Return of Private Foundation

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

F	or ca	ilen	dar year 2019 or tax year beginning	, 2019	9, and (ending	4	, 20
	lame of						er identification numb	
	FUTU	RE	FORTUNES FOUNDATION			26-4	567250	
			street (or P O box number if mail is not delivered to street address)	Room	/suite	B Telephor	ne number (see instruct	ions)
	3334	W	MAIN_ST PMB 413			(405	366-2133	
			state or province, country, and ZIP or foreign postal code				tion application is pend	ling, check here ▶ □
i	NORM	ΙAΝ	OK 73072				non approance to point	g, erisek tidior
_				of a former public	charity	D 1. Foreig	n organizations, check	here ▶ □
			Final return Amended	•		J		_
			Address change Name char	nge			n organizations meetin here and attach comp	
Ĭ	I Ch	eck	type of organization: X Section 501(c)(3) exempt p	rivate foundation	NU		foundation status was	
			n 4947(a)(1) nonexempt charitable trust				07(b)(1)(A), check here	
ī		_	arket value of all assets at J Accounting method			E If the four	ndation is in a 60-mon	th tarmination
	end	d of	year (from Part II, col. (c),			under se	ction 507(b)(1)(B), chec	k here
	line	e 16) ► \$ 27, 315. (Part I, column (d), must be	e on cash basis.)				
Ì	Part		Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
			amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment icome	(c) Adjusted net income	for charitable purposes
_			the amounts in column (a) (see instructions).)	books				(cash basis only)
	_ } .	1	Contributions, gifts, grants, etc., received (attach schedule)	5,718.		· _ 1 .	t	fas a c
/	:	2	Check ► 🗵 if the foundation is not required to attach Sch. B				र अंगों बिर	(47) 1. T. 3"
Ú		3	Interest on savings and temporary cash investments	6.		6.	6.	342 Mars
•	` 4	4	Dividends and interest from securities	716.		716.	716.	2,3, 2,342,04
	:	5a	Gross rents					21 M. K.
Revenue		b	Net rental income or (loss)		•	1-1	. SE 1	: 57
	<u>o</u> (6a	Net gain or (loss) from sale of assets not on line 10				1, 1 , 100	184 1
	5	b	Gross sales price for all assets on line 6a	*			1 12 1 164 7	· W.
	: اچ	?	Capital gain net income (from Part IV, line 2)	でき 中		0.	فاستلقا المستامة	2. (a. 1. a.)
1	<u>بر</u> ۾	8	Net short-term capital gain	. '1	-			40 m
	(9	Income modifications		• .			4 7 . 6 1
	10	0a	Gross sales less returns and allowances		61.1.	r	2 1.3数(图)	1 1
		b	Less. Cost of goods sold	1, 14, 17, 1	′		1 计相比	4.2.2.4.2.1
		С	Gross profit or (loss) (attach schedule)			t' χρ',		有线 23年代。六
	_ 1·	1	Other income (attach schedule)					"作为是"沒對 本
	12	2	Total. Add lines 1 through 11	6,440.		722.	722.	The House Hard
_	_ω 1:	3	Compensation of officers, directors, trustees, etc.					
	benses	4	Other employee salaries and wages					
	S 1	5	Pension plans, employee benefits					
	웃 10	6a	Legal fees (attach schedule)			IVED		
	<u>ш</u>	b	Accounting fees (attach schedule)		ベルし	_1 V -10	hol	
JAN 2 3 2022	.≧	С	Other professional fees (attach schedule)			· 	080-8	
C.I	<u>ia</u> 1.	7	Interest	155	AUG 1	7 2020	8	
2	[일 18	8	Taxes (attach schedule) (see instructions)	0			16	
<u>د</u> ا	늘 19	9	Depreciation (attach schedule) and depletion		2CD	EN UT		TO 1 4 7 4 8 4
() ()	호 20	0	Occupancy					
- ·	B 2		Travel, conferences, and meetings					
₹	E 2		Printing and publications					
	වු 2		Other expenses (attach schedule)				ļ	
	Operating and	4	Total operating and administrative expenses. Add lines 13 through 23					
•	å 2	5	Contributions, gifts, grants paid	8,626.	~ C	4 1 1	1 14 2" 下號	
;	0 20	6	Total expenses and disbursements. Add lines 24 and 25	8,626.				
, -	2	7	Subtract line 26 from line 12.		17.	ret t	h this	The state of the s
		а	Excess of revenue over expenses and disbursements	-2,186.		<u>. </u>		大名為大學 日
	-	b	Net investment income (if negative, enter -0-)	10 to 1 1 1 1 2 1 1 1		722.	i turi promisi	Herman Harrison
		С	Adjusted net income (if negative, enter -0-)	AP of the	11.5		722.	

