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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491147009150

2019

OMB No 1545-0052

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2019, or tax year beginning 01-01-20)19 , aı	nd er	nding 12-31-	2019	
		indation FAMILY FOUNDATION	A Employer Id	entification numbe	r		
			_		20-3900594		
		I street (or P O $$ box number if mail is not delivered to street address) LNUT ROAD	B Telephone nu	mber (see instruction	ns)		
<u> </u>		1776	(405) 360-4829				
		i, state or province, country, and ZIP or foreign postal code K 73072		C If exemption	application is pendin	g, check here	
G Ch	neck al	l that apply \Box Initial return \Box Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check he	ere 📗
		☐ Final return ☐ Amended return				ganizations meeting k here and attach co	
		Address change Name change					· · · —
_		pe of organization \square Section 501(c)(3) exempt private				ındatıon status was t n 507(b)(1)(A), chec	
		1 4947(a)(1) nonexempt charitable trust Uhler taxable					
		from Part II col (c)	✓ Cash ☐ Accru	ıal		ition is in a 60-mont <mark>l</mark> n 507(b)(1)(B), chec	
		◆\$ 1,231,110	be on cash basis)				
			I	<u> </u>			T
Рa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b)	Net investment	(c) Adjusted net	(d) Disbursements for charitable
		equal the amounts in column (a) (see instructions))	books		income	income	purposes (cash basıs only)
	1	Contributions, gifts, grants, etc , received (attach					
	_	schedule)					
	2	Check ► ✓ If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	51		51		
	4	Dividends and interest from securities	37,720		35,129		
	5a	Gross rents					
	ь	Net rental income or (loss)					
Mile	6a	Net gain or (loss) from sale of assets not on line 10	2,539				
Reverue	ь	Gross sales price for all assets on line 6a 7,610					
2	7	Capital gain net income (from Part IV, line 2)			2,539		
	8	Net short-term capital gain					
	9	Income modifications					
	10a b	Gross sales less returns and allowances Less Cost of goods sold	<u> </u>				
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	40,310		37,719		
	13	Compensation of officers, directors, trustees, etc	0	<u> </u>	0		0
	14	Other employee salaries and wages					
Ņ	15	Pension plans, employee benefits					
156	16a	Legal fees (attach schedule)					
Expenses	ь	Accounting fees (attach schedule)	1,100		1,100		0
	С	Other professional fees (attach schedule)					
tive	17	Interest					
and Administrative	18	Taxes (attach schedule) (see instructions)	9 3 802		802		0
SIE!	19	Depreciation (attach schedule) and depletion					
€	20	Occupancy					
۲ ع	21	Travel, conferences, and meetings					
	22	Printing and publications					
	23	Other expenses (attach schedule)	12,059		12,059		0
Operating	24	Total operating and administrative expenses.					
<u>8</u>		Add lines 13 through 23	13,961	-	13,961		0
J	25	Contributions, gifts, grants paid	77,000	-			77,000
	26	Total expenses and disbursements. Add lines 24 and 25	90,961		13,961		77,000
	27	Subtract line 26 from line 12			<u>-</u>		
	a	Excess of revenue over expenses and disbursements	-50,651				
	ь	Net investment income (if negative, enter -0-)	30,031		23,758		
	c	Adjusted net income (If negative, enter -0-)			_5,.50		
For	L Paper	work Reduction Act Notice, see instructions.	ı		Cat No 11289>	Γ For	m 990-PF (2019)

662,132

293,140

721

1,031,198

1,031,198

1.031.198

1,031,198

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661,126

293,354

0

980,547

980,547

980.547

980,547

1,031,198

-50,651

980,547

980,547 Form 990-PF (2019)

0

1

2

3

4

5

6

914,511

290,532

1,231,110

Investments—corporate stock (attach schedule)

Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶ ____

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, bldg , and equipment fund

Foundations that follow FASB ASC 958, check here ▶

Less accumulated depreciation (attach schedule) ▶ _____

Total assets (to be completed by all filers—see the

Land, buildings, and equipment basis ▶ _

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Net assets with donor restrictions

Other assets (describe > .

