Return of Private Foundation

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

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.

amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 4 Dividends and interest from securities	test, detest, detes
STEMON FLETCHER FOUNDATION INC Number and street (or P O tox number if mail is not delivered to street address) OCT 1 3 202 OCT 1 3 202	test, ded under ation bursements charitable irposes basis only)
Number and street (or P O box number if mail is not delivered to street address) 2531 SOUTH BERRY ROAD OCT 13 202 Room/suite 2531 SOUTH BERRY ROAD OCT 13 202 Room/suite (405) 329-8710 C the description of the street address of the str	test, ded under ation bursements charitable irposes basis only)
City or town, state or prownee, country, and ZiP or foreign postal code NORMAN OK 73072 G Check all that apply:	test, ded under ation bursements charitable irposes basis only)
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G Check all that apply:	ed under ation bursements charitable irrposes basis only)
Final return	ed under ation bursements charitable irrposes basis only)
H Check type of organization: Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust □ Other taxable private foundation Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 1, 293, 763. Part II Analysis of Revenue and Expenses (The total of amounts in column (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions). 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 4 Dividends and interest from securities 5a Gross rents b Net gain or (loss) from sale of assets not on line 10 6 Gross sales brice for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales bes returns and allowances b Less: Cost of goods sold c Gross profit or (loss) (attach schedule) 2 Check less (attach schedule) 5 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances 10b Less: Cost of goods sold 10c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 3 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 1 L-16a Stmt.	ed under ation bursements charitable irrposes basis only)
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9 Income modifications	
9 Income modifications	nui -
9 Income modifications	3234 - 11
10a Gross sales less returns and allowances b Less: Cost of goods sold c Gross profit or (loss) (attach schedule)	7.00
b Less: Cost of goods sold	0 36, 74
C Gross profit or (loss) (attach schedule)	Mar (9)
11 Other income (attach schedule) See Stmt	1 7 9 9
Total. Add lines 1 through 11	150 0
7 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Pension plans, employee benefits	
7 14 Other employee salaries and wages	267 2 Mr. 11 22
	
b Accounting fees (attach schedule)	
b Accounting fees (attach schedule)	•
C Other professional fees (attach schedule)	
b Accounting fees (attach schedule)	
	-,
	<u> </u>
21 Travel, conferences, and meetings	
22 Printing and publications	
23 Other expenses (attach schedule) See Stmt . 2,205. 2,205. 2,205. 2,205.	
24 Total operating and administrative expenses.	-
23 Other expenses (attach schedule) See State . 2,205. 2,2	
25 Contributions, gifts, grants paid	·
26 Total expenses and disbursements. Add lines 24 and 25 56, 197. 4, 697. 4, 697.	* 6. 5 R * p (1
27 Subtract line 20 from line 12.	* (P *)
	M. della
b Net investment income (if negative, enter -0-) .	Mar and
)-PF (2019)

For Paperwork Reduction Act Notice, see instructions.

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REV 06/02/20 PRO



Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	En	d 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	20,066.	11,434	. 11,434.
	2	Savings and temporary cash investments			
l	3	Accounts receivable ▶		4	••
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►		<u> </u>	
ļ	•	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) ▶	7	•	,
	•	Less: allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		 -	
iş l	10a	Investments—U.S. and state government obligations (attach schedule)		 	
•	b	Investments—corporate stock (attach schedule)	101 150	06 645	171,870.
	-	Investments—corporate stock (attach schedule)	101,150.	96,645	1/1,8/0.
	C	Investments—land, buildings, and equipment: basis ► 1,110,459.			
	11		1,110,459.	1,110,459	1,110,459.
$ \cdot $	40	Less: accumulated depreciation (attach schedule) ▶ 0.	1,110,433.	1,110,433	1,110,439.
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			Q2 F/P
- 1	14	Land, buildings, and equipment: basis		P Q 4,	
	4-	Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ►)			
j	16	Total assets (to be completed by all filers—see the			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		ınstructions. Also, see page 1, item l)	1,231,675.	1,218,538	1,2935763.
	17	Accounts payable and accrued expenses			
S	18	Grants payable			* के किस्सि क्या का का अ
Liabilities	19	Deferred revenue			**
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons			N 2 32
Lia	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ►)			5. U 1 0 +489-13
_	23_	Total liabilities (add lines 17 through 22)			
alances		Foundations that follow FASB ASC 958, check here ▶ □			- 2
밑		and complete lines 24, 25, 29, and 30.			. '. '.
물	24	Net assets without donor restrictions			
20	25	Net assets with donor restrictions			, ,
Net Assets or Fund		Foundations that do not follow FASB ASC 958, check here ▶ 🗵			,
교		and complete lines 26 through 30.			,
5	26	Capital stock, trust principal, or current funds			<u> </u>
ß	27	Paid-in or capital surplus, or land, bldg., and equipment fund	1,231,675.	1,218,538	3. <u> </u>
Se	28	Retained earnings, accumulated income, endowment, or other funds			
As	29	Total net assets or fund balances (see instructions)	1,231,675.	1,218,538	3.
et'	30	Total liabilities and net assets/fund balances (see			. 1
		ınstructions)	1,231,675.	1,218,538	3.
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		al net assets or fund balances at beginning of year-Part II, colu			
	end-	-of-year figure reported on prior year's return)		<u> </u>	1,231,675.
2		er amount from Part I, line 27a			2 -18,085.
3	Othe	er increases not included in line 2 (itemize) LT CAPITAL GA	IN	;	4,948.
4		lines 1, 2, and 3			4 1,218,538.
5					5
6	Tota	reases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), lir	ne 29	6 1,218,538.
_					Form 990-PF (2019)

