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. Form 990-PF

Department of the Treasury

Return of Private Foundation

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

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

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

OMB No 1545-0052

Form 990-PF (2018)

Internal Revenue Service For calendar year 2018 or tax year beginning and ending Name of foundation A Employer identification number L J STAFFORD & CHARLOTTE STAFFORD FOUNDATION, INC Number and street (or PO box number if mail is not delivered to street address) Room/suite 26-2019082 B Telephone number (see instructions) City or town, state or province, country, and ZIP or foreign postal code KEYE\$ 73947 Foreign country name Foreign postal code Foreign province/state/county C If exemption application is pending, check here G Check all that apply Initial return D 1. Foreign organizations, check here Initial return of a former public charity Final return l I Amended return 2. Foreign organizations meeting the 85% test ☐ Name change Address change check here and attach computation H Check type of organization E If private foundation status was terminated under Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here Fair market value of all assets at J Accounting method ☒ Cash ☐ Accrual F If the foundation is in a 60-month termination end of year (from Part II, col (c), Other (specify) under section 507(b)(1)(B), check here line 16) ▶ \$ (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements, (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily expenses per income ıncome purposes books equal the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule)

Check If the foundation is not required to attach Sch BRES

Interest on savings and temporary cash investments 6,250 2 3 Dividends and interest from securities NOV 19 2019 4 5a Net rental income or (loss) h Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances h Less Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 177 12 Total. Add lines 1 through 11 6,427 0 0 13 Compensation of officers, directors, trustees, etc. dministrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits Legal fees (attach schedule) b Accounting fees (attach schedule) Other professional fees (attach schedule) 17 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications Other expenses (attach schedule) Total operating and administrative expenses Add lines 13 through 23 6.000 Contributions, gifts, grants paid, 6,000 26 Total expenses and disbursements. Add lines, 24 and 25 6.000 0 0 6,000 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 427 Net investment income (if negative, enter -0-) 0

Adjusted net income (if negative, enter -0-)

		Balance Sheets	Attached schedules and amounts in the description column	Beginning of year	End o	nd of year					
, Pa	art II		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	672	1,099						
	2	Savings and tempo	rary cash investments								
	3	Accounts receivable				·					
	ļ	Less allowance for	doubtful accounts								
	4	Pledges receivable	>	·							
	ļ	Less allowance for	doubtful accounts								
	5	Grants receivable									
	6	Receivables due fro	om officers, directors, trustees, and other								
		disqualified persons	s (attach schedule) (see instructions)								
	7	•	receivable (attach schedule)								
	İ	Less allowance for dou									
2	8	Inventories for sale									
Assets	9		and deferred charges								
As	10a	•	state government obligations (attach schedule)	-							
	b		prate stock (attach schedule)								
	c	•	prate bonds (attach schedule)								
	11	•	Idings, and equipment basis								
	•		reciation (attach schedule)								
	12	Investments—mort			_						
	13	Investments—other									
	14	Land, buildings, and eq									
	'-		reciation (attach schedule)		- 	-					
	15	Other assets (desci	ribe								
	16	Total assets (to be	completed by all filers—see the								
	'	instructions Also, s		672	1,099	1 4 0					
-	17		and accrued expenses		,						
	18	Grants payable	and decired expenses			,					
Liabilities	19	Deferred revenue				**					
≣	20		lirectors, trustees, and other disqualified persons								
ap	21		er notes payable (attach schedule)								
	22	Other liabilities (des									
	23	· ·	d lines 17 through 22)	0	0						
	120		follow SFAS 117, check here	-							
lances			s 24 through 26, and lines 30 and 31.								
Š	24	Unrestricted		672	1,099						
	25	Temporarily restricte	ed	3,2	.,,,,,,,,						
ä	26	Permanently restrict									
Net Assets or Fund Ba	20	·	do not follow SFAS 117, check here								
교		and complete lines									
ō	27	-	principal, or current funds								
2	28		irplus, or land, bldg , and equipment fund								
Se	1		ocumulated income, endowment, or other funds	672	1,099						
As.	29 30	• ,	fund balances (see instructions)	672	1,099						
<u>ن</u> کے '	30		i net assets/fund balances (see	9/2	1,000						
Ž	🏋	instructions)	a fiet assets/fund balances (See	672	1,099						
D.	rt III		anges in Net Assets or Fund Balances	0,21	1,000]						
			alances at beginning of year—Part II, column (a)	line 30 (must agree	with T						
'		net assets or lund ba of-year figure reported	1	672							
2		amount from Part I,	2	427							
		· increases not includ	3	721							
				1,099							
		nes 1, 2, and 3	line 2 (itemize)		5	1,033					
		eases not included in net assets or fund ba	alances at end of year (line 4 minus line 5)—Part	III. column (b). line 3		1,099					
v	I U COI	not accio di luliu De	and need at one or your time it illines into of the	,	- -	1.000					