Pa	rt II	. Balance Sheets Attached schedules and amounts in the description column	Beginning of year	En	End 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	-3,962.				
	2	Savings and temporary cash investments		1,066			
	3	Accounts receivable ►		建 强性 托克	in the second		
		Less: allowance for doubtful accounts ▶					
	4	Pledges receivable ▶		1 14 1 1 1 1			
		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) ▶		1 1 1 1 1 h	(in)		
ts		Less: allowance for doubtful accounts ▶					
	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
As	10a	Investments – U.S. and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)	29,340.	22,126	26,249.		
	С	Investments - corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment: basis ▶		j 21 , b 14			
		Less: accumulated depreciation (attach schedule) ▶					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment: basis ▶		1 1 11	Section 1		
		Less: accumulated depreciation (attach schedule) ▶					
	15	Other assets (describe ►)					
	16	Total assets (to be completed by all filers-see the					
_		instructions. Also, see page 1, item l)	25,378.	23,192	27,315.		
	17	Accounts payable and accrued expenses			1 mil 3		
S	18	Grants payable			71 1.40		
Ę.	19	Deferred revenue			+ week by Lac and Man B		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			1 7 4 1		
ā	21	Mortgages and other notes payable (attach schedule)			1 1 1 1 1 1 1 1 1		
_	22	Other liabilities (describe ►)			1 1 1 1 1 1		
	23_	Total liabilities (add lines 17 through 22)			Programme (
alances		Foundations that follow FASB ASC 958, check here ► ⊠ and complete lines 24, 25, 29, and 30.			x # 1		
<u>a</u>	24	Net assets without donor restrictions	25,378.	23,192	$[\cdot,\cdot]$		
Ba	25	Net assets with donor restrictions			à , !		
Net Assets or Fund		Foundations that do not follow FASB ASC 958, check here ▶ □ and complete lines 26 through 30.					
F.	26	Capital stock, trust principal, or current funds					
0	27	Paid-in or capital surplus, or land, bldg., and equipment fund			31111		
ę	28	Retained earnings, accumulated income, endowment, or other funds		<u> </u>			
SS	29	Total net assets or fund balances (see instructions)	25,378.	23,192			
it A	30	Total liabilities and net assets/fund balances (see			1		
Š		instructions)	25,378.	23,192	l la		
	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	mn (a), line 29 (mus	st agree with			
•		of-year figure reported on prior year's return)			25,378.		
2		er amount from Part I, line 27a			2 -2,186.		
3					3		
4		lines 1, 2, and 3			4 23,192.		
5	Dec	reases not included in line 2 (itemize) ▶		<u> </u>	5		
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5)-	Part II, column (b), l	ne 29	6 23,192.		