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Part	(a) List and describe the kii	Losses for Tax on Investment(s) of property sold (for example, real e	state,	me	(b) How acquired P—Purchase		ate acquired	(d) Date sold
	2-story brick warehou		D-Donation		o., day, yr.)	(mo., day, yr.)		
	50 shs VANGUARD TO	TAL STK MKT ETF			P	12/0	12/19/2019	
<u>b</u>								
c d								
e								
- -	(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis			in or (loss) (f) minus (g))
а	8,140.				3,192.			4,948.
b								
С								
d								
е	Complete ask for assets abo	and a column (b) and award	hu tha fauna	4-4	10/21/60	<u> </u>		
	Complete only for assets sno	owing gain in column (h) and owned	T			1		ol (h) gain minus ot less than -0-) or
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69			ss of col. (i) (j), if any			from col (h))
<u>a</u>						ļ		4,948.
b						<u> </u>		
<u>_</u>								
<u>d</u>					 	ļ	·	<u> </u>
е	<u></u>	(If gain	also enter	in Pa	ort Line 7)	<u> </u>		*
2	Capital gain net income o	If (loss)	, enter -0-	ın Pa	rt I, line 7	2	· · · · · ·	4, 948.
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c). See instru	ictions. If	(loss)), enter -0- in }	3		224
Part		ler Section 4940(e) for Red	iced Tax	on N	let Investmen		me	
Was t	s," the foundation doesn't o	section 4942 tax on the distribution and the distribution 4940(e). Do	o not comp	lete 1	his part.			☐ Yes ⊠ No
1	Enter the appropriate amo	ount in each column for each ye	ar; see the	instr	uctions before m	naking	any entries.	
Cale	(a) Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distribution	ns Net	/alue c	(c) of noncharitable-use a	assets		(d) stribution ratio divided by col (c))
	2018		02.			0.		0.000000
	2017	27,4	08.			0.		0.000000
	2016							
	2015		0.					
	2014							
2	Total of line 1, column (d))				[2	0.00000
3		for the 5-year base period—dioundation has been in existence					3	0.000000
4	Enter the net value of nor	ncharitable-use assets for 2019	from Part X	, line	5		4	0.
5	Multiply line 4 by line 3						5	0.
6	Enter 1% of net investme	nt income (1% of Part I, line 27t	o)				6	384.
7	Add lines 5 and 6						7	384.
8	Enter qualifying distribute	ons from Part XII, line 4					8	51,500.
	If line 8 is equal to or gre Part VI instructions.	ater than line 7, check the box	n Part VI, I	ne 1	b, and complete	that p	art using a	1% tax rate. See the