Part	V Capital Gains an	d Losses for Tax on Investr	nent I	ncome	· · · · · · · · · · · · · · · · · · ·	,		
•		and(s) of property sold (for example, real est buse, or common stock, 200 shs MLC Co)	tate,		(b) How acquired P—Purchase D—Donation		Date acquired no , day, yr)	(d) Date sold (mo , day, yr)
1a								
b								
С								
d						<u> </u>		
е						 		
	(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale							n or (loss) f) minus (g))
a						L		
b						L		
<u> </u>								
<u>d</u>	<u> </u>		<u> </u>		 	-		
е	Complete cally for access of		1 5 45.0	farradation	12/21/60			
	Complete only for assets si	howing gain in column (h) and owned	by the			ł		(h) gain minus t less than -0-) or
	(i) F M V as of 12/31/69 (j) Adjusted basis (k) Excess of col (i) as of 12/31/69 over col (j), if any						rom col (h))	
а								
<u> b</u>			 	<u>. – </u>		 		
C	·							
d								7
е								
2	Capital gain net income or	r (net canital ince) 1 -		nter in Pari)	2		0
3	Net short-term capital gair	n or (loss) as defined in sections 1			,			
	, -	, line 8, column (c) See instruction			r -0- ın 🐧			
	Part I, line 8	• • • •	,	•	_ }	3	_	0
Part	V Qualification Und	der Section 4940(e) for Redu	uced T	Tax on N	et Investment	Inco	me	
Was t		ve this part blank section 4942 tax on the distributat Jalify under section 4940(e) Do n				e perio	od?	Yes No
1	Enter the appropriate amo	ount in each column for each year,	, see th	ne instructi	ons before makir	ng any	entries	
Cal	(a) Base period years endar year (or tax year beginning in	(b)			(c) f noncharitable-use as		Dist	(d) inbution ratio divided by col (c))
	2017	,	0		-	0	(00. (0)	0 000000
	2016		0			0		0 000000
	2015		0			0		0 000000
	2014		0		-	0		0 000000
	2013		0		<u></u>	0		0 000000
2	Total of line 1, column (d)						2	0 000000
3	_	for the 5-year base period—divide oundation has been in existence if					3	0 000000
4	Enter the net value of none	charitable-use assets for 2018 fro	m 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	0
7	Add lines 5 and 6						7	0
8	Enter qualifying distribution	ns from Part XII, line 4 ter than line 7, check the box in Pa	art \/lw	line 1b co	d complete that	nart us	8 1% tay	rate. See the
	Part VI instructions	ter trian line 7, theta the box in Pa	ait VI	mer IU, dil	a complete triat (Jail US	myai/oldX	Tale Ose inc