Part	V Capital Gains and	Losses for Tax on Investr	nent Income	<u> </u>			
		d(s) of property sold (for example, real e e, or common stock, 200 shs MLC Co	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr.)		
1a	1486 shs VIRTUS NEW	FLEET MULTI SECTOR		P	05/15/2015	02/12/2019	
<u>b</u>							
C							
<u>d</u>							
<u>е</u>		· · · · · · · · · · · · · · · · · · ·		<u> </u>		<u> </u>	
	(e) Gross sales price (f) Depreciation allowed (or allowable)			r other basis ense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))		
a	7,086.			7,214.		-128.	
<u>b</u>		· · · · · · · · · · · · · · · · · · ·					
С			<u> </u>				
d_							
е	_ 					·····	
	Complete only for assets show	wing gain in column (h) and owned	by the foundation	on 12/31/69.		ol (h) gain minus	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	1	ss of col (i) I (j), if any		ot less than -0-) or (from col (h))	
a							
b							
c							
d							
e				_ _	ļ,	· · · · · · · · · · · · · · · · · · ·	
2	Capital gain net income or		also enter ın Pa n, enter -0- ın Pa		2	-128.	
3	If gain, also enter in Part I	or (loss) as defined in sections I, line 8, column (c). See instru	actions. If (loss)), enter -0- ın }	2		
					3 Income		
Pari		er Section 4940(e) for Red vate foundations subject to the					
Was I	s," the foundation doesn't q	section 4942 tax on the distribution and the distribution 4940 (e). Discussion 4940 (e). Discussion 4940 (e).	o not complete t	this part.		☐ Yes ☐ No	
1		unt in each column for each ye	ar; see the instr	uctions before m	aking any entries		
Cal	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distribution	ns Net value o	(c) of noncharitable-use a		(d) stribution ratio divided by col. (c))	
	2018						
	2017						
	2016						
	2015						
	2014			·		. 	
2	Total of line 1, column (d)				. 2		
3		for the 5-year base period—di undation has been in existence					
4		charitable-use assets for 2019					
	Т						
5							
6	Enter 1% of net investmen	t income (1% of Part I, line 27t	0)		. 6		
7	Add lines 5 and 6				. 7		
8	Enter qualifying distribution	ns from Part XII, line 4		n and accordate	. 8	106 tay rata. Sac thi	
	If line 8 is equal to or great Part VI instructions.	ter than line 7, check the box i	n Part VI, line 11	o, and complete	that part using a	170 tax rate. See th	

4

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instructions)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶□ and enter "N/A" on line 1.	13.44
	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	<u> </u>
	here ▶ ☐ and enter 1% of Part I, line 27b	7 1. Tr. 1. M
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of	'.r.'
_	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	40
b	Exempt foreign organizations—tax withheld at source	
c	Tax paid with application for extension of time to file (Form 8868) 6c	
d	Backup withholding erroneously withheld	
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	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	
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	, Yes No
14	participate or intervene in any political campaign?	1a ×
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	''
b	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	- 1
	published or distributed by the foundation in connection with the activities.	
С	Did the foundation file Form 1120-POL for this year?	1c ×
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	7.726 7
ų.	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	1.19
·	on foundation managers. ► \$	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 ×
_	If "Yes," attach a detailed description of the activities.	1-1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	41
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:	
•	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 ×
8а	Enter the states to which the foundation reports or with which it is registered. See instructions.	1 1
Ju	OK	¹
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	
D	(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 ×

Pan	Statements Regarding Activities (continued)		_	
•		1,4	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address ► N/A		· · · · ·	
14	The books are in care of ► FUTURE FORTUNES FOUNDATION INC Located at ► 5150 N BROADWAY NORMAN OK ZIP+4 ► 73069		2133	
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			_
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 X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	1 4-		
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	7,	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 (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	, ,		
	(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	1111	١,	;
	the benefit or use of a disqualified person)?	1	μ'. \$2"	'
	(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.)	10 at 10 at 14	,	0
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b	<u> </u>	
	Organizations relying on a current notice regarding disaster assistance, check here	; 7	3.7	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	ļ <u>.</u>	` ,	
	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)):	1 1 1 1	g.	•
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	1	1.2	
	6d and 6e) for tax year(s) beginning before 2019?	, , ,	4.3	jį.
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		•	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	3.		,
	(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.)		<u> </u>	
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b		<u>×</u>
С	▶ 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?			,
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or	104		¥ :
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	1, 7	,	' :
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	1		,1
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the		ļ	ļ <u>. </u>
	foundation had excess business holdings in 2019.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		×

