }	(Warrage	1) _	100 1 00 1	DDEC	TDENM			with the pr			
lere	/		200	איזירן ואיני פרביי	Title	SIDENT			See instruc			
	Sign	ature of officer or trus		Date •	91711				<u> </u>			
Paid		Print/Type preparer	's name	Preparers signature	10	. D	ate	Chec	k ⊠ ıf	PTIN		
		STANLEY L	ERWIN	Vanley	+ Tr	<u> </u>	2/22/20) 1 9 self-e	mployed	0079	5181	7
repa						10		Firm's EIN	_	5012	<u> </u>	
Jse C	nly	Firm's name								22.21	117	
		Firm's address ▶	3001 CAMBRID	GE COURT.				Phone no	(918)3			
BAA			BARTLESVILLE		OK	74006			Fo	rm 99 0)-PF	(2018)

WISZNEAUCKAS FAMILY FOUNDATION FORM 990-PF: Return of Private Foundation

Continuation (
s, and Contractors
hly Paid Employees
gers, Highly P
Foundation Manac
s, Trustees,
art VIII: Information about Officers, Directors,

Part VIII: Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors	Foundation Managers, Hiç	ghly Paid Employees, a		Continuation Statement
Name and address	Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
ERICA C WISZNEAUCKAS 10647 S ERIE PLACE	DIRECTOR 0.25	0	0	.0
GINNY M WISZNEAUCKAS 10647 S ERIE PLACE TULSA, OK 74137	DIRECTOR 0.25	0	0	.0
		0.	0.	0

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

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
	30.			

Total 30.