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orm 99	0-PF (2019)		P	age 4
Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instru	ction	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.)			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)		NA	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
	here ▶ □ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)	-		
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			
6	Credits/Payments:			
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 6			
b	Exempt foreign organizations—tax withheld at source	٠	,	ì
C	Tax paid with application for extension of time to file (Form 8868) 6c			}
d	Backup withholding erroneously withheld			<u>. </u>
7	Total credits and payments. Add lines 6a through 6d			
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			
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 2020 estimated tax ▶ Refunded ▶ 11			
	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u></u>	Yes	
	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	١		
	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 materials	'	· ".	**
	published or distributed by the foundation in connection with the activities.			
C.	Did the foundation file Form 1120-POL for this year?	1c	g, oi	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	,		٠, ٦, ٩
_	(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	1	۱ م	. }
е	on foundation managers. ▶ \$	ŧ	i'	٠.
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
2	If "Yes," attach a detailed description of the activities.	-		-
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3		×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		×
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×
	If "Yes," attach the statement required by General Instruction T.		,	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		P	
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6_	×	
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 XV	7	×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	×	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
-	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"			
	complete Part XIV	9		×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		,	
	names and addresses	10	<u> </u>	×

rait	Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	40		.
13	person had advisory privileges? If "Yes," attach statement. See instructions	12	×	<u>×</u>
13	Mahaita addraga N. A.			<u> </u>
14	The books are in care of ▶ John M Campbell, Jr. Telephone no. ▶ (405) 3	329-	8710	
	Located at ▶ 2831 S. Berry Norman OK ZIP+4 ▶ 73072			·
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		V	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No ×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u>'</u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes × No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			1
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after 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	~ 1)	·]]
	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			
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 2019?	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	ŀ		
	6d and 6e) for tax year(s) beginning before 2019?	ļ		
_	If "Yes," list the years ▶ 20 , 20 , 20 , 20		1	
р	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			
	all years listed, answer "No" and attach statement—see instructions.)	2b	- -	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
_	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
h	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or	l		
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			}
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	ŀ		{
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	- Ch	-	
4-	foundation had excess business holdings in 2019.)	3b 4a	-	×
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	- Ta		\vdash
D	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	1	×