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(l	D), 4940	(e), or 4945—se	e ins	tructie	ons)			
1a	Exempt operating foundations described in section 4940(d)(2), check here	and ente	r "N/A" on line 1	1					
	Date of ruling or determination letter (attach copy of letter if nec								
b	Domestic foundations that meet the section 4940(e) requirements in Part \	V, check		1	1	<u> </u>			
	here ▶ ☐ and enter 1% of Part I, line 27b		44046					1	į
С	All other domestic foundations enter 2% of line 27b Exempt foreign organ	nizations	enter 4% of	J					
_	Part I, line 12, col (b)							اہ	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation:	is only, o	ners, enter -U-)		3	 		0	
3	Add lines 1 and 2		4hara antar 0\		4			쒸	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation Tax based on investment income. Subtract line 4 from line 3. If zero or least trust of the section of				5	—		0	
5 6	Credits/Payments	ess, end	- 0-		-			쒸	
а	2018 estimated tax payments and 2017 overpayment credited to 2018	6a							
b	Exempt foreign organizations—tax withheld at source	6b			1			J	
c	Tax paid with application for extension of time to file (Form 8868)	6c			1				
d	Backup withholding erroneously withheld	6d			1			j	
7	Total credits and payments Add lines 6a through 6d				7			0	
8	Enter any penalty for underpayment of estimated tax. Check here	f Form 2	220 is attached		8			一	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owe			•	9			0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the arr		verpaid	•	10			0	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax		Refunded	>	11			0	
Part \	/II-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, si	state, or	ocal legislation of	dıd	t		Y	/es	No
	participate or intervene in any political campaign?					1:	a L		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for	or politic	al purposes? See	the					
	instructions for the definition					11	b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activi	ities and	copies of any ma	ateria	ls			İ	
	published or distributed by the foundation in connection with the activities						_ _		
С	Did the foundation file Form 1120-POL for this year?					10	_ ع		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) im	posed d	uring the year			1	`		
	(1) On the foundation \$ (2) On foundation ma								
е	Enter the reimbursement (if any) paid by the foundation during the year for	r politica	l expenditure tax	ımpo	sed			- 1	
	on foundation managers \$								
2	Has the foundation engaged in any activities that have not previously beer	n reporte	ed to the IRS?			2	<u>:</u>	\dashv	X
	If "Yes," attach a detailed description of the activities						-	- 1	
3	Has the foundation made any changes, not previously reported to the IRS, in its g			S			_ _	-	
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conform					3	$\overline{}$	\dashv	X
4a	Did the foundation have unrelated business gross income of \$1,000 or mo	ore durin	g the year?			4:	${}^{-}$		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?					41	_	V/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction	auring t	ne year/			5	<u>'</u>	\dashv	X
	If "Yes," attach the statement required by General Instruction T	40.453	- خالف ما مناقع م			1			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4	4945) Sa	tisnea eitner						
	By language in the governing instrument, or By language in the governing instrument or	that	aandatani diracti	NO 41	not.				
	By state legislation that effectively amends the governing instrument so the conflict with the state law remain in the governing instrument?	mat no f	nanuatory direction	nis (f	idl	-	_ -		×
_	conflict with the state law remain in the governing instrument?	lete D	ant II and (a) and Da	4 VV		7			÷
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co			II ^V		 	+	\dashv	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered	eu see	risti uctions						
e.	If the appear in "Ven" to line 7 has the foundation furnished a part of Form	m 000 P	E to the Atterner	Good	rol				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form			GENE	idi	81	_ -		
0	(or designate) of each state as required by General Instruction G? If "No,"			12/11	31	-	+	\dashv	
9	Is the foundation claiming status as a private operating foundation within the or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See								
		E LIBERTS	muchons for Part	ΛIV	**	9			х
10	"Yes," complete Part XIV	N 34.	ch a schedule lis	tina t	heir	<u> </u>	+	\dashv	
10	Did any persons become substantial contributors during the tax year?	A COLLEGIC	ion a sonedule lis	any t	i i Cili	10	۱		х
	rianios and additions					1 .			