u eu	Statements Regarding Activities	2 101 AI	mich Form	7120	may be in	cyune	· • 100/16/	<i>lucu</i>			
5a	During the year, did the foundation pay or incur	any am	ount to:						. (3	Yes	No
	(1) Carry on propaganda, or otherwise attempt to	to influe	nce legislatio	n (sect	ion 4945(e))? .	☐ Yes	⊠ No]
	(2) Influence the outcome of any specific public	c electi	on (see secti	on 495	5); or to ca	arry on,					ì
	directly or indirectly, any voter registration di						Yes	X No		·,	1
	(3) Provide a grant to an individual for travel, stu						_	⊠ No	1.4 '17		
	(4) Provide a grant to an organization other than		•	•			_		1	, # 1	١.
	section 4945(d)(4)(A)? See instructions						☐Yes	⊠ No		. ~	ŀ
	(5) Provide for any purpose other than religious							٠.,٠	1 1		1
	purposes, or for the prevention of cruelty to children or animals?							1, 1	1	j	
b								_		•	Ī
	in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions								5b		
	Organizations relying on a current notice regards	ına dısa	ster assistan	ce. che	ck here .			▶□			1
С	If the answer is "Yes" to question 5a(4), does to	-						_		, '	- " "
	because it maintained expenditure responsibility							□No	1.	1	· ' [
	If "Yes," attach the statement required by Regul	ations s	section 53.49	45-5(d)			_	_	k 5		' l
6a	Did the foundation, during the year, receive any					emiums				,	1
	on a personal benefit contract?						Yes	⊠ No	1	1	- [
b	Did the foundation, during the year, pay premiur	ns, dire	ctly or indired	ctly, on	a personal	benefit	contract	? .	6b		×
	If "Yes" to 6b, file Form 8870.		•	•							
7a	At any time during the tax year, was the foundation	n a party	to a prohibite	ed tax s	helter trans	action?	☐ Yes	⊠ No	1		
b	If "Yes," did the foundation receive any proceed		•					n? .	7b		
8	Is the foundation subject to the section 4960 ta										
	remuneration or excess parachute payment(s) d									ì	<u>· · · · · · · · · · · · · · · · · · · </u>
Par	VIII Information About Officers, Direct	ctors, 1	Trustees, Fo	ounda	tion Man	agers,	Highly F	Paid E	mploy	ees,	
	and Contractors		· · · · · · · · · · · · · · · · · · ·								
1	List all officers, directors, trustees, and found	·									
	(a) Name and address	(b) Title	e, and average rs per week		npensation iot paid,		Contribution lyee benefit	plans	(e) Expe	nse acc allowan	count,
		devot	ed to position	en	ter -0-)	and def	erred compe	ensation	other		
MAR	Y ELLEN HICKMAN		ed to position I DENT	en		and def	erred compe	ensation	other		
	Y ELLEN HICKMAN . BOX 610 NORMAN OK 73070			en		and def	erred compe	ensation 0.	Other		0.
P.0		PRES	IDENT	en	ter -0-)	and def	erred compe		other		
P.O PAU	. BOX 610 NORMAN OK 73070	PRES	IDENT 10.00	en	ter -0-)	and def	erred compe		other		
P.O PAU	. BOX 610 NORMAN OK 73070 L LISTEN	PRES	IDENT 10.00 D MEMBER	en	0 .	and def	erred compe	0.	Other		0.
P.O PAU	. BOX 610 NORMAN OK 73070 L LISTEN	PRES	IDENT 10.00 D MEMBER	en	0 .	and def	erred compe	0.	Other		0.
P.O PAU	. BOX 610 NORMAN OK 73070 L LISTEN	PRES	IDENT 10.00 D MEMBER	en	0 .	and def	erred compe	0.	Other		0.
P.O PAU P.O	. BOX 610 NORMAN OK 73070 L LISTEN . BOX 610 NORMAN OK 73070	BOAR	IDENT 10.00 D MEMBER 2.00		0 .	and def		0.			0.
P.O PAU	. BOX 610 NORMAN OK 73070 L LISTEN	BOAR	IDENT 10.00 D MEMBER 2.00		0 .	and def		0.			0.
P.O PAU P.O	. BOX 610 NORMAN OK 73070 L LISTEN . BOX 610 NORMAN OK 73070 Compensation of five highest-paid employe "NONE."	BOARI es (oth	I DENT 10.00 D MEMBER 2.00 er than thos	se incli	0. 0. uded on li	and def	see instr	0. 0.	s). If n	one,	0. 0.
P.O PAU P.O	. BOX 610 NORMAN OK 73070 L LISTEN . BOX 610 NORMAN OK 73070 Compensation of five highest-paid employe	BOARI es (oth	I DENT 10.00 D MEMBER 2.00 er than those	se incli	0 .	and def	see instr	0. 0. uction	s). If n	one,	0. 0. enter
P.O PAU P.O	. BOX 610 NORMAN OK 73070 L LISTEN . BOX 610 NORMAN OK 73070 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,00	BOARI es (oth	I DENT 10.00 D MEMBER 2.00 er than those (b) Title, and a hours per v	se incli	0. 0. uded on li	and def	see instr	0. 0. uction	s). If n	one,	0. 0. enter
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P.O PAU P.O	. BOX 610 NORMAN OK 73070 L LISTEN . BOX 610 NORMAN OK 73070 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,00	BOARI es (oth	I DENT 10.00 D MEMBER 2.00 er than those (b) Title, and a hours per v	se incli	0. 0. uded on li	and def	see instr	0. 0. uction	s). If n	one,	0. 0. enter
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P.O PAU P.O	. BOX 610 NORMAN OK 73070 L LISTEN . BOX 610 NORMAN OK 73070 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,00	BOARI es (oth	I DENT 10.00 D MEMBER 2.00 er than those (b) Title, and a hours per v	se incli	0. 0. uded on li	and def	see instr	0. 0. uction	s). If n	one,	0. 0. enter
P.O PAU P.O	. BOX 610 NORMAN OK 73070 L LISTEN . BOX 610 NORMAN OK 73070 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,00	BOARI es (oth	I DENT 10.00 D MEMBER 2.00 er than those (b) Title, and a hours per v	se incli	0. 0. uded on li	and def	see instr	0. 0. uction	s). If n	one,	0. 0. enter
P.O PAU P.O	. BOX 610 NORMAN OK 73070 L LISTEN . BOX 610 NORMAN OK 73070 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,00	BOARI es (oth	I DENT 10.00 D MEMBER 2.00 er than those (b) Title, and a hours per v	se incli	0. 0. uded on li	and def	see instr	0. 0. uction	s). If n	one,	0. 0. enter
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P.O PAU P.O	. BOX 610 NORMAN OK 73070 L LISTEN . BOX 610 NORMAN OK 73070 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,00	BOARI es (oth	I DENT 10.00 D MEMBER 2.00 er than those (b) Title, and a hours per v	se incli	0. 0. uded on li	and def	see instr	0. 0. uction	s). If n	one,	0. 0. enter
P.O PAU P.O	. BOX 610 NORMAN OK 73070 L LISTEN . BOX 610 NORMAN OK 73070 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,00	BOARI es (oth	I DENT 10.00 D MEMBER 2.00 er than those (b) Title, and a hours per v	se incli	0. 0. uded on li	and def	see instr	0. 0. uction	s). If n	one,	0. 0. enter

Part VIII,	Information About Officers, Directors, Trustees, Foundation Managers, Highly Pai and Contractors (continued)	d En	nployees,
3 Five h	ighest-paid independent contractors for professional services. See instructions. If none, enter "	NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE			
·			
			ļ
·			
			
	r of others receiving over \$50,000 for professional services		
Part IX-A	Summary of Direct Charitable Activities		Τ
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the numb and other beneficiaries served, conferences convened, research papers produced, etc.	er or	Expenses
1 TO P	ROVIDE SCHOLARSHIP ASSISTANCE TO EASE THE FINANCIAL BURDEN ON		
	NTS IN THE BARRELL RