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

			ndar year 2018 or tax year beginning		<u>, 2018, ar</u>	nd ending		, 20		
	Nan	ne of fou	undation			A Employ	er identification numb	er		
	St	ott-	Thedford Family Foundation			46-4	46-4246161			
			street (or P O box number if mail is not delivered to street address)		Room/suite		ne number (see instruct	ions)		
	5.8	21 W	oodlake Drive			(405	372-3117			
			, state or province, country, and ZIP or foreign postal code		<u> </u>		tion application is pend	ing check here >		
•	St	illw	ater OK 74074			O il exemp	don application is pend	ing, check here		
				n of a former p	oublic cha	rity D 1 Foreig	n organizations, check	hara b 🗆		
	_	0,1001	Final return Amended	•	Jubilo Cita	inty D 1. Foreig	n organizations, check	nere ▶ ∐		
`_			☐ Address change ☐ Name cha			2. Foreig	n organizations meeting here and attach compi	g the 85% test,		
113	H	Check	type of organization: Section 501(c)(3) exempt p		tion (III)	/ E If private	foundation status was	terminated under		
			on 4947(a)(1) nonexempt charitable trust \square Other ta				507(b)(1)(A), check here	🕨 🗔		
nU			narket value of all assets at J Accounting method			al				
0-1			f year (from Part II, col. (c),	. <u>E</u> Ousii i	Accid	i ii iii e ioo	indation is in a 60-mont ction 507(b)(1)(B), chec			
			5) ► \$ 72,240. (Part I, column (d) must be	on cash basis	······································		0.1011 001 (D)(1)(D); 0.100			
		art l	7				<u> </u>	(d) Disbursements		
			amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue a expenses p		Net investment	(c) Adjusted net	for charitable		
			the amounts in column (a) (see instructions))	books		income	income	purposes (cash basis only)		
		1	Contributions, gifts, grants, etc., received (attach schedule)	2,5	00 遊戲	Decimenda esta		PAR MONTH HAVE		
		2	Check ► if the foundation is not required to attach Sch. B	MEDISTREAM TO THE			ALL THE STATE OF T			
		3	Interest on savings and temporary cash investments	DESTRUCTION OF THE	CH JOH HESTING		SALEST CONTRACTOR OF THE			
		4	Dividends and interest from securities	2,6	30					
		5a	Gross rents	2,0	30.			THE CONTRACTOR OF THE PARTY OF		
		b	Net rental income or (loss)	TO SERVE AND THE ALL	LINE AND	ATS MARRIED TO ACT	679797874 CANONING	The state of the s		
ı	e)	6a	Net gain or (loss) from sale of assets not on line 10	PART LESSON	TENER	TO THE PARTY OF TH	Marie Company of the Company	Section of the sectio		
	Revenue	b	Gross sales price for all assets on line 6a	STATE OF THE PARTY SAIN	NASCA ANGEL LEGISCO	AND CONTRACTOR OF THE	San Alexander Control	THE RESERVE THE PARTY OF THE PA		
	ver			A SHARA SAN	Career	E AND				
~	3e	7	Capital gain net income (from Part IV, line 2) Net short-term capital gain		STATES SWITCH	AND	建设设计划的	CHE THE THE THE THE THE THE THE THE THE T		
2019		8	Income modifications		TYRES GREET					
7		10a	Gross sales less returns and allowances	The second second			Designation of			
(5)		b		Control of the contro	Maria Santa		THE PERSON NAMED IN CORP.			
'Breed'		C	Gross profit or (loss) (attach schedule)	AT HE SHAPE STATE OF THE SHAPE STATE STATE OF THE SHAPE STATE	With Sales		AND THE PROPERTY OF			
MÂŶ		11	Other income (attach schedule)		75366	14 mm	<u></u>			
		12	Total. Add lines 1 through 11	5,1	20	DEC	EIVED			
CANNED	=	13	Compensation of officers, directors, trustees, etc.	5,1	38.	REC	EIVLD IS	AUCAUS DESCRI		
》	xbeuses	14	Other employee salaries and wages			0	16.5			
Z	ns.	15	Pension plans, employee benefits			APR.	0 8 2019 131			
8	a	16a	Legal fees (attach schedule)		,	<u> </u>				
B	-Ŵ	b	Accounting fees (attach schedule)	2	50.	TOGE	EN, UT			
	ě	C	Other professional fees (attach schedule)		50.	1 4 4 15) ye			
	ati	17	Interest							
	str	18	Taxes (attach schedule) (see instructions)				·			
	<u>=</u>	19	Depreciation (attach schedule) and depletion				· · · · · · · · · · · · · · · · · · ·	ATTACAMETER AND AND		
	트	20	Occupancy					公司等等的基本的证明		
	ĕ	21	Travel, conferences, and meetings			· · · · · · · · · · · · · · · · · · ·				
	2	22	Printing and publications							
	Ja	23	Other expenses (attach schedule)		-					
(Ĭ.	24	Total operating and administrative expenses.		_					
	rat		Add lines 13 through 23	. 2	50.					
	Operating and Administrative	25	Contributions, gifts, grants paid	4,0	11.00.00		A PROPERTY OF THE PARTY OF THE			
	Ō	26	Total expenses and disbursements. Add lines 24 and 25	4,0	O C I III SESSON	CONTRACTOR BANKALLA	mention attacked to be seen to be			
	-	27	Subtract line 26 from line 12:		39500	A CONTRACTOR OF THE PARTY OF TH		Name of the second		
		a a	Excess of revenue over expenses and disbursements	77.						
		b	Net investment income (if negative, enter -0-)			Might in verticementalisment	HANGE SHEET STEET SHEET	CANCELL SECTION OF THE PROPERTY OF THE PROPERT		
			Adjusted net income (if negative, enter -0-)			CONTRACTOR STATES	14-344 海州江西省海州	AND THE PROPERTY		