Part	VII-B Statements Rega	arding Activities	for Which Forn	4720	May Be R	equire	d (contii	nued)			
5a	During the year, did the founda									Yes	No
	(1) Carry on propaganda, or of						Yes	⊠ No]
	(2) Influence the outcome of a	• •	•		-	•	_				1 1
	directly or indirectly, any vo	_					☐ Yes	⊠ No			1
	(3) Provide a grant to an indivi						☐ Yes	⊠ No			
	(4) Provide a grant to an organ					ribed in	_	_		. [. '
	section 4945(d)(4)(A)? See						Yes	⊠ No		ļ	j
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?										1
L		•					∐Yes	No 🗵		1	
b	If any answer is "Yes" to 5a(1) in Regulations section 53.4945							scribed	5b		
	Organizations relying on a curr								30		
С	If the answer is "Yes" to ques								ı		
	because it maintained expendi	• •					☐Yes	□No			
	If "Yes," attach the statement		=							1	ł
6a	Did the foundation, during the					emiums					l
	on a personal benefit contract	•					☐ Yes	⊠ No			ļ
b	Did the foundation, during the	year, pay premium	ns, directly or indire	ectly, on	a personal	benefit	contract	? .	6b		×
	If "Yes" to 6b, file Form 8870.	- - -	-	-]
7a	At any time during the tax year,	was the foundation	a party to a prohibi	ted tax s	helter trans	action?	☐ Yes	⊠ No			
b	If "Yes," did the foundation red						ansactio	n? .	7b		
8	Is the foundation subject to the							_			,
	remuneration or excess paract							⊠ No			
Par	t VIII Information About	t Officers, Direct	tors, Trustees, I	ounda	tion Man	agers,	Highly I	Paid E	mploy	ees,	
	and Contractors List all officers, directors, true	istage and found	ation managers a	nd their	compens	ation S	ee instr	uctions			
	List an omocra, an cotora, are	Joteco, and round	(b) Title, and average	(c) Co	mpensation	(d) (Contribution	s to	(e) Expe	nea 20	count
	(a) Name and address		hours per week devoted to position		not paid, iter -0-)		yee benefit erred comp			allowar	
			Chairman								
Joh	n M. Campbell, Jr.			\	0.			^			0.
	n M. Campbell, Jr. 1 South Berry Road Nor		2.00	<i>'</i>	. <u> </u>			0.			
253	1 South Berry Road Nor		2.00 Board Member		<u> </u>			0.			
253 Bjo		man OK 73072 Sweden OK 73072	Board Member		0.			0.		-	0.
253 Bjo Lasm Cha	1 South Berry Road Nor rn Carlson mansvagen 4, 237 4 Bjarred S rles W. Campbell	man OK 73072 Sweden OK 73072	Board Member		0.			0.			
253 Bjo Lasm Cha	1 South Berry Road Nor rn Carlson mansvagen 4, 237 4 Bjarred S	man OK 73072 Sweden OK 73072	Board Member)							0.
253 Bjo Lasm Cha 382	1 South Berry Road Nor rn Carlson mansvagen 4, 237 4 Bjarred S rles W. Campbell	man OK 73072 Sweden OK 73072	Board Member 1.00 Board Member 1.00)	0.			0.			0.
253 Bjo Lasm Cha 382 See	1 South Berry Road Nor rn Carlson mansvagen 4, 237 4 Bjarred S rles W. Campbell 9 Ives Way Norman OK Statement	man OK 73072 Sweden OK 73072 73072	Board Member 1.00 Board Member 1.00		0.	no 1	coo inch	0.	c) If m	one	0.
253 Bjo Lasm Cha 382	1 South Berry Road Norman Carlson mansvagen 4, 237 4 Bjarred Strles W. Campbell 9 Ives Way Norman OK Statement Compensation of five highe	man OK 73072 Sweden OK 73072 73072	Board Member 1.00 Board Member 1.00		0.	ne 1—:	see instr	0.	s). If n	one,	0.
253 Bjo Lasm Cha 382 See	1 South Berry Road Nor rn Carlson mansvagen 4, 237 4 Bjarred S rles W. Campbell 9 Ives Way Norman OK Statement	man OK 73072 Sweden OK 73072 73072	Board Member 1.00 Board Member 1.00 3.00 es (other than the))) ose incl	0.	ne 1—:		0. 0. 0.	s). If n	one,	0.
253 Bjo Lasm Cha 382 See	1 South Berry Road Norman Carlson nansvagen 4, 237 4 Bjarred Strles W. Campbell 9 Ives Way Norman OK Statement Compensation of five highe "NONE."	Sweden OK 73072 73072 7st-paid employee	Board Member 1.00 Board Member 1.00 3.00 es (other than the hours per	ose incl	0.		(d) Contrib	0. 0. cuction	(e) Expe	ense ac	0. enter
253 Bjo Lasm Cha 382 See	1 South Berry Road Norman Carlson mansvagen 4, 237 4 Bjarred Strles W. Campbell 9 Ives Way Norman OK Statement Compensation of five highe	Sweden OK 73072 73072 7st-paid employee	Board Member 1.00 Board Member 1.00 3.00 s (other than the	ose incl	0. 0. uded on li		(d) Contrib	0. 0. cuction	(e) Expe		0. enter
253 Bjo Lasm Cha 382 See	1 South Berry Road Norman Carlson mansvagen 4, 237 4 Bjarred Strles W. Campbell 9 Ives Way Norman OK Statement Compensation of five highe "NONE." (a) Name and address of each employee	Sweden OK 73072 73072 7st-paid employee	Board Member 1.00 Board Member 1.00 3.00 es (other than the hours per	ose incl	0. 0. uded on li		(d) Contrib employee plans and	0. 0. cuction	(e) Expe	ense ac	0. enter