Other liabilities (describe ▶_

Grants payable

	6
	7
S	8
Assets	9
As	10
	l i

C 11

12

13 14

15 16

17 18

19

20

21

22

23

24

25

28

30

Part III

2

3

Liabilities

Balances

Fund

ŏ 26

Assets 27

Net 29 2-story brick warehouse, or common stock, 200 shs MLC Co)

(a) List and describe the kind(s) of property sold (e g , real estate,

(mo , day, yr)

How acquired

P—Purchase

Page **3**

(mo , day, yr)

,	·	,	D—Donation	(mo, day, yr)	(mo, day, yr)
1 a PUBLICLY TRADED SECU	RITIES				
b					
С					
d					
e					
	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed		other basis		r (loss)
Gross sales price	(or allowable)	plus expe	ense of sale	(e) plus (f) mınus (g)
a	7,610		5,071		2,539
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and owi	ned by the foundation o	on 12/31/69	(I)
·	(i)	i	(k)		h) gain minus
(i) FMV as of 12/31/69	Adjusted basis	Excess	of col (ı)		less than -0-) or
1 141 V 43 31 12/31/39	as of 12/31/69	over col	(j), if any	Losses (fre	om col (h))
a					2,539
b					
С					
d					
e					
2 Capital gain net income		If gain, also enter in Pa If (loss), enter -0- in P		2	2,539
3 Net short-term capital g	ain or (loss) as defined in sections 1	.222(5) and (6)			
If gain, also enter in Pai in Part I, line 8	rt I, line 8, column (c) (see instruction	ons) If (loss), enter -0	}	3	
Part V Qualification U	Inder Section 4940(e) for Re	duced Tax on Net	Investment In	come	
	rivate foundations subject to the sec				
	•	acion 13 fo(a) cax on he	e invesement meen	ic)	
f section 4940(d)(2) applies, le	ave this part blank			_	_
	e section 4942 tax on the distributat		in the base period	7 ∐ Y	es 🗹 No
f "Yes," the foundation does no	t qualify under section 4940(e) Do	not complete this part			
1 Enter the appropriate am	ount in each column for each year,	see instructions before	making any entrie	S	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable	le-use assets	(d) Distribution rati (col (b) divided by c	
2018	59,817		1,204,043		0 049680
2017	55,000		1,119,352		0 049136
2016	50,837		953,668		0 053307
2015	49,755		991,657		0 050174
2014	47,000		1,071,469		0 043865
2 Total of line 1, column (c	1)		2		0 246162
3 Average distribution ratio	for the 5-year base period—divide t	the total on line 2 by 5			
	dation has been in existence if less t		3		0 049232
	ncharitable-use assets for 2019 from	Part X, line 5	4		1,176,441
5 Multiply line 4 by line 3			5		57,919
	ent income (1% of Part I, line 27b)		6		238
			7		58,157
, , ,	ons from Part XII, line 4 ,			1	77,000
	ater than line 7, check the box in Pa	irt VI, line 1b, and com	plete that part usir	ng a 1% tax rate Se	e the Part VI
instructions				Fo	orm 990-PF (2019
					,

Page **6**

Form	990-PF (2019)								F	age 6
Pai	rt VIII-B Statements Regar	rding /	Activities for Which	Form 4720 May Be	Required (co.	ntınued)				
5a	During the year did the foundation	pay or	incur any amount to						Yes	No
	(1) Carry on propaganda, or other	rwise at	tempt to influence legisla	ation (section 4945(e))?		Yes S	Z No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry									
	on, directly or indirectly, any voter registration drive?					Yes 🖸	Z No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?						Z No			
	(4) Provide a grant to an organiza			· -			_			
	in section 4945(d)(4)(A)? See (5) Provide for any purpose other					Yes 🗅	∠ No			
	educational purposes, or for th		_		_	, ,	.			
b	If any answer is "Yes" to 5a(1)–(5		•				∐ No			
_	Regulations section 53 4945 or in		=					5b		
	Organizations relying on a current					. ▶ г	_			
С	If the answer is "Yes" to question!					L				
	tax because it maintained expendi	ture res	sponsibility for the grant?			Yes [No			
	If "Yes," attach the statement requ	uired by	Regulations section 53	1945–5(d)		i ies L	_ NO			
6a	Did the foundation, during the yea	ır, recei	ve any funds, directly or	indirectly, to pay premiui	ms on					
	a personal benefit contract?					Yes S	/ No			
b	Did the foundation, during the yea	ır, pay p	premiums, directly or ind	rectly, on a personal ben	nefit contract? .		_ 140	6b		No
	If "Yes" to 6b, file Form 8870									
7a	At any time during the tax year, w					Yes 🖸	No N			
	If "Yes", did the foundation receive		•					7b		
8	Is the foundation subject to the se						_			
	excess parachute payment during					Yes				
Pai	rt VIIII Information About and Contractors	Office	ers, Directors, Trust	ees, Foundation Ma	nagers, High	ly Paid I	Emplo	yees,		
	and Contractors									
1	List all officers, directors, trust									
1	(a) Name and address		undation managers an b) Title, and average hours per week	d their compensation. (c) Compensation (If not paid, enter		utions to		Exper		
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribi employee benei deferred com	utions to fit plans a	na -	Experother a		
ALAN	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contribi employee benei deferred com	utions to fit plans a	naj -			
ALAN 2922	(a) Name and address	PRESI	b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribi employee benei deferred com	utions to fit plans a	na -			
ALAN 2922 NORM	(a) Name and address R BRINKLEY WALNUT ROAD	PRESI 2 00	b) Title, and average hours per week devoted to position DENT/TREASURER	(c) Compensation (If not paid, enter -0-)	(d) Contribi employee bene deferred com	utions to fit plans a	na -			
ALAN 2922 NORM ANNE 2922	(a) Name and address R BRINKLEY WALNUT ROAD 1AN, OK 73072 W BRINKLEY WALNUT ROAD	PRESI 2 00	b) Title, and average hours per week devoted to position DENT/TREASURER	(c) Compensation (If not paid, enter -0-)	(d) Contribi employee bene deferred com	utions to fit plans a	0			
ALAN 2922 NORM ANNE 2922 NORM	(a) Name and address R BRINKLEY WALNUT ROAD 1AN, OK 73072 W BRINKLEY WALNUT ROAD 1AN, OK 73072	PRESI 2 00	b) Title, and average hours per week devoted to position DENT/TREASURER	(c) Compensation (If not paid, enter -0-)	(d) Contrib employee bene deferred com	utions to fit plans a	0			
ALAN 2922 NORM ANNE 2922 NORM J RON	(a) Name and address R BRINKLEY WALNUT ROAD 1AN, OK 73072 W BRINKLEY WALNUT ROAD 1AN, OK 73072 IAN, OK 73072 IALD BOWLES	PRESI 2 00	b) Title, and average hours per week devoted to position DENT/TREASURER	(c) Compensation (If not paid, enter -0-)	(d) Contrib employee bene deferred com	utions to fit plans a	0			
ALAN 2922 NORM ANNE 2922 NORM J RON 1704 EDMC	(a) Name and address R BRINKLEY WALNUT ROAD MAN, OK 73072 W BRINKLEY WALNUT ROAD MAN, OK 73072 MALD BOWLES SOUTH MAGNOLIA LANE DND, OK 73013	PRESI 2 00 SECRE 2 00 ASST 2 00	b) Title, and average hours per week devoted to position DENT/TREASURER ETARY SECRETARY	(c) Compensation (If not paid, enter -0-) 0	(d) Contribi employee bene deferred com	utions to fit plans a pensation	0	other a	llowan	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ALAN 2922 NORM ANNE 2922 NORM J RON 1704 EDMC	(a) Name and address R BRINKLEY WALNUT ROAD MAN, OK 73072 W BRINKLEY WALNUT ROAD MAN, OK 73072 MALD BOWLES SOUTH MAGNOLIA LANE	PRESI 2 00 SECRE 2 00 ASST 2 00	b) Title, and average hours per week devoted to position DENT/TREASURER ETARY SECRETARY	(c) Compensation (If not paid, enter -0-) 0	(d) Contribi employee bene deferred com	utions to fit plans a pensation	0	other a	llowan	ces C
ALAN 2922 NORM ANNE 2922 NORM J RON 1704 EDMO	(a) Name and address R BRINKLEY WALNUT ROAD MAN, OK 73072 W BRINKLEY WALNUT ROAD MAN, OK 73072 JALD BOWLES SOUTH MAGNOLIA LANE DND, OK 73013 Compensation of five highest-p	PRESI 2 00 SECRE 2 00 ASST 2 00 aid em	b) Title, and average hours per week devoted to position DENT/TREASURER ETARY SECRETARY sployees (other than the (b) Title, and average	(c) Compensation (If not paid, enter -0-) 0 0 cose included on line 1	(d) Contribiemployee beneindeferred com	utions to fit plans a pensation on the pensation of the p	0 0 0	other a	NONE	C C
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ALAN 2922 NORM ANNE 2922 NORM J RON 1704 EDMO 2	(a) Name and address R BRINKLEY WALNUT ROAD MAN, OK 73072 W BRINKLEY WALNUT ROAD MAN, OK 73072 WALD BOWLES SOUTH MAGNOLIA LANE ND, OK 73013 Compensation of five highest-p Name and address of each employed more than \$50,000	PRESI 2 00 SECRE 2 00 ASST 2 00 aid em	b) Title, and average hours per week devoted to position DENT/TREASURER ETARY SECRETARY sployees (other than the (b) Title, and average	(c) Compensation (If not paid, enter -0-) 0 0 cose included on line 1	(d) Contribiemployee beneficially deferred com -see instruction (d) Contribuemployee	utions to fit plans a pensation on the pensation of the pensation of the pensation of the pensations to be pensit eferred	0 0 0 0 (e)	enter " Expens	NONE.	C C C
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Form 990-PF (2019)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		·
List the foundation's four largest direct charitable activities during the tax year. Include rele- organizations and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see II	nstructions)	
Describe the two largest program-related investments made by the foundation during th	<u> </u>	Amount
1	,	
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
		Form 990-PF (2019)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

За 3h

4

5

77.000

76.762

Form 990-PF (2019)

238

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

Amounts set aside for specific charitable projects that satisfy the

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

3

4

5

²

Page 9

58,584

58.584

Form 990-PF (2019)

0

_	•	•	١,	 _	_
X	ī	ī			Į

b Total for prior years

b From 2015. . . . c From 2016. .

From 2017. . . .

e From 2018.

From 2014.

Part

Form	990-PF (2019)
- D-	-L VIII	11-

PF (2	019)	
	Undistributed	Incom

Distributable amount for 2019 from Part XI, line 7

Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only.

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e.

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2019

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c 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 e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 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) 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. .

b Excess from 2016. .

c Excess from 2017. . d Excess from 2018. . e Excess from 2019. .

Subtract lines 7 and 8 from line 6a . . .

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4 🕨 \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

Undistributed Income (see instruc	tions)

662 3 480 3.530

(a)

Corpus

7.672

18.416

26,088

26,088

662 3,480

3.530

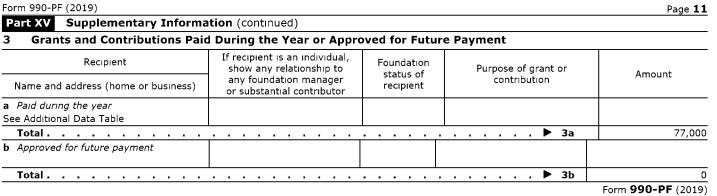
18.416

(b)

Years prior to 2018

(c)

2018



Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section	(e) Related or exempt	
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
2 Membe	and contracts from government agencies rship dues and assessments t on savings and temporary cash					
	nents			14	51	
	ds and interest from securities			14	37,720	
	tal income or (loss) from real estate					
	financed property ebt-financed property					
	tal income or (loss) from personal property					
	nvestment income					
	(loss) from sales of assets other than					
invento	•			18	2,539	
	ome or (loss) from special events					
	profit or (loss) from sales of inventory revenue a					
с						
		1				
.2 Subtota	al Add columns (b), (d), and (e)		0		40,310	
.2 Subtota 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0		40,310	
2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)		13	<u>'</u>	
2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish ncome is reporte	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ted importantly to	
2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second of the foundation's explain the second of the foundation's explain the second of	lations) ne Accomplish ncome is reporte	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ted importantly to	
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orm 990-PF	<u>, , , , , , , , , , , , , , , , , , , </u>							Pa	ge 13
Part XVI	Information Re Exempt Organiz		ansfers To a	nd Transactio	ns and Relatio	nships With Nonch	aritable		
	rganization directly or in- than section 501(c)(3)	directly engage					01	Yes	No
	from the reporting foun	-			-				
(1) Cash		1a(1)		No					
(2) Othe	er assets						1a(2)		No
b Other tra	nsactions								
(1) Sale	s of assets to a noncharı	table exempt o	organization.				1b(1)		No
(2) Purc	hases of assets from a n	oncharitable e	xempt organiza	ition			1b(2)		No
(3) Rent	al of facilities, equipmen	nt, or other ass	sets				1b(3)		No
(4) Rein	nbursement arrangemen	ts					1b(4)		No
	ns or loan guarantees.						1b(5)	 	No
	rmance of services or m	•	-				1b(6)		No
-	of facilities, equipment, n	-					1c		No
of the god in any tra	wer to any of the above ods, other assets, or servinsaction or sharing arra	vices given by ngement, shov	the reporting fow in column (d)	oundation If the the the value of the	foundation receive goods, other asse	d less than fair market ts, or services received	/alue		
(a) Line No	(b) Amount involved	(c) Name of no	oncharitable exem	pt organization	(d) Description of	transfers, transactions, and	sharing arra	ngemen	its
2a Is the fou	indation directly or indire	ectly affiliated v	with, or related	to, one or more	tax-exempt organi	zations			
	in section 501(c) (other	•		•		_	✓ No		
	complete the following so		. , . , ,						
·	(a) Name of organization	on	(b)	Type of organization	on	(c) Description of r	elationship		
of r whi	der penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, cori				than taxpayer) is based	on all info	rmatio	n of
Sign Here	*****			2020-05-18	*****		ay the IRS d turn	iscuss th	าเร
пеге)		th the prepa	rer show	٧n
'	Signature of officer or to	rustee	1	Date	Title		ee instr) 互	Yes [□No
	Print/Type preparer's	name	Preparer's Signa	ature	Date	PTIN			
	. Tille, Type preparer s		. sparer a bigite		Date	Check if self-		2000	
Paid	ASHLEY M FOGLE				2020-05-18	employed ▶ □	P0125	5800	
Preparei Use Only		ANTAYLOR LLP)		I	Firm	's EIN ▶73	-14139	

Firm's address ▶ 1225 N BROADWAY AVENUE SUITE 200 OKLAHOMA CITY, OK 73103

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

ANNE W BRINKLEY

ALAN R BRINKLEY

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)

Traine and dualess (memo er gasmess)	or substantial contributor			
a Paid during the year				
ASSISTANCE LEAGUE OF NORMAN 809 WALL STREET	NONE	PC	BENEFIT GENERAL OPERATIONS	1,000