For Paperwork Reduction Act Notice, see instructions.

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Form **990-PF** (2018)

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Ŀ	art 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			
	2	Savings and temporary cash investments	71,452.	72,240.	72,240.
	3	A	Chimmena whicher maniferation	هر بيان در - بيند کد درخون د) دريتونون	E THIS THE FRENCH COLD WINNER
		Less: allowance for doubtful accounts ▶			
	4	Less: allowance for doubtful accounts Pledges receivable Less: allowance for doubtful accounts Less: allowance for doubtful accounts	The Contract of the Court	TO THE PERSON OF	型型化/加速电子10-119-19-19-19-19-19-19-19-19-19-19-19-19
		Less: allowance for doubtful accounts ▶			
	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) ▶	PHYSICAL I		20073-1-10
		Less. allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			·
	11		ing a distanting the first of the state of	And the state of t	THE PARTY OF THE P
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14		THE PROPERTY OF THE PARTY OF TH	THE WASHINGTON TO SECURE	CONTRACTOR OF THE PARTY OF THE
		Less accumulated depreciation (attach schedule) ▶			A CHARLES AND A STATE OF THE ST
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the			
		ınstructions. Also, see page 1, item l)	71,452.	72,240.	72,240.
	17	Accounts payable and accrued expenses		•	B) interference
'n	18	Grants payable			المنظومين بالمناون والوا
ţį	19	Deferred revenue			The Control of the All
iic	20	Loans from officers, directors, trustees, and other disqualified persons			The state of the s
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ►)			The state of the state of the state of
	23	Total liabilities (add lines 17 through 22)			
'n		Foundations that follow SFAS 117, check here ▶ □			
Ç		and complete lines 24 through 26, and lines 30 and 31.			
alances	24	Unrestricted			L'Estimate
	25	Temporarily restricted			Participate Samuel
q	26	Permanently restricted		·	The state of the s
or Fund B		Foundations that do not follow SFAS 117, check here ► 🗵			
7.		and complete lines 27 through 31.			
20	27	Capital stock, trust principal, or current funds			
et	28	Paid-in or capital surplus, or land, bldg., and equipment fund			324 Mile Inc. 412
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	71,452.	72,240.	
۲,	30	Total net assets or fund balances (see instructions)	71,452.	72,240.	
Ž	31	Total liabilities and net assets/fund balances (see			
	7 6 11 1	instructions)	71,452.	72,240.	The second second
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		I net assets or fund balances at beginning of year-Part II, colu			71 450
_		of-year figure reported on prior year's return)		·	71,452.
2		•			788.
3		r increases not included in line 2 (itemize) Unrealized Ga		3	1000
4		lines 1, 2, and 3		4	72,240.
5		eases not included in line 2 (itemize) Unrealized losses		5	70.016
6	rota	I net assets or fund balances at end of year (line 4 minus line 5)—	rart II, column (b), II	ne 30 6	72,240.

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Par	Capital Gains and	Losses for Tax on Investmer	t Income			
		(s) of property sold (for example, real estate e, or common stock, 200 shs MLC Co)	e, 	(b) How acquired P—Purchase D—Donation	(c) Date acqui (mo , day, yr	
1a						
b						
<u>c</u>						
<u>d</u>		 -				
<u>е</u>		(O.D. and an allowed				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		n) Gain or (loss) plus (f) minus (g))
<u>a</u> b					 -	
<u>_</u>					-	
d						
e						
	Complete only for assets show	ing gain in column (h) and owned by the	he foundation	on 12/31/69	(I) Gain	s (Col (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), b	ut not less than -0-) or ses (from col (h))
a						
b				-		
С					<u> </u>	
d			 			
е						
2	Capital gain net income or (i		enter in Par ter -0- in Par		2	_
3	If gain, also enter in Part I,	or (loss) as defined in sections 122 line 8, column (c). See instruction	ns. If (loss),	enter -0- in)		
. 240	Part I, line 8			· · · · /	3	
Pali		r Section 4940(e) for Reduced te foundations subject to the sect				
Was t		his part blank. ection 4942 tax on the distributable alify under section 4940(e) Do not			ase period?	☐ Yes ☐ No
1	Enter the appropriate amour	nt in each column for each year; s	ee the instru	ctions before ma	king any entr	ies.
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of	(c) noncharitable-use as	sets (co	(d) Distribution ratio (b) divided by col (c))
	2017	0.			0.	0.000000
	2016	0.			0.	0.000000
	2015	0.			0.	0.000000
	2014	0.			0.	0.000000
	2013	0.				
2	Total of line 1 column (d)					0.00000
3	Total of line 1, column (d)	r the 5-year base period—divide			. 2	0.000000
3		ndation has been in existence if le			''	0.00000
4	Enter the net value of nonch	arıtable-use assets for 2018 from	Part X, line 5	5	. 4	0.
5	Multiply line 4 by line 3 .				. 5	0
6	Enter 1% of net investment	income (1% of Part I, line 27b)			. 6	
7	Add lines 5 and 6				. 7	0.
8	Enter qualifying distributions	from Part XII, line 4			. 8	
	If line 8 is equal to or greate Part VI instructions.	r than line 7, check the box in Par	rt VI, line 1b,	and complete th	nat part using	a 1% tax rate. See th

Part	Excise Tax Based on Investment income (Section 4940(a), 4940(b), 4940(e), or 4948—se	e instru	ICTIO	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.	NE PER		7.N
•-	Date of ruling or determination letter. (attach copy of letter if necessary – see instructions)		2 (2)	لنثنا
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ □ and enter 1% of Part I, line 27b	WILL TO LECT	(44 ti	¥ 14. H
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of		1	£ 4 4
	Part I, line 12, col. (b).	<u></u>	اتسفستا	المتعددة
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2		0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0.	18 34
6 a	Credits/Payments: 2018 estimated tax payments and 2017 overpayment credited to 2018 6a		- 3	
b	Exempt foreign organizations—tax withheld at source 6b		3	
c	Tax paid with application for extension of time to file (Form 8868) . 6c	الوقع الأباه	~; }	
d	Backup withholding erroneously withheld 6d		3. 3	4-1
7	Total credits and payments. Add lines 6a through 6d		انتسعانه	24224
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		0.	
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			
Part	VII-A Statements Regarding Activities	Tue-		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
_	participate or intervene in any political campaign?	1a		<u>×</u> _
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		×
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materia	als [1.5	1
	published or distributed by the foundation in connection with the activities.	11.22	2	Sec. 1
C	Did the foundation file Form 1120-POL for this year?	1c	Chend 19	X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	19 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		149
e	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	- B		
•	on foundation managers. ► \$	12 G	A	
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.		7 V 1	87.53
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article		19.6 T	
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	I		_X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>×</u>
b 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	4b		×
3	If "Yes," attach the statement required by General Instruction T.	7273	Ø100	77679
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	2		
_	By language in the governing instrument, or	45645	£. 3	
	By state legislation that effectively amends the governing instrument so that no mandatory directions the state legislation.	at		1.5
	conflict with the state law remain in the governing instrument?		×	
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 X	xv 7	×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶	\$ 245	7 7 .71	W. W.
	OK	7.7		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gener		100	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	W. MATE	X	SVM2*I
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)		<u> </u>	XXI V
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes complete Part XIV	1 1		×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the			
10	names and addresses.	10	,	ı