253 Bjo Lasm Cha 382 See	1 South Berry Road Norman Carlson mansvagen 4, 237 4 Bjarred Strles W. Campbell 9 Ives Way Norman OK Statement Compensation of five highe "NONE." (a) Name and address of each employee	Sweden OK 73072 73072 7st-paid employee	Board Member 1.00 Board Member 1.00 3.00 es (other than the hours per	ose incl	0. 0. uded on li		(d) Contrib employee plans and	0. 0. cuction	(e) Expe	ense ac	0. enter
253 Bjo Lasm Cha 382 See	1 South Berry Road Norman Carlson mansvagen 4, 237 4 Bjarred Strles W. Campbell 9 Ives Way Norman OK Statement Compensation of five highe "NONE." (a) Name and address of each employee	Sweden OK 73072 Sweden OK 73072 73072 st-paid employee paid more than \$50,00	Board Member 1.00 Board Member 1.00 3.00 es (other than the hours per	ose incl	0. 0. uded on li		(d) Contrib employee plans and	0. 0. cuction	(e) Expe	ense ac	0. enter
253 Bjo Lasm Cha 382 See	1 South Berry Road Norman Carlson mansvagen 4, 237 4 Bjarred S rles W. Campbell 9 Ives Way Norman OK Statement Compensation of five highe "NONE." (a) Name and address of each employee	Sweden OK 73072 Sweden OK 73072 73072 st-paid employee paid more than \$50,00	Board Member 1.00 Board Member 1.00 3.00 es (other than the hours per	ose incl	0. 0. uded on li		(d) Contrib employee plans and	0. 0. cuction	(e) Expe	ense ac	0. enter
253 Bjo Lasm Cha 382 See	1 South Berry Road Norman Carlson mansvagen 4, 237 4 Bjarred S rles W. Campbell 9 Ives Way Norman OK Statement Compensation of five highe "NONE." (a) Name and address of each employee	Sweden OK 73072 Sweden OK 73072 73072 st-paid employee paid more than \$50,00	Board Member 1.00 Board Member 1.00 3.00 es (other than the hours per	ose incl	0. 0. uded on li		(d) Contrib employee plans and	0. 0. cuction	(e) Expe	ense ac	0. enter
253 Bjo Lasm Cha 382 See	1 South Berry Road Norman Carlson mansvagen 4, 237 4 Bjarred S rles W. Campbell 9 Ives Way Norman OK Statement Compensation of five highe "NONE." (a) Name and address of each employee	Sweden OK 73072 Sweden OK 73072 73072 st-paid employee paid more than \$50,00	Board Member 1.00 Board Member 1.00 3.00 es (other than the hours per	ose incl	0. 0. uded on li		(d) Contrib employee plans and	0. 0. cuction	(e) Expe	ense ac	0. enter
253 Bjo Lasm Cha 382 See	1 South Berry Road Norman Carlson mansvagen 4, 237 4 Bjarred S rles W. Campbell 9 Ives Way Norman OK Statement Compensation of five highe "NONE." (a) Name and address of each employee	Sweden OK 73072 Sweden OK 73072 73072 st-paid employee paid more than \$50,00	Board Member 1.00 Board Member 1.00 3.00 es (other than the hours per	ose incl	0. 0. uded on li		(d) Contrib employee plans and	0. 0. cuction	(e) Expe	ense ac	0. enter
253 Bjo Lasm Cha 382 See	1 South Berry Road Norman Carlson mansvagen 4, 237 4 Bjarred S rles W. Campbell 9 Ives Way Norman OK Statement Compensation of five highe "NONE." (a) Name and address of each employee	Sweden OK 73072 Sweden OK 73072 73072 st-paid employee paid more than \$50,00	Board Member 1.00 Board Member 1.00 3.00 es (other than the hours per	ose incl	0. 0. uded on li		(d) Contrib employee plans and	0. 0. cuction	(e) Expe	ense ac	0. enter
253 Bjo Lasm Cha 382 See	1 South Berry Road Norman Carlson mansvagen 4, 237 4 Bjarred S rles W. Campbell 9 Ives Way Norman OK Statement Compensation of five highe "NONE." (a) Name and address of each employee	Sweden OK 73072 Sweden OK 73072 73072 st-paid employee paid more than \$50,00	Board Member 1.00 Board Member 1.00 3.00 es (other than the hours per	ose incl	0. 0. uded on li		(d) Contrib employee plans and	0. 0. cuction	(e) Expe	ense ac	0. enter
253 Bjo Lasm Cha 382 See	1 South Berry Road Norman Carlson mansvagen 4, 237 4 Bjarred S rles W. Campbell 9 Ives Way Norman OK Statement Compensation of five highe "NONE." (a) Name and address of each employee	man OK 73072 Sweden OK 73072 73072 est-paid employee paid more than \$50,00	Board Member 1.00 Board Member 1.00 3.00 ss (other than the hours per devoted to	average week position	0. 0. uded on li	nsation	(d) Contrib employee plans and compen	0. 0. ruction utions to benefit deferred sation	(e) Expe	ense ac	0. enter

3	and Contractors (continued) Five highest-paid independent contractors for professional services. 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		
List	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of inizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	NONE	
_		
_		0.
2 _		
-		
3 _		
-		
4		
-		
	IX-B Summary of Program-Related Investments (see instructions)	T
	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1.	NONE	
-		0.
2		<u> </u>
-		
All c	other program-related investments. See instructions	
3		
_		
Total.	Add lines 1 through 3	0.

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn foun	dations,
	see instructions.)	_	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	
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		
	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	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► and do not complete this part.)	oundatio	ons
1	Minimum investment return from Part X, line 6	1	0.
и 2а	Tax on investment income for 2019 from Part VI, line 5		
Za b	Income tax for 2019. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	<u>_</u>
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	<u></u>
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)	<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		-
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	51,500.
b	Program-related investments—total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		· · · · · · · · · · · · · · · · · · ·
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	51,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	51,500.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether	er the foundation

Part	XIII Undistributed Income	(see instruction	ns)			
			(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 tine 7					0.
2	Undistributed income, if any, as of th	-				
а	Enter amount for 2018 only					
b	Total for prior years: 20, 20	-				
3	Excess distributions carryover, if					
а	From 2014	0.				
b	From 2015	0.				
С	From 2016	0.				
d	From 2017	27,800.				
е	From 2018	47,000.				
f	Total of lines 3a through e		74,800.			
4	Qualifying distributions for 2019 line 4: ► \$ 51,500.	from Part XII,				
а	Applied to 2018, but not more that	an line 2a .				
b	Applied to undistributed income (Election required—see instruction					
С	Treated as distributions out of co required—see instructions)	' ' '				;
d	Applied to 2019 distributable amo					
е	Remaining amount distributed ou	it of corpus	51,500.			
5	Excess distributions carryover ap (If an amount appears in column amount must be shown in column	(d), the same				
6	Enter the net total of each indicated below:	· · · · · · · · · · · · · · · · · · ·				
а	Corpus. Add lines 3f, 4c, and 4e. S	Subtract line 5	126,300.	નાં કે	,(
b	Prior years' undistributed inco line 4b from line 2b	me. Subtract		0.		
С	Enter the amount of prior years' income for which a notice of d been issued, or on which the set tax has been previously assessed.	leficiency has ection 4942(a)				
d	Subtract line 6c from line amount—see instructions	6b. Taxable		0.		
е	Undistributed income for 2018. 4a from line 2a. Taxable instructions	amount-see			0.	
f	Undistributed income for 2019. 4d and 5 from line 1. This amodistributed in 2020	ount must be				0.
7	Amounts treated as distributions to satisfy requirements impose 170(b)(1)(F) or 4942(g)(3) (Electroquired—see instructions)	d by section tion may be				
8	Excess distributions carryover frapplied on line 5 or line 7 (see ins		0.			
9	Excess distributions carryov Subtract lines 7 and 8 from line 6	er to 2020.	126,300.			
10	Analysis of line 9:	,	120,300.			
а	Excess from 2015	0.				
a b	Excess from 2016	0.				
C	Excess from 2017	27,800.				
ď	Excess from 2018	47,000.				
	Excess from 2019	51,500.				

b The form in which applications should be submitted and information and materials they should include:

See Supplementary Information Statement

Any submission deadlines:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant of	Amount				
Name and address (home or business)	or substantial contributor	recipient	contribution					
a Paid during the year								
Freedom School OKC Inc		501 (c) (3)	Child Development					
P.O. Box 54364								
Oklahoma City OK 73154				2,000.				
Fellowship of Christian Athletes		501 (c) (3)	Child Development					
3809 S. Blvd				4 000				
Edmond OK 73013		501 / 1 / 21		4,000.				
CCFI		501 (c) (3)	Child Development					
201 S. Cockrel Ave				12,500				
Norman OK 73071		E01 (a) (2)	Child Development	12,500				
Big Brothers/Big Sisters		201 (6) (3)	Child Development					
502 E. Main St.				12,500				
Norman OK 73071		501 (0) (3)	Child Development	12,300				
CASA		301 (0) (3)	Child Development					
1167 E Main St Norman OK 73071				10,000				
Mary Abbott House		501 (c) (3)	Child Development	10,000				
231 E Symmes		301(0)(3)	Child bevelopment					
Norman OK 73069				10,500				
Norman on 73003			1					
•			1					
		1						
		1						
	!							
Total			▶ 3a	51, 500				
b Approved for future payment		· · · · ·		31,300				
None								
Notie								
				1				
				1				
								
Total	<u> </u>	<u></u>		b 0				

	t XVI-A Analysis of Income-Producing A			1= 7		
Ente	r gross amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by sect	ion 512, 513, or 514	-{ (⊖)
1	Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See instructions.
•	a			 		
	h	.			<u> </u>	
		-				
	4			 	-	
	е	·				
	<u> </u>	· 				
	g Fees and contracts from government agencies	·		 		
2	Membership dues and assessments	'		 		
3	Interest on savings and temporary cash investments	900001	448.	 		
4	Dividends and interest from securities	900001	3,131.	 		
5	Net rental income or (loss) from real estate:	300001	3,131.	1.32		
	a Debt-financed property	···				
	b Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income			-		
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a Business Income	900001	34,533.			
	b					
	С					
	d					
	u					
	e					
12			38,112.			
13	e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)				13	38,112.
13 (See	Subtotal. Add columns (b), (d), and (e)	ons.)			13	38,112.
13 (See Par	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. XVI-B Relationship of Activities to the	ons.) Accomplishm	ent of Exemp	t Purposes		
13 (See Par Line	Subtotal. Add columns (b), (d), and (e)	ons.) Accomplishm	ent of Exemp	t Purposes		
13 (See Par Line	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to verify calculation to verify calculation to the length of the length of the length of the length of the foundation sexempt p	Accomplishm Income is repourposes (other than	ent of Exemp	t Purposes (e) of Part XVI dos for such purp	-A contributed i	
13 (See Par Line	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to verify calculation to verify calculation to the length of the length of the length of the length of the foundation sexempt p	Accomplishm Income is repourposes (other than	ent of Exemp	t Purposes (e) of Part XVI dos for such purp	-A contributed i	
13 (See Par Line	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to verify calculation to verify calculation to the length of the length of the length of the length of the foundation sexempt p	Accomplishm Income is repourposes (other than	ent of Exemp	t Purposes (e) of Part XVI dos for such purp	-A contributed i	
13 (See Par Line	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to verify calculation to verify calculation to the length of the length of the length of the length of the foundation sexempt p	Accomplishm Income is repourposes (other than	ent of Exemp	t Purposes (e) of Part XVI dos for such purp	-A contributed i	
13 (See Par Line	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to verify calculation to verify calculation to the length of the length of the length of the length of the foundation sexempt p	Accomplishm Income is repourposes (other than	ent of Exemp	t Purposes (e) of Part XVI dos for such purp	-A contributed i	
13 (See Par Line	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to verify calculation to verify calculation to the length of the length of the length of the length of the foundation sexempt p	Accomplishm Income is repourposes (other than	ent of Exemp	t Purposes (e) of Part XVI dos for such purp	-A contributed i	
13 (See Par Line	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to verify calculation to verify calculation to the length of the length of the length of the length of the foundation sexempt p	Accomplishm Income is repourposes (other than	ent of Exemp	t Purposes (e) of Part XVI dos for such purp	-A contributed i	
13 (See Par Line	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to verify calculation to verify calculation to the length of the length of the length of the length of the foundation sexempt p	Accomplishm Income is repourposes (other than	ent of Exemp	t Purposes (e) of Part XVI dos for such purp	-A contributed i	
13 (See Par Line	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to verify calculation to verify calculation to the length of the length of the length of the length of the foundation sexempt p	Accomplishm Income is repourposes (other than	ent of Exemp	t Purposes (e) of Part XVI dos for such purp	-A contributed i	
13 (See Par Line	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to verify calculation to verify calculation to the length of the length of the length of the length of the foundation sexempt p	Accomplishm Income is repourposes (other than	ent of Exemp	t Purposes (e) of Part XVI dos for such purp	-A contributed i	
13 (See Par Line	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to verify calculation to verify calculation to the length of the length of the length of the length of the foundation sexempt p	Accomplishm Income is repourposes (other than	ent of Exemp	t Purposes (e) of Part XVI dos for such purp	-A contributed i	
13 (See Par Line	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to the length of the lengt	Accomplishm Income is repourposes (other than	ent of Exemp	t Purposes (e) of Part XVI dos for such purp	-A contributed i	
13 (See Pal Line	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to the length of the lengt	Accomplishm Income is repourposes (other than	ent of Exemp	t Purposes (e) of Part XVI dos for such purp	-A contributed i	
13 (See Par Line	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to the length of the lengt	Accomplishm Income is repourposes (other than	ent of Exemp	t Purposes (e) of Part XVI dos for such purp	-A contributed i	