NORMAN, OK 73069				
BETHESDA ALTERNATIVE INC 1181 E MAIN STREET NORMAN, OK 73071	NONE	PC	BENEFIT GENERAL OPERATIONS	5,000

BETHESDA ALTERNATIVE INC 1181 E MAIN STREET NORMAN, OK 73071	NONE	PC	BENEFIT GENERAL OPERATIONS	5,000
BRIDGES OF NORMAN INC 1670 STUBBEMAN AVE NORMAN. OK 73069	NONE	PC	BENEFIT EDUCATION	4,000

1181 E MAIN STREET NORMAN, OK 73071	None		BENEFIT GENERALE OF ENVIRONS	3,000
BRIDGES OF NORMAN INC 1670 STUBBEMAN AVE NORMAN, OK 73069	NONE	PC	BENEFIT EDUCATION	4,000
Total			▶ 3a	77,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
CENTER FOR CHILDREN & FAMILIES INC 1151 E MAIN ST	NONE	PC	BENEFIT CHILDREN & FAMILIES	20,000

NORMAN, OK 73071				
CITIZENS ADVISORY BOARD 200 N WALKER AVENUE OKLAHOMA CITY, OK 73102	NONE	PC	BENEFIT GENERAL OPERATIONS	2,000

200 N WALKER AVENUE OKLAHOMA CITY, OK 73102	NONE	PC	BENEFIT GENERAL OPERATIONS	2,000
FIREHOUSE ART CENTER 444 SOUTH FLOOD AVENUE NORMAN, OK 730695513	NONE	PC	BENEFIT GENERAL OPERATIONS	1,000

Total			▶ 3a	77,000
FIREHOUSE ART CENTER 444 SOUTH FLOOD AVENUE NORMAN, OK 730695513	NONE	PC	BENEFIT GENERAL OPERATIONS	1,000
OKLAHOMA CITY, OK 73102				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
FOOD AND SHELTER INC201 REED AVE NORMAN, OK 73071	NONE	PC	BENEFIT GENERAL OPERATIONS	2,000
MARY ABBOTT CHILDREN'S HOUSE INC	NONE	PC	BENEFIT GENERAL OPERATIONS	5.000

, , , , , , , , , , , , , , , , , , ,				
MARY ABBOTT CHILDREN'S HOUSE INC 231 E SYMMES NORMAN, OK 73069	NONE	PC	BENEFIT GENERAL OPERATIONS	5,000
NORMAN REGIONAL HEALTH FOUNDATION 901 N PORTER AVE	NONE	PC	BENEFIT GENERAL OPERATIONS	1,000

Total			▶ 3a	77,000
NORMAN REGIONAL HEALTH FOUNDATION 901 N PORTER AVE NORMAN, OK 73071	NONE	PC	BENEFIT GENERAL OPERATIONS	1,000
NORMAN, OK 73069				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

a raid daring the year				
PAYNE EDUCATION CENTER 3240 W BRITTON RD OKLAHOMA CITY, OK 73120	NONE	PC	BENEFIT EDUCATION	1,000
THE NATURE CONSERVANCY 10425 SOUTH 82ND EAST AVENUE	NONE	PC	BENEFIT THE GENERAL OPERATIONS	10,000

THE VIDTURE CENTER 24 E WEST LININ	NONE	DC.	DENIEST THE CENEDAL	2.000
104 TULSA, OK 74133				
10425 SOUTH 82ND EAST AVENUE SUITE			OPERATIONS	
THE NATURE CONSERVANCY	NONE	PC	BENEFIT THE GENERAL	10,000

SUITE 104 TULSA, OK 74133			0.5.4	
THE VIRTURE CENTER215 WEST LINN NORMAN, OK 73070	NONE	PC	BENEFIT THE GENERAL OPERATIONS	2,000

77,000

TULSA, OK 74133				
THE VIRTURE CENTER215 WEST LINN NORMAN, OK 73070	NONE	PC	BENEFIT THE GENERAL OPERATIONS	2,000

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
TRANSITION HOUSE700 ASP AVE 2 NORMAN, OK 73069	NONE	PC	BENEFIT THE GENERAL OPERATIONS	2,000

.000

77,000

NORMAN, OK 73003			OF LIKATIONS	
UNITED WAY550 24TH AVE NW STE D NORMAN, OK 73069	NONE	PC	FURTHER THE MISSION OF THE UNITED WAY	10,0
WILD CARE FOUNDATION	NONE	DC.	BENEETT CENERAL OBERATIONS	0 (

NORMAN, OK 73069			UNITED WAY	
WILD CARE FOUNDATION 7601 84TH STREET	NONE	PC	BENEFIT GENERAL OPERATIONS	8,00
NODIE OV 730CO		1		ı

*				
WILD CARE FOUNDATION 7601 84TH STREET NOBLE, OK 73068	NONE	PC	BENEFIT GENERAL OPERATIONS	8,000
				i

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution

recipient

77,000

any foundation manager

or substantial contributor

Name and address (home or business)

OKLAHOMA CITY, OK 73156

PO BOX 20574

Total.

a Paid during the year				
THE SOONER THEATER101 E MAIN ST NORMAN, OK 73069	NONE	PC	BENEFIT GENERAL OPERATIONS	2,000
PARENTS HELPING PARENTS INC	NONE	PC	BENEFIT GENERAL OPERATIONS	1,000

efile GRAPHIC print - DO NOT	PROCESS	As Filed D	ata -			DLN: 93491147009150	
TY 2019 Accounting Fees Schedule							
		BRINKLE 20-39005	Y FAMILY FOUI 594	NDAT	TION		
Category	Amo	ount	Net Investme Income	ent	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING FEES		1,100		1,100		0	

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TY 2019 Investments Corporat	te Bonds Schedule	

Name: BRINKLEY FAMILY FOUNDATION

DLN: 93491147009150

FTN: 20-3900594

nvestments Corporate Bonds Schedule				
Name of Bond	End of Year Book Value	End of Year Fair Market Value		
25000.000 SHS BANK OF AMERICA FR DTD	25,646	25,459		
25000.000 SHS JPMORGAN CHASE & CO	25,498	25,874		
9749.354 SHS VANGUARD SHORT-TERM INVESTMENT-GRADE ADM	105,000	104,611		
4577.914 SHS PIMCO TOTAL RETURN INSTL	47,210	47,336		
3448.276 SHS GOLDMAN SACHS EMERGING MKT DEBT INSTL	45,000	42,828		
4027.571 SHS ANGEL OAK MULTI-STRATEGY INCOME INSTL	45,000	44,424		

TY 2019 Investments Corporate Stock Schedule

Name: BRINKLEY FAMILY FOUNDATION

EIN: 20-3900594

Investments Corporation Stock Schedule

Investments Corporation Stock Schedule Name of Stock	End of Year Book Value	End of Year Fair Market Value
205.000 SHS GENERAL MTRS CO	6,897	7,503
60.000 SHS HOME DEPOT INC	4,427	13,103
65.000 SHS MCDONALD'S CORP	6,593	12,845
90.000 SHS TAPESTRY INC COM USD0.01	3,042	2,427
40.000 SHS TARGET CORP	2,770	5,128
80.000 SHS ALTRIA GROUP INC	2,880	3,993
50.000 SHS COCA-COLA CO	2,127	2,768
45.000 SHS PHILIP MORRIS INTERNATIONAL INC	4,085	3,829
55.000 SHS PROCTER & GAMBLE CO	4,211	6,870
75.000 SHS WALMART INC	5,913	8,913
100.000 SHS CHEVRON CORP	10,338	12,051
55.000 SHS DEVON ENERGY CORP	2,984	1,428
55.000 SHS SCHLUMBERGER LTD	4,069	2,211
45.000 SHS VALERO ENERGY CORP	2,773	4,214
50.000 SHS CAPITAL ONE FINANCIAL	3,700	5,146
15.000 SHS GOLDMAN SACHS GROUP INC	3,631	3,449
55.000 SHS INTERCONTINENTAL EXCHANGE INC COM	1,757	5,090
130.000 SHS JPMORGAN CHASE & CO COM	8,538	18,122
110.000 SHS METLIFE INC	3,835	5,607
75.000 SHS PRUDENTIAL FINANCIAL INC	5,910	7,031
87.000 SHS TRUIST FINANCIAL CORPORATION COM	3,192	4,900
175.000 SHS WELLS FARGO CO	6,618	9,415
135.000 SHS ABBVIE INC COM	5,960	11,953
70.000 SHS BRISTOL MYERS SQUIBB CO	3,913	4,493
76.000 SHS CVS HEALTH CORP	7,915	5,646
50.000 SHS DANAHER CORP	2,293	7,674
95.000 SHS GILEAD SCIENCES INC	5,611	6,173
55.000 SHS JOHNSON & JOHNSON	5,222	8,023
190.000 SHS PFIZER INC	5,805	7,444
80.000 SHS ZIMMER BIOMET HLDGS INC	6,065	11,974

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
30.000 SHS GENERAL DYNAMICS CORP	6,313	5,291
35.000 SHS HONEYWELL INTERNATIONAL INC	2,508	6,195
35.000 SHS ILLINOIS TOOL WORKS INC	2,304	6,287
15.000 SHS NORFOLK SOUTHERN CORP	2,488	2,912
65.000 SHS UNITED PARCEL SERVICE	5,577	7,609
140.000 SHS APPLE INC	8,214	41,111
100.000 SHS INTEL CORP	4,778	5,985
280.000 SHS MICROSOFT CORP	10,010	44,156
120.000 SHS QUALCOMM INC	8,638	10,588
60.000 SHS VISA INC CLASS A SHARES	6,348	11,274
15.000 SHS ALPHABET INC CAP STK CL C	10,451	20,055
80.000 SHS WALT DISNEY CO	4,950	11,570
35.000 SHS FACEBOOK INC CLASS A	5,954	7,184
80.000 SHS VANGUARD MATERIALS ETF (MKT)	8,432	10,731
90.000 SHS VANGUARD UTILITIES ETF (MTK)	8,536	12,860
80.000 SHS VANGUARD TELECOMMUNICATION SERVICES (ETF)	6,397	7,514
743.422 SHS VANGUARD SMALL CAP INDEX ADM	40,656	59,005
3190.000 SHS VANGUARD FTSE DEVELOPED MARKETS ETF (MKT)	124,520	140,551
3101.344 SHS GOLDMAN SACHS INTL SMALL CAP INSIGHTS FUND INSTL	33,119	37,092
530.000 SHS ISHARES MSCI EAFE SMALL-CAP (MKT)	26,339	33,008
2910.000 SHS VANGUARD EMERGING MARKETS STOCK IDX ETF (MKT)	112,671	129,408
70.000 SHS BRISTOL MYERS SQUIBB CO CONTINGENT VALUE RIGHTS	149	211
3916.449 SHS INVESCO OPPENHEIMER SP MLP SLCT 40 R6	30,000	27,728
130.000 SHS VANGUARD REAL ESTATE ETF	8,700	12,063
247.893 SHS VANGUARD MID CAP INDEX ADM	40,000	54,700

As Filed Data -

Name: BRINKLEY FAMILY FOUNDATION

EIN: 20-3900594

Other Assets Schedule

Beginning of Year -

Book Value

End of Year - Book Value

End of Year - Fair

Description

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Market Value

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TY 2019 Other Expenses Schedule									
Name:	BRINKLEY FAMILY FOUNDATION								
EIN:	20-3900594								
Other Expenses Schedule									
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes					

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT EXPENSES	11,975	11,975		C

BANK FEES

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TY 2019 Taxes Schedule									
Name: BRINKLEY FAMILY FOUNDATION									
EIN: 20-3900594									
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
FOREIGN TAX		802	802		0				