Par	t VIFA Statements Regarding Activities (continued)			
		F A. Fr	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 ► Libby Stott Telephone no. ► (405):	372-1	3117	}
	Located at ▶ 5821 Woodlake Drive Stillwater OK ZIP+4 ▶ 74074	·		<u></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	• •	•	▶ [_
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	12.	1	1
Doc	the foreign country ► VIEE Statements Regarding Activities for Which Form 4720 May Be Required	, , , š	6 14-1	المسلا
स-दा	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.	5 N	Yes	No
1a	During the year, did the foundation (either directly or indirectly):		res	NO
ıa	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No	ا العسا	چورو رياد را	3.5
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1,64.	42.5	
	disqualified person?	1 1		4
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No	1 1	,	[] نو در
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No	13, 1	5	1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	2.00	3 64	2.0
	the benefit or use of a disqualified person)?	20	ş.)	3.
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		<u> </u>	1 7
	foundation agreed to make a grant to or to employ the official for a period after	1	ģ.,	,
	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	75.	<u> </u>	3 3
	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	51.	2.7	, , ,
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that 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)):	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and	5 4		3
	6e, Part XIII) for tax year(s) beginning before 2018?	4.7	32.6	7
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	العيد م	T. 3	i. "
þ	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) to	7.75	17.7	
	all years listed, answer "No" and attach statement—see instructions.)		323.2	تستق
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b	Year	the Ital
С	► 20 , 20 , 20 , 20 , 20	展	3	7.5
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		2.7	اجورا
-	at any time during the year?	1.50	3.70	
ь	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or	And Alex		
D	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	3	2	1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of		1	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	752	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	foundation had excess business holdings in 2018.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	\$555F	2.4	这位
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4h	_	l v

