Form 990-T	=>	cempt Organi						nurn_	0.0	IB No 15	45-0687
Form J J U - I	l				der section			100		ചെ	
	For cale	ndar year 2018 or other ta						/ ·, 20 <u> </u>	-	2W I	Ŏ
Depar ment of the Treasury Internal Revenue Service	► Go to www irs gov/Form990T for instructions and the latest information Doen to Public Inspection for 501(c)(3) Organizations Only Open to Public Inspection for 501(c)(3) Organizations Only										
A Check box if address changed	Name of organization (Check box if name changed and see instructions) D Employer identification number (Employees trust, see instructions)										
B Exempt under gestion		FRED JONES F.	AMILY F	OUND	ATION						
X 501(C)	Print	Number, street, and room	n or suite no	lf a P O	box, see instruction	ons		ļ	-311053		
408(e) 220(e)	Туре						000	-	nrelated bus See instructions		livity code
408A530(a)	4	9225 LAKE HE					200				
529(a)	-	City or town, state or pre				l code		5.2	5990		
C Book value of all assets at end of year	- O	OKLAHOMA CIT							5990		
9,298,993		up exemption number (eck organization type				1501	(a) trust	1 40:	1/a) trust		Other trust
H Enter the number of						1 20 1	(c) trust		l(a) trust only (or first		
		RTNERSHIP INVES				f only on	ie, complete Pa		• •	•	
		end of the previous se				•	•			16, 0630	ande the
trade or business, th		•	sinterior, co	inpicto	Tarts Fario II, C	ompicte e	o concadie in 10	cacii ad	JILION BI		
		corporation a subsidiar	v in an affil	iated o	roup or a parent-	subsidiar	rv controlled are	. ימע	•	Y,	es X No
•		identifying number of the					,				
J The books are in car						Teleph	none number 🕨	405-2	31-2400		
Part I Unrelated	Trade	or Business Incom	ie		(A) Inco	me	(B) Ex	penses		(C) I	Vet
1a Gross receipts or	sales										
b Less returns and allow	ances		c Balance	1c							
2 Cost of goods so	ld (Sched	ule A, line 7)		2							
		2 from line 1c		3							
4a Capital gain net i	ncome (a	ittach Schedule D)		4a							
b Net gain (loss) (Fe	orm 4797,	Part II, line 17) (attach Fo	m 4797)	4b							
c Capital loss dedu	ction for	trusts		4c		0.000	7.501				70 020
5 Income (loss) from a p	artnership o	r an S corporation (attach states	ment)	_ 5		8,930	ATCH				78,930
	-			6							
		come (Schedule E) .		7							
•		ents from a controlled organizati					-				
		1(c)(7), (9), or (17) organizatio		_							
		ncome (Schedule I)						_			
-		dule J)									
•		ough 12			7	8,930					78,930
		Taken Elsewhere		1) (Exce	nt for con	tributi	
deduction	is must	be directly connect	cted with t	h o u r	related busi	ness in	come)	, ,	•		,
14 Compensation of	officers,	directors, and trustees (Schedule K)	1	. RECEN	/ED		[14		
15 Salaries and wag	es			٦۵١		V L D	I	[15		
					19			[16		
-17 Bad debts				13I.	. NOV 255	2019	.[유]	[17		
49 Interest (attach o	chodule)	(coo instructions)			_		101		18		
19 Taxes and license	s	(see instructions)			OGDEN	·LIT		[_	19		
20 Charitable contri	outions (see instructions for ilmit	iation rules)			_	<u> </u>		20		
		4562)									
		on Schedule A and els			-				22b		
								ľ	23		
_		compensation plans .							24		
		s							25		
		Schedule I)							26		
		chedule J)							27		
(N*)		schedule)							28		
C.3		es 14 through 28							29		78,930
1/2		ole income before ne ig loss arising in tax ye	-						30		
		e income Subtract line							32		78,930
For Paperwork Reduc			OT HOM MILE		<u> </u>	<u>, , , ,</u>	<u> </u>	1	•	Form 9	90-T (2018)

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Par	t III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instructions),	. 33	78	8,930
34	Amounts paid for disallowed fringes	. 34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
33	instructions), , , ,		71	8,930
20	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	-		
36		1 1		
	of lines 33 and 34			1 000
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			1,000
38	Unrelated business taxable income. Subtract line 37 from line 36 lf line 37 is greater than line 36,			
	enter the smaller of zero or line 36	- 38		0
Par	t IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	▶ 39		
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on			
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)			
	Proxy tax See instructions			·
41				
42	Alternative minimum tax (trusts only)			
43	Tax on Noncompliant Facility Income See instructions			
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	- 44		
Par				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	4		
b	Other credits (see instructions)	_		
	General business credit Attach Form 3800 (see instructions)			
	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)			
	Total tax. Add lines 46 and 47 (see instructions)			0
48		1 4- 1		
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	. 43		
	Payments A 2017 overpayment credited to 2018	-		
	2018 estimated tax payments · · · · · · · · · · · · · · · · · · ·	-		
	Tax deposited with Form 8868	-		
	Foreign organizations Tax paid or withheld at source (see instructions)	-		
	Backup withholding (see instructions)	⊣		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	_		
g	Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total ▶ 50g	1 1		
51	Total payments. Add lines 50a through 50g	51		
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		
	· · ·		n-t-	
55 Par	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded Refunded Statements Regarding Certain Activities and Other Information (see instruction			
			uthomic V	es No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		·	- 110
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization of	-		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	toreign	country	l
	here			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?	崖	X
	If "Yes," see instructions for other forms the organization may have to file		-	İ
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the	best of my	knowledge and	belief it is
Sig	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		0 4 ::	
Her		•	S discuss thi reparer showi	
		see instruction		No
	Print/Type preparer's name Preparer's speedure - / Dale		PTIN	, ,,,,,,
Paid	11/11/2010 Che			Ω/1
	DATE!	-employed	P00440	
	Pirm's name GRANT THORNTON EDF		36-60555	
	Firm's address ► 211 N ROBINSON STE 1200, OKLAHOMA CITY, OK 73102 Pho	neno 405	5-218-28	
JSA			Form 990	-T (2018)

JSA

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Total dividends-received deductions included in column 8.

Schedule F-Interest, Annu	unioo, respunso				ntrolled Or						,		
Name of controlled organization	2 Employer identification number		3 Net unrelated ((loss) (see instruc				4 Total of specified payments made		5 Part of column 4 that i included in the controllin organization's gross incon		olling	g connected with income	
(1)													
(2)						<u> </u>						_	
(3)						ļ							
(4)						<u> </u>							
Nonexempt Controlled Organiz	zations					_	40	Dos	t of column	O that is	4.	1. Daduetiene directly	
7 Taxable Income	8 Net unrelated in (loss) (see instruc				Total of specifi ayments made		inc	clude	ed in the cor ation's gross	ntrolling		11 Deductions directly connected with income in column 10	
(1)			<u> </u>										
(2)													
(3)			ļ .										
(4)									olumns 5 a		_	dd columns 6 and 11	
Totals		 ction 50	 1(c)	 .(7).		▶ 7) Orga	Er P:	nter h art I,	iere and on line 8, colui	page 1, nn (A)	En	ter here and on page 1, art I, line 8, column (B)	
1 Description of income	2 Amount of			<u> </u>	3 Deductive co	ctions nnected			4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)													
(2)													
(3)		_											
(4)													
Totals	Enter here and Part I, line 9, c	olumn (A)										Enter here and on page 1 Part I, line 9, column (B)	
Schedule I-Exploited Exe	empt Activity In	come, (Othe	r Th	an Advert	ising Ir	com	e (s	ee instru	ctions)		·	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected w production unrelated business incompared to the control of the co		ectly or business 2 minus co life a gain, cole 5 the		ited tradé (column ilumn 3) compute	5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)				-									
(2)	-												
(3)													
(4)													
.,	Enter here and on page 1, Part I, line 10, col (A)	Enter he page 1 line 10,	I, Par	: I,				Enter here and on page 1, Part II, line 26					
Totals													
Schedule J- Advertising Ir					ا المعادة		•						
Part I Income From Per	iodicais Report	ed on a	Co	nsol	dated Ba	SIS				 -			
1 Name of periodical	2 Gross advertising income	3 Direct advertising cos		2 2\		ss) (col ol 3) If ompute	5. Circulation income		6 Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)											_		
(2)		_			1						_	_	
(3)					1							7	
(4)		_			1						-	\neg	
Totals (carry to Part II, line (5))					· · · · · -						_	Form 990-T (2018	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶		_				
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

SCHEDULE D (Form 1041)

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10 ► Go to www.irs gov/F1041 for instructions and the latest information

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust Employer identification number 20-3110536 FRED JONES FAMILY FOUNDATION Note. Form 5227 filers need to complete only Parts I and II

Pa	tl Short-Term Capital Gains and Losses - Gen	erally Assets Hel	d One Year or Les	ss (see instruc	ctions	s)
the li	nstructions for how to figure the amounts to enter on nes below	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss Form(s) 8949, F	from	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents note dollars	(sales price)	(or other basis)	line 2, column		combine the result with column (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
	Totals for all transactions reported on Form(s) 8949 with Box B checked		~ 4000000000000000000000000000000000000			
	Totals for all transactions reported on Form(s) 8949 with Box C checked			aprilate po-	,	
4	Short-term capital gain or (loss) from Forms 4684, 62	252, 6781, and 8824			4_	
5	Net short-term gain or (loss) from partnerships, S corp	porations, and other	estates or trusts		5	27,176
6	Short-term capital loss carryover Enter the amour Carryover Worksheet				6	
7	Net short-term capital gain or (loss). Combine line line 17, column (3) on the back	s 1a through 6 in	column (h) Enter	here and on	7	27,176
Par	line 17, column (3) on the back	erally Assets Hele	d More Than One	Year (see inst	tructi	ons)
the li This	nstructions for how to figure the amounts to enter on nes below form may be easier to complete if you round off cents note dollars	(d) Proceeds (sales pnce)	(e) Cost (or other basis)	(g) Adjustments to gain or loss t Form(s) 8949, P line 2, column	from art II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
	Totals for all transactions reported on Form(s) 8949 with Box D checked					
	Totals for all transactions reported on Form(s) 8949 with Box E checked					
	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11 .	Long-term capital gain or (loss) from Forms 2439, 46	84, 6252, 6781, and	1 8824		11	
12	Net long-term gain or (loss) from partnerships, S corp	orations, and other e	states or trusts		12	2,966
13	Capital gain distributions				13	
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover Enter the amount Carryover Worksheet				15	()
16	Net long-term capital gain or (loss) Combine lines line 18a, column (3) on the back				16	2,966

For Paperwork Reduction Act Notice, see the Instructions for Form 1041 JSA 8F1210 2 000 6983CS 700L 11/7/2019 4 08 56 PM V 18-7 5F Schedule D (Form 1041) 2018

Sche	dule D (Form 1041) 2018				Page 4
Pa	rt III Summary of Parts I and II Caution: Read the instructions before completing this pa	ort	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
47		T	(See man)	OI tiusts	27,176
	Net short-term gain or (loss).	17			27,170
18	Net long-term gain or (loss):	40-			2,966
	Total for year	18a			2,300
	Unrecaptured section 1250 gain (see line 18 of the worksheet).	18b			
	28% rate gain	18c			30,142
19 Note	Total net gain or (loss). Combine lines 17 and 18a ▶ e. If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4	19	rm 000-T Part I line	1a) If lines 18a and 1	
gains	s, go to Part V, and don't complete Part IV If line 19, column (3), is a ne	et loss,	complete Part IV and	the Capital Loss Ca	myover Worksheet, a
nece	ssary		·		<u> </u>
Pa	rt IV Capital Loss Limitation				
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F				
Note	The loss on line 19, column (3) or b \$3,000e. If the loss on line 19, column (3), is more than \$3,000, or if Form 1041,	nage		20 (complete the Capita
Loss	Carryover Worksheet in the instructions to figure your capital loss carryover	pago		0 1, mic 30), is a 1033,	complete the capita
Pa	rt V Tax Computation Using Maximum Capital Gains Rate	es			<u></u>
Forr	n 1041 filers. Complete this part only if both lines 18a and 19 in col	umn (2) are gains, or an a	mount is entered in	Part I or Part II an
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor				
	tion. Skip this part and complete the Schedule D Tax Worksheet in the	instruc	ctions if		
	other line 18b, col. (2) or line 18c, col. (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				5
	n 990-T trusts. Complete this part only if both lines 18a and 19 are ga -T, and Form 990-T, line 38, is more than zero. Skip this part and com				
	18b, col (2) or line 18c, col (2) is more than zero	ipiete	the Schedule D 123	t worksneet in the	instructions if eithe
	· · · · · · · · · · · · · · · · · · ·		1		
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	88)	. 21		
22	Enter the smaller of line 18a or 19 in column (2)				
	but not less than zero		<u> </u>		
23	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T)		⊣		
24	Add lines 22 and 23				
25	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0 ▶ 25		-		
26	Subtract line 25 from line 24 If zero or less, enter -0		 		
27	Subtract line 26 from line 21 If zero or less, enter -0				
28	Enter the smaller of the amount on line 21 or \$2,600				
29	Enter the smaller of the amount on line 27 or line 28				
30	Subtract line 29 from line 28 If zero or less, enter -0- This amount is		1 1	▶ 30	
31	Enter the smaller of line 21 or line 26		 		
32	Subtract line 30 from line 26				
33	Enter the smaller of line 21 or \$12,700		<u> </u>		
34	Add lines 27 and 30				
35	Subtract line 34 from line 33 If zero or less, enter -0				
36	Enter the smaller of line 32 or line 35				
37	Multiply line 36 by 15% (0 15)		1 1	▶ 37	
38	Enter the amount from line 31				
39	Add lines 30 and 36				
40	Subtract line 39 from line 38 If zero or less, enter -0		·		
41	Multiply line 40 by 20% (0 20)		1 1	▶ 41	
42	Figure the tax on the amount on line 27 Use the 2018 Tax Rate Schedule for 8	Estates			
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)				
43	Add lines 37, 41, and 42		. 43		
44	Figure the tax on the amount on line 21. Use the 2018 Tax Rate Schedule for B	Estates			

and Trusts (see the Schedule G instructions in the instructions for Form 1041)....

Tax on all taxable income Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

HALL FAMILY MODERATE GROWTH FUND, LP

78,930.

INCOME (LOSS) FROM PARTNERSHIPS

78,930.