Part	ΫII-A	Statements Regarding Activities (continued)					
11	•	e during the year, did the foundation, directly or indirectly, own a controlled entity within	the			Yes	No
	-	of section 512(b)(13)? If "Yes," attach schedule See instructions			11		X
12		undation make a distribution to a donor advised fund over which the foundation or a dis	qualified				
	•	d advisory privileges? If "Yes," attach statement. See instructions			12		X
13	Did the four	ndation comply with the public inspection requirements for its annual returns and exemption app	olication?		13	Χ	L
		ddress ► N/A				-	
14	The books	are in care of DDIE STAFFORD Telephone	e no 🕨 🏢	580 546-	7217	- -	
				73947			
15		947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check the amount of tax-exempt interest received or accrued during the year		15		-	▶ [
16	At any time	e during calendar year 2018, did the foundation have an interest in or a signature or oth	ner author	ity		Yes	No
	over a ban	nk, securities, or other financial account in a foreign country?			16		X
	See the in:	structions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the	ne		İ		ļ
		ne foreign country					
Part	VII-B	Statements Regarding Activities for Which Form 4720 May Be Require	d				
	File Form	4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a		year, did the foundation (either directly or indirectly)					1
	•	e in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
		money from, lend money to, or otherwise extend credit to (or accept it from) a		_			l
		lified person?	Yes	X No			l
	· · · · · · · · · · · · · · · · · · ·	n goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			l
	• •	impensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
		er any income or assets to a disqualified person (or make any of either available for		_			
		nefit or use of a disqualified person)?	Yes Yes	X No			
		to pay money or property to a government official? (Exception. Check "No" if the					
		ition agreed to make a grant to or to employ the official for a period after					
		ation of government service, if terminating within 90 days)	Yes	X No			
b		wer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions describ	ed in			-	
•		ns section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instru			1b	N/A	
		ons relying on a current notice regarding disaster assistance, check here					
С	_	undation engage in a prior year in any of the acts described in 1a, other than excepted	acts. that				
•		corrected before the first day of the tax year beginning in 2018?			1c		X
2		allure to distribute income (section 4942) (does not apply for years the foundation was	a private				
-		foundation defined in section 4942(j)(3) or 4942(j)(5))	•				
а		of tax year 2018, did the foundation have any undistributed income (lines 6d and					
_		III) for tax year(s) beginning before 2018?	Yes	X No			
		st the years 20 , 20 , 20 , 20					
b		any years listed in 2a for which the foundation is not applying the provisions of section	4942(a)(2)			
_		o incorrect valuation of assets) to the year's undistributed income? (If applying section 4					
		sted, answer "No" and attach statement—see instructions)			2b	N/A	
С		isions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the ye	ars here				
		, 20 , 20 , 20					
3a	Did the fol	undation hold more than a 2% direct or indirect interest in any business enterprise	_				
		e during the year?	Yes Yes	X No			
b	If "Yes," di	d it have excess business holdings in 2018 as a result of (1) any purchase by the found	lation or				
		d persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period appro		•		ł	
		oner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)					
		15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine					
		had excess business holdings in 2018)			3b	N/A	
4a		ndation invest during the year any amount in a manner that would jeopardize its charitable purpo	oses?		4a		Х
b		ndation make any investment in a prior year (but after December 31, 1969) that could jeopardize]	
		ournose that had not been removed from leopardy before the first day of the tax year beginning i			4b		X



	90-PF (2018) L J ATAPPORD & CHARLOTTE								19062	F	age
Par	VII-B Statements Regarding Activities			<u>4720 l</u>	May Be R	equire	d (contin	ued)		r	
5a	During the year, did the foundation pay or incur any (1) Carry on propaganda, or otherwise attempt to it			(section	n 4945(e))?		Yes	X No	<u> </u>	Yes	No
	(2) Influence the outcome of any specific public ele directly or indirectly, any voter registration drive		see section 4	955), o	r to carry or	١,	Yes	X No			
	(3) Provide a grant to an individual for travel, study	dy, or other similar purposes?					Yes	X No			
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? See instructions	charita	ble, etc , orga	anızatıo	n described	nı t	Yes	X No			
	(5) Provide for any purpose other than religious, ch purposes, or for the prevention of cruelty to child			terary,	or educatio	nal	☐ Yes	X No	,		
b	If any answer is "Yes" to 5a(1)–(5), did any of the to Regulations section 53 4945 or in a current notice	ransactions fail to qualify under the exceptions described in						d in		N/A	
С	Organizations relying on a current notice regarding if the answer is "Yes" to question 5a(4), does the forbecause it maintained expenditure responsibility for	oundati	on claım exer			3	☐ Yes	► □ □ No			
6a	If "Yes," attach the statement required by Regulations section 53 4945–5(d) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No										
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870								6b		X
7a b	At any time during the tax year, was the foundation a pailf "Yes," did the foundation receive any proceeds or					e transa	Yes	X No	7b	N/A	
8	Is the foundation subject to the section 4960 tax or remuneration or excess parachute payment(s) duri	ng the	year?	•				X No		ι	
Part	VIII Information About Officers, Directo	ors, Ti	ustees, Fo	undati	ion Mana	gers, H	lighly Pa	aid Em	ploye	es,	
	and Contractors			Ala a la la la la		0	!				
1	(h) Title and everyon (h) Companyation (d) Contributions to										
	(a) Name and address	hours per week devoted to position		(If a			employee benefit plans and deferred compensation		(e) Expense a other allowa		
RT 1,	IA SELPH BOX 37 GOODWELL, OK 73939	DIREC		0							
300 R	Y PIRKLE OBIN ROAD DUMAS, TX 79029	DIREC			0						
	ALD CASREY BOX 39 BOISE CITY, OK 73933	DIREC	TOR		0						
		. 49 4		-1	11 4			\ 15	4		
<u> </u>	Compensation of five highest-paid employees (otner t	nan tnose ind	ciuaea	on line 1—	see ins			ie, ent	er 	
	(a) Name and address of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	/eek	(c) Comper	sation	(d) Contribution of the compension of the compen	benefit eferred	(e) Expe	nse acc	
NONE											
			-								
Total	number of other employees paid over \$50,000				<u> </u>	1					



Form 990-PF (2018)

.Pa	rt VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	ıployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	IE .	
		!
		· · · · · · · · · · · · · · · · · · ·
Tota	I number of others receiving over \$50,000 for professional services	
Pa	rt IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	<u>N/A</u>	•
2		
3		
4		
	rt IX-B Summary of Program-Related Investments (see instructions)	
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	<u>N/A</u>	
2		
	other program-related investments. See instructions	
3		
Tota	I. Add lines 1 through 3 ▶ _	C



qualifies for the section 4940(e) reduction of tax in those years

			- rage U
Part	Minimum Investment Return (All domestic foundations must complete this part. Fore	ign foundation	ns,
	see instructions)		
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	0
b	Average of monthly cash balances	1b	0
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	0
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	
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Part 2		tions	
	and certain foreign organizations, check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	
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)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	<u>, , , , , , , , , , , , , , , , , , , </u>
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0
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	0
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	6,000
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	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	6,000
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	6,000
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh	ether the found	ation



² art	XIII Undistributed Income	(see instructions	<u> </u>			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from	n Part XI,	Corpus	Years pnor to 2017	2017	2018
	line 7	,				
2	Undistributed income, if any, as of the	e end of 2018				
а	Enter amount for 2017 only				0	
b	•	20 15 20 16		5,200		
3	Excess distributions carryover, if a			5,25		
а	From 2013	4,600				
b	From 2014	2,500				j
c	From 2014	1,800				
d	From 2016	4,000	*	İ		
_	From 2017	7,400				1
e		7,400	20 200			
f 4	Total of lines 3a through e	5. 4.70	20,300			
4	Qualifying distributions for 2018 fr					
	line 4 ▶ \$ 6,000	-				
a	Applied to 2017, but not more than	F				
b	Applied to undistributed income of					
	(Election required—see instruction	· -				
С	Treated as distributions out of corp	ous (Election				
	required—see instructions)			, 273 (E.	Ł	
d	Applied to 2018 distributable amou	unt				
e	Remaining amount distributed out	of corpus	6,000			
5	Excess distributions carryover app	blied to 2018		`		
	(If an amount appears in column (d), the same			,	
	amount must be shown in column	(a))			<u> </u>	
6	Enter the net total of each colun	nn as				
	indicated below:	i				1
а	Corpus Add lines 3f, 4c, and 4e S	Subtract line 5	26,300			j
b	Prior years' undistributed income					1
	line 4b from line 2b			5,200]
c	Enter the amount of prior years' ur	ndistributed				
•	income for which a notice of defici					
	been issued, or on which the secti					
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxa	T T				
u	amount—see instructions	DIC		5,200		
_	Undistributed income for 2017 Su	htract line		0,200		
-	4a from line 2a Taxable amount—	Į.				
	instructions	-300			o	
	Undistributed income for 2018 Su	htraat linas				
f	4d and 5 from line 1. This amount			•		
		musi be				0
_	distributed in 2019	. 				<u></u>
7	Amounts treated as distributions o					
	to satisfy requirements imposed by					
	170(b)(1)(F) or 4942(g)(3) (Election	n may be				
_	required—see instructions)			***		
8	Excess distributions carryover from					
_	applied on line 5 or line 7 (see inst	·	4,600			
9	Excess distributions carryover t	1				
	Subtract lines 7 and 8 from line 6a	· <u>L</u>	21,700	. 		
10	Analysis of line 9	, İ				
	Excess from 2014	2,500				
þ	Excess from 2014	1,800		4		
С	Excess from 2016	4,000		~ ™/		
d	Excess from 2017	7,400				
е	Excess from 2018	6,000		7"		
				ACT 1		- 000 DE (00.00)