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Pari	:VII-B	Statements Regarding Activitie	s for V	Vhich Form	4720	May Be F	Requir	ed (conti	nued)		
5a	During th	ne year, did the foundation pay or incur					<u>'</u>			11.2	Yes No
		on propaganda, or otherwise attempt ence the outcome of any specific publications.						☐ Yes	⊠ No	70.	
		tly or indirectly, any voter registration di				-	•	Yes	⊠ No	, - -	信制定式
	(3) Provi	de a grant to an individual for travel, stu	udy, or	other simılar	purpos	es?		_ ☐ Yes	⊠ No		
		de a grant to an organization other tha on 4945(d)(4)(A)? See instructions					ribed ir	n □Yes	⊠ No		9 3
	(5) Provi	de for any purpose other than religious oses, or for the prevention of cruelty to	, charit	able, scientif	ic, liter	ary, or edu		_	⊠ No	3.2	
b	If any an	swer is "Yes" to 5a(1)–(5), did any of thations section 53.4945 or in a current no	ne trans	sactions fail t	o quali	fy under th	e exce	otions des		1 7 713	
Organizations relying on a current notice regarding disaster assistance, check here									. AS 1. 7 1		
С	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax							104	1		
		attach the statement required by Regul						☐ 162	∐ No	3. 12. 1	हैं और हो
6a		oundation, during the year, receive any					emiums	;		5	or Fri
		sonal benefit contract?		•	•			□Yes	⊠No		
b		oundation, during the year, pay premiur o 6b, file Form 8870.	ns, dıre	ctly or indire	ctly, on	a persona	l benefi			6b	X
7a		ne during the tax year, was the foundation	a party	to a prohibited	d tax sh	elter transad	ction?	☐Yes	⊠ No		
b		did the foundation receive any proceed								7b	111 127.54
8	Is the fou	indation subject to the section 4960 ta	x on pa	ayment(s) of	more t	han \$1,000	0,000 in			11.5 4 1	हर र हम्मा
	remunera	ation or excess parachute payment(s) di	uring th	e year?				☐ Yes	□No		
Part	هر المراجعة	Information About Officers, Direc and Contractors	tors, 1	rustees, F	ounda	tion Man	agers,	Highly F	Paid E	mploye	es,
1	List all o	fficers, directors, trustees, and found			d their	compens	ation. S	See instru	uctions	5.	
		(a) Name and address	hou	e, and average rs per week ed to position	i (If r	mpensation not paid, iter -0-)	emplo	Contributions byee benefit erred compe	plans		se account, owances
		hedford	Dire	ctor							
3075		D 1 170 01 111 1 07 7407F	I			_	l				
Labb	I County	Road 160 Stillwater OK 74075		1.00		0.			0.		0.
	y E St	ott	Dire	ctor				-	0.		0.
	y E St					0.		-	0.		0.
	y E St	ott		ctor							
	DY E St 1 County	ott / Road 160 Stillwater OK 74075	Dire	1.00	se incl	0.	ne 1	soo instr	0.	s) If not	0.
	DY E St 1 County	ott / Road 160 Stillwater OK 74075	Dire	1.00	se incl	0.	ne 1—	see instr	0.	s). If no	0.
3075 2	Compen	ott / Road 160 Stillwater OK 74075	Direc	1.00	verage veek	0.		(d) Contribuemployee	Uction:	(e) Expens	0.
3075 2	Compen "NONE."	ott / Road 160 Stillwater OK 74075	Direc	er than thos	verage veek	0. uded on li		(d) Contribu employee plans and c	Uction:	(e) Expens	0.
2 (Compen "NONE."	ott / Road 160 Stillwater OK 74075	Direc	er than thos	verage veek	0. uded on li		(d) Contribu employee plans and c	Uction:	(e) Expens	0.
2 (Compen "NONE."	ott / Road 160 Stillwater OK 74075	Direc	er than thos	verage veek	0. uded on li		(d) Contribu employee plans and c	Uction:	(e) Expens	0.
2 (Compen "NONE."	ott / Road 160 Stillwater OK 74075	Direc	er than thos	verage veek	0. uded on li		(d) Contribu employee plans and c	Uction:	(e) Expens	0.
2 (Compen "NONE."	ott / Road 160 Stillwater OK 74075	Direc	er than thos	verage veek	0. uded on li		(d) Contribu employee plans and c	Uction:	(e) Expens	0.
2 (Compen "NONE."	ott / Road 160 Stillwater OK 74075	Direc	er than thos	verage veek	0. uded on li		(d) Contribu employee plans and c	Uction:	(e) Expens	0.

٦

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Fiv	re highest-paid independent contractors for professional services. See instructions. If none, enter "No	DNE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None		
		
•		
	ber of others receiving over \$50,000 for professional services	0
Part IX-		
List the for organizati	oundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number ions and other beneficiaries served, conferences convened, research papers produced, etc	of Expenses
1	1	
2		
3		
· 4		<u></u>
Part IX-	Summary of Program-Related Investments (see instructions)	
	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2		
All other n	program-related investments. See instructions	
3	Augusti Talaisa mesantana seo manganana	
Total. Add	I lines 1 through 3	-
		Form 990-PF (2018

~<u>}</u>

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	eign founda	itions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	
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	0.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	1 1	
	instructions) `	4	0.
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	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating 1 and certain foreign organizations, check here ► and do not complete this part.)	foundation	S
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2018 from Part VI, line 5 2a 0.		
ь	Income tax for 2018. (This does not include the tax from Part VI.) 2b		
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
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:		
' a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	
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.,	10	
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
_	Suitability test (prior IRS approval required)		
a	Cash distribution test (attach the required schedule)	3a	
b	· · · · · · · · · · · · · · · · · · ·	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	4	
5		_	^
_	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	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.	ig whether t	he foundation

Part	XIII Undistributed Income (see instruction	ons)	-		
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI,				
•	line 7		·	<u> </u>	0.
2	Undistributed income, if any, as of the end of 2018. Enter amount for 2017 only				
a b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2018.				
a	From 2013		, ,		, ,
b	From 2014				
c	From 2015 0 .				18%
d	From 2015		• ,		
e	From 2017 0 .				
f	Total of lines 3a through e	0.			
4	Qualifying distributions for 2018 from Part XII, line 4 ▶ \$				
a	Applied to 2017, but not more than line 2a .		·		
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				,
d	Applied to 2018 distributable amount				
Ģ	Remaining amount distributed out of corpus	0.	· · · · · · · · · · · · · · · · · · ·		
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)		1		
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount—see instructions		0.		
е	Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see instructions		-, -,	0.	,
f	Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019			i Y	0.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)		# 14 · · · · · · · · · · · · · · · · · ·		
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	0.			
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	0.		British a state	A STATE OF THE STA
10	Analysis of line 9:		, , ,	्रदेश १५३० - १५५	多种的影片 。
а	Excess from 2014	,	, , , , , , , , , , , , , , , , , , , ,	119 7 1 1/4	The second second
b	Excess from 2015	_		1, 18	
С	Excess from 2016			多点是 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15	
d	Excess from 2017	m 13.0	mand to my	国的特别	
е	Excess from 2018			The Angelow Control	本于五十五名的

* Form 990-PF (2018)

Part XV Supplementary Information (contact 3 Grants and Contributions Paid During	tinued) the Year or Approv	ed for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year Meridian Technology Center 1312 S. Sangre Road Stillwater OK 74074 Texas A & M Foundation		501 (c) (3)	Charitable	3,200.
4461 TAMU College Station TX 77843		501 (c) (3)	Charitable	800.
	;			
·	,			
Tabel				
Total				3a 4,000.
•				
• .				
	1			
Total				36

	_	Analysis of Income-Producing Ac	T		T		
Ente	er gr	oss amounts unless otherwise indicated.	(a)	(b)	(c)	(d)	(e) Related or exemp function income
4	Dec	caram control royanto.	Business code	Amount	Exclusion code	Amount	(See instructions
•		gram service revenue:			 		
	a				 		
	þ						
	C						
	d						
	e		ļ		ļ		
	f						
	_	Fees and contracts from government agencies					
2		mbership dues and assessments					
3	Inte	rest on savings and temporary cash investments		· _ _			
4	Dıv	idends and interest from securities		2,638.			
5	Net	rental income or (loss) from real estate:		·	4	die San	man in a man and a second seco
	а	Debt-financed property					
	b	Not debt-financed property		·			
6	Net	rental income or (loss) from personal property					
7	Oth	er investment income			_		
8	Gar	n or (loss) from sales of assets other than inventory					
9		income or (loss) from special events					
10	Gro	ess profit or (loss) from sales of inventory					
11		er revenue: a					
	b						
	c						
	d				· · · · · · · · · · · · · · · · · · ·		
	_						
12	Sul	ototal. Add columns (b), (d), and (e)	V 2 - 7	2 638	· · · · · · · · · · · · · · · · · · ·		
				2,030:		13	2,638.
10							2,000.
			is.)				
(See	wor	ksheet in line 13 instructions to verify calculation					
(See	Wor	ksheet in line 13 instructions to verify calculation 71-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
See Pa Lin	wor	ksheet in line 13 instructions to verify calculation 71-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
See Pa Lin	wor e No	ksheet in line 13 instructions to verify calculation 71-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
See Pa Lin	wor e No	ksheet in line 13 instructions to verify calculation 71-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
See Pa Lin	wor e No	ksheet in line 13 instructions to verify calculation 71-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
See Pa Lin	wor e No	ksheet in line 13 instructions to verify calculation 71-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
See Pa Lin	wor e No	ksheet in line 13 instructions to verify calculation 71-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
See Pa Lin	wor e No	ksheet in line 13 instructions to verify calculation 71-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
See Pa Lin	wor e No	ksheet in line 13 instructions to verify calculation 71-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
See Pa Lin	wor e No	ksheet in line 13 instructions to verify calculation 71-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
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See Pa Lin	wor e No	ksheet in line 13 instructions to verify calculation 71-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
See Pa Lin	wor e No	ksheet in line 13 instructions to verify calculation 71-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
See Pa Lin	wor e No	ksheet in line 13 instructions to verify calculation 71-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
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See Pa Lin	wor e No	ksheet in line 13 instructions to verify calculation 71-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
See Pa Lin	wor e No	ksheet in line 13 instructions to verify calculation 71-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
See Pa Lin	wor e No	ksheet in line 13 instructions to verify calculation 71-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		

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

1	ın se		irectly or indirectly her than section							Tes A	No
a	_		orting foundation	to a noncharit	able exempt	organization	of·			153 3	
	(1) C	ash								1a(1)	×
	(2) C	ther assets .								1a(2)	×
b	Othe	r transactions:									75.74
			a noncharitable ex							1b(1)	×
			ts from a nonchari							1b(2)	×
	(3) R	ental of facilities,	equipment, or oth	er assets .						1b(3)	×
	(4) R	eımbursement arı	rangements							1b(4)	×
		oans or loan guar								1b(5)	×
			vices or members							1b(6)	×
С			juipment, mailing l							1c	×
đ			f the above is "Ye								
			her assets, or sen								
			n or sharing arran								
(a) Line	no (b) Amount involved	(c) Name of none	charitable exempt	organization	(d) Descr	ption of transfe	ers, transaction	ons, and sha	ring arrangem	ents
			.								
										<u></u>	
											
											
											
											
						-					
				- .							
				 							
	-							·· <u> </u>			
2a	Is the	foundation direc	ctly or indirectly a	affiliated with.	or related to	o one or me	ore tax-exe	mpt organ	nizations		
			01(c) (other than se							☐ Yes 🏿	No.
ь			following schedule								
		(a) Name of organiz			ype of organizat	ion		(c) Descripti	on of relation	nship	
_											
			eclare that I have examin						of my knowled	ge and belief, i	t is true,
Sign	corre	ct, and complete Declar	etion of preparer (other the	han taxpayer) is bas	sed on all informat	ion of which prepa	arer has any kno	wledge	May the IF	RS discuss this	return
Here		tubs 2.	SAC	14	-4-19	Director				eparer shown to	
		ature of office or trust	ee 1	Date	e <u>`.</u>	itle			See mstruc	onsres	
Paid		Print/Type preparer's	name	Preparer's sig	nature		Date	Che	ck 🗍 if F	PTIN	
Prep	arer	Mark E Gunl	kel CPA				<u></u>			0028558	2
Use (Firm's name	Mark E. Gun	cel, CPA,	PC			F	▶ 73-13		
		Firm's address ▶	PO Box 72					Phone no	(405)6	24-9999	
BAA			Stillwater			OK 74076			Fo	orm 990-PF	(2018)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Stott-Thedford Family Foundation

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

46-4246161 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ≤ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific. literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Stott-Thedford Family Foundation

Employer identification number
46-4246161

(Parcu)	Contributors (see instructions). Ose duplicate co	ples of Fart in additional space is	s rieeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

Stott-Thedford Family Foundation

Employer identification number

46-4246161

Pairt II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space 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		
		\$			
(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		
		s			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	/	s			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			

Name of org	ganization		Employer identification number				
	hedford Family Foundation		46-4246161				
Part:III							
(a) No. from	<u> </u>		(1) 5 (1) (1) (1)				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, an		Relationship of transferor to transferee				
(a) Na							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
-	Transferee's name, address, and ZIP + 4 Relation		nelationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		•-•					
	(e) Transfer of gift						
			Relationship of transferor to transferee				