		Organization	ons								
1	in se organ	ection 501(c) (o nizations?	directly or indirectly e ther than section	501(c)(3) orgai	nizations) (or in sectio	n 527, relating			Yes	No
а	Trans	fers from the rep	porting foundation to	a noncharitabl	e exempt o	rganization o	of:				
	(1) C	ash							1a(1)		X
	(2) 0	ther assets .							1a(2)		×
b	Other	transactions:									
			a noncharitable exe	mpt organizatio	on				1b(1)		×
			ets from a noncharita	•					1b(2)		×
			, equipment, or other						1b(3)		×
	-								1b(4)		×
			rrangements						1b(4)		×
		oans or loan gua									_
			ervices or membersh	•	_				1b(6)		×
C		_	quipment, mailing lis						1c		<u>×</u>
d			of the above is "Yes								
			ther assets, or service								
	value	in any transaction	on or sharing arrange			the value of	the goods, othe	r assets, or se	ervices	recei	ved.
(a) Line	no (b) Amount involved	(c) Name of nonch	arıtable exempt org	anization	(d) Descrip	otion of transfers, trai	nsactions, and sh	aring arra	angeme	ents
	1										
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2a			ectly or indirectly at								
	descr	ribed in section 5	501(c) (other than se	ction 501(c)(3))	or in sectio	า 527?			□ Ye	es 🗵	No
b	If "Ye	s," complete the	e following schedule.								
		(a) Name of organ	ization	(b) Type	of organization	n	(c) De	scription of relation	onship		
					 						
		· · · · · · · · · · · · · · · · · · ·			·····						
				<u> </u>	· · · · · · · · · · · · · · · · · · ·	-	· · · · · · · · · · · · · · · · · · ·				
	Linde	r nenaties of neruny I	declare that I have examine	d this return, includin	g accompanyin	schedules and	statements, and to the	best of my knowle	dge and	belief. it	is true.
Sign		ct, and complete Decl	laration of preparer (other tha	in taxpayer) is based	on all information	n of which prepa	rer has any knowledge				
-	k .	100		100	/ ₄ / ₄			May the with the			
Here		I-III M	<i>1947/</i>	100		hairman		See instr			
	Sign	ature of officer or to		Lyate/	Tri	.ic	Data	, •	DTIM		
Paid		Print/Type preparer	"s name	Preparer's signat	ure		Date	Check [] if	PTIN		
Prep	arer	WILLIAM C	HENLEY				10/5/20				2
Use		Firm's name ▶	WILLIAM C HE	NLEY, PC.			Firm	s EIN ► 73-1			
J36 '	Jiny .	Firm's address ▶	3280 MARSHAL	L AVE, ST	E 110		Phor				
BAA			NORMAN			K 73072			orm 99	0-PF	(2019)

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

Continuation Statement

SIMON FLETCHER FOUNDATION INC

Form 990-PF: Return of Private Foundation

Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.

Restrictions None Submission Information December 31 Need/Aptitude based resume Form Information Name and Address Information John M. Campbell, Jr. 2531 S. Berry Road Norman, OK 73072 405-329-8710

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Continuation Statement SIMON FLETCHER FOUNDATION INC

Form 990-PF: Return of Private Foundation
Part VIII: Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

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Name and address	Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
Judge Terry Lewis	Board Member	0	0.	•0
359 Thornberg Drive	1.00			
Tallahassee, FL 32312-1522				
Dave Barrett	Board Member	0	0	0.
1107 Whispering Pines Drive	1.00			
Norman, OK 73072				
Linda M. Campbell	Secretary	0.	0.	.0
2531 South Berry Road	0.00			
Norman, OK 73072				
John Mark Campbell	Board Member	0.	0.	.0
29 Bungay Road	1.00			
Seymore, CT 06843				
		C	c	c
		•		
	_			

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

Form 990-PF: Return of Private Foundation

Other Income

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income
Campbell Cell, LLC	34,533.	34,533.	34,533.
Total	34,533.	34,533.	34,533.

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
EXCISE	392.	392.	392.	
Tota	392.	392.	392.	

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Contribution to operating expense	2,181.	2,181.	2,181.	
Bank Charges	24.	24.	24.	
Tota	2,205.	2,205.	2,205.	

Legal and Professional Fees

2019

Name							Employer Identification No
SIMON	FLETCHER	FOUNDATION	INC	 			 26-3842925

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
William Henley	Tax Prep	2,100.			
Total to Form 990-	PF, Part I, Line 16a	2,100.			

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Total to Form 990	D-PF, Part I, Line 16b				

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
al to Form 990)-PF, Part I, Line 16c				