Form 9	90-PF (2018) L J ATAFFORD & CH	ARLOTTE STAFF	ORD FOUNDATION	ON, INC	26-201	9082 page 10
Part		****	·			N/A
	If the foundation has received a ruling of					
	foundation, and the ruling is effective for		•	▶ [
		on is a private opera	ting foundation des	cribed in section	4942(j)(3) or 4942(J)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	<u> </u>	Prior 3 years		(e) Total
	investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(0) 1041
	each year listed		ļ			C
Ь	85% of line 2a					0
С	Qualifying distributions from Part XII,]	/	
	line 4 for each year listed					<u>_</u>
đ	Amounts included in line 2c not used directly for active conduct of exempt activities .				ł	O
е	Qualifying distributions made directly					
C	for active conduct of exempt activities	1	•			
	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)			1		0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed		 /			0
С	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest,	/	1			
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public					
	and 5 or more exempt organizations as provided in		ļ			
	section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from					
	an exempt organization					0
	(4) Gross investment income	<u>L</u>	L			0
Part				ne foundation had	l \$5,000 or more	e in assets at
_	any time during the year—		S.)	·		
1	Information Regarding Foundation M List any managers of the foundation wh	_	I more than 2% of	the total contribution	s recovered by the fo	oundation.
а	before the close of any tax year (but only					Junuation
	belove and drope of any test year (but on	y in they have some		40,000) (000 000.00	00. (0)(2))	
b	List any managers of the foundation wh	a own 10% or mar	e of the stock of a	corporation (or an ed	qually large portion	of the
_	ownership of a partnership or other entir			•	quan, iaigo poi iori	
				•		
2	Information Regarding Contribution,	Grant, Gift, Loan,	Scholarship, etc	., Programs:		
	Check here ▶ ☐ If the foundation on					accept
	unsolicited requests for funds If the fou			ndıvıduals or organız	ations under other	
	conditions, complete items 2a, b, c, and					
а	The name, address, and telephone num	iber or email addre	ess of the person t	o whom applications	should be address	ed
h	The form in which applications should be	o submitted and in	formation and ma	togale they should be	aludo	
D	The form in which applications should b	e suomitted and in	normation and ma	terrais they should inc	Jiude	
				A		
С	Any submission deadlines		<u></u>			
•	y dabinidalon dedalined				`	
d	Any restrictions or limitations on awards	, such as by geogr	raphical areas, cha	arıtable fields, kinds d	of institutions, or other	ner
	factors	, , , , , , , , , , , , , , , , , , , ,			-, - -	
			/k	1	For	rm 990-PF (2018)

3 Grants and Contributions Paid During t	ne Year or Approve	ea for Fut	ure Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	33111124371	
a Paid during the year KEYES VOLUNTEER FIRE DEPARTMENT CITY OFFICES KEYES, OK 73947	N/A	GOV	FINANCIAL AID	1,500
TOWN OF KEYES, OK CITY OFFICES KEYES, OK 73947	N/A	GOV	FINANCIAL AID	1,500
KEYES SENIOR CITIZENS FELLOWSHIP P O BOX KEYES, OK 73947	N/A	NC	FINANCIAL AID	3,000
Total			<u> </u>	Ba 6,000
b Approved for future payment				
Total			.	b 0

Рa	t XVI-A Analysis of Income-Producing Ac	ctivities				
Ente	er gross amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by sector	on 512, 513, or 514	(e)
		(a)	(b)	(c)	(d)	Related or exempt function income
	D	Business code	Amount	Exclusion code	Amount	(See instructions)
1	Program service revenue			 		
	b					
		-		1		
			- "		2-	
				† · · · · · †		
	f		- ·- <u>-</u>		•··	
	g Fees and contracts from government agencies	· -				
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate					
	a Debt-financed property					
	b Not debt-financed property				.,	
6	Net rental income or (loss) from personal property				<u> </u>	
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory		· 			
9	Net income or (loss) from special events		····			
10 11	Gross profit or (loss) from sales of inventory		·- <u>-</u>	 		
"	Other revenue a			1	-	
	c		····	1		
	d					
	е					
12	Subtotal Add columns (b), (d), and (e)		0		0	0
13	Total. Add line 12, columns (b), (d), and (e)				13	0
_	worksheet in line 13 instructions to verify calculations					
	t XVI-B Relationship of Activities to the A					
	e No. Explain below how each activity for which incom accomplishment of the foundation's exempt pur	ne is reported in co	olumn (e) of Part) by providing fund	(VI-A contributed s for such purpose	importantly to the es) (See instruction	ons)
	uccomplainment of the restriction of section party party	pooco (omor mem				
-						
				· · · · · · · · · · · · · · · · · · ·		
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			(E			

orm 99	0-PF (2	018) L J ATAI	FFORD & CHARLOT	TE STAFFORD FOUNDATIO	N, INC		26-20°	19082	Pa	ge 13
Part	XVII	Information	Regarding Trans	fers to and Transaction	s and Re	ationships Wif	h Nonchari	table		
•		Exempt Org								
1				gage in any of the following			escribed		Yes	No
	ın sed	ction 501(c) (other	er than section 501(c)	(3) organizations) or in section	on 527, rela	ting to political				
	-	nizations?								
а	Trans	fers from the rep	porting foundation to a	a noncharitable exempt orgar	nization of					
	(1) C							1a(1)		X
	• •	ther assets						1a(2)		<u> </u>
b		rtransactions								
			a noncharitable exem	-				1b(1)		X
				ole exempt organization				1b(2)		X
			, equipment, or other	assets				1b(3)		X
		eimbursement ai	-					1b(4) 1b(5)		x
		oans or loan gua		o or fundraising solicitations				1b(5)		x
				s, other assets, or paid emplo	waac			1c		X
c d				plete the following schedule. C		nould always show	the fair market	-		
u				iven by the reporting foundation						
	value	in any transaction	or sharing arrangemen	nt, show in column (d) the value	of the good	ds, other assets, or	services receiv	/ed		
(a) Line		(b) Amount involved	· · · · · · · · · · · · · · · · · · ·	nantable exempt organization	T	conption of transfers, trai		_	ngemen	nts
• •		· · · · · · · · · · · · · · · · · · ·								
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					<u> </u>					
20	la tha	foundation direct	the or indirectly affiliat	ed with, or related to, one or	more tay-e	vemnt organizatio	ne			
2a				tion 501(c)(3)) or in section 5		Acmpt organizatio		Yes [N	0
b	If "Ye	s," complete the	following schedule			•••				
		(a) Name of organ	nization	(b) Type of organization		(c) De	scription of relation	nship		
			·							
	111-2	and the of the state of the sta	Jaco that I have averaged the art	um unakudana nasamananan sahadulas sad	rtatements and	o the best of my knowledge	and helief it is to in			
	Under	penarues of perjury, I dec t. and complete. Declarate	ciare that I have examined this reti ion of preparer (other)than taxnav	um, including accompanying schedules and er) is based on all information of which preparation	statements, and t arer has any knov	o die best of my knowledge vledge				
Sign	14	81 - 1	111	, k	ividy the into discuss this					
iere	1	nature of officer or trus	as fort	4/12/2019 PF	RESIDENT		See instru	_	Yes	_
	Sign	Print/Type preparer's		Preparer's signature		Date		PTIN		
Paid		JOHN L GARRIS		JOHN L GARRISO	N	4/12/2019	Check X rf self-employed	P01291	1387	
		DOLLIA F GWIVIN	UU14	1-2 0,		1 7/12/2010				

Preparer

Use Only

Firm's name ► JOHN L GARRISON CPA

Firm's address P O BOX 1677, GUYMON, OK 73942

Form **990-PF** (2018)

580 338-7821

Firm's EIN ▶ 73-1215193

Phone no



Schedule B (Form 990), 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

L J ATAFFORD & CHARLOTTE STAFFORD FOUNDATION, INC

Schedule of Contributors

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

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

OMB No 1545-0047

Employer identification number

26-2019082

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 foundation
	527 political organization .
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, ,	vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule See
instructions	O), or (10) organization can check boxes for both the deheral Rule and a opecial Rule occ
General Rule	
X For an organization film or more (in money or procontributor's total contributor)	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a butions.
Special Rules	
regulations under section 13, 16a, or 16b, and the	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
contributor, during the y literary, or educational p	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ourposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ead of the contributor name and address), II, and III
contributor, during the y contributions totaled moduring the year for an expension of the contribution.	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, contributions exclusively for religious, charitable, etc., purposes, but no such are than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the organization because it received nonexclusively religious, charitable, etc., contributions during the year.
990-EZ, or 990-PF), but it must	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
L' J ATAFFORD & CHARLOTTE STAFFORD FOUNDATION, INC
26-2019082

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	L J STAFFORD REVOCABLE TRUST P O BOX 5 KEYES OK 73947 Foreign State or Province Foreign Country	\$ 6,250	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Occupation (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

L J ATAFFORD & CHARLOTTE STAFFORD FOUNDATION, INC

Employer identification number 26-2019082

art II	Noncash Property (see instructions) Use duplicate c	opies of Part II if additional space	e is needed
(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
		\$	
i) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of org	ganization FORD & CHARLOTTE STAFFORD FOUNDATI	ON INC		Employer identification number 26-2019082
Part III	Exclusively religious, charitable, etc., con (10) that total more than \$1,000 for the year the following line entry. For organizations con	tributions t ar from any	one contributor. Comp	ibed in section 501(c)(7), (8), or plete columns (a) through (e) and
	contributions of \$1,000 or less for the year (Enter this in	formation once See ins	
(a) No.	Use duplicate copies of Part III if additional s	pace is need	ded	
(a) No. from Part I	(b) Purpose of gift	(0	e) Use of gift	(d) Description of how gift is held
		(e) 1	Fransfer of gift	_1
	Transferee's name, address, and ZIF	P+4	Relation	ship of transferor to transferee
	For Prov Country			
(a) No. from Part I	(b) Purpose of gift	(0) Use of gift	(d) Description of how gift is held
			•••••	
			ransfer of gift	
	Transferee's name, address, and ZIF	9+4	Relation	ship of transferor to transferee
(=) NI=	For Prov Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
;				
ı		(e) T	ransfer of gift	
	Transferee's name, address, and ZIP	+ 4	Relation	ship of transferor to transferee
	For Prov Country			
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
	Transferee's name, address, and ZIP	+4	Relations	ship of transferor to transferee
	For Prov Country			

Part I, Line 11 (990-PF) - Other Income

	177	0	0
	Revenue		
	and Expenses	Net Investment	Adjusted
Description	per Books	Income	Net Income
1 IRS REFUND OF FEES CHARGED	177	0	



Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

Name if Business Street City State Zip Code Foreign Country PH RT 1, BOX 37 GOODWELL OK 73939							A.0. L.			Cypope
GOODWELL	City State Zip Code	State Zip Code			Foreign Country	Title	Avg Hrs Per Week	Avg Firs Per Week Compensation	Benefits	Account
	GOODWELL		OK 73939	73839		DIRECTOR		0		
300 ROBIN ROAD DUMAS TX 79029	DUMAS	ΧL		79029		DIRECTIOR	_	0		0
RONALD CASREY P O BOX 39 BOISE CITY OK 73933	BOISE CITY OK	ð	OK 73933	73933		DIRECTOR		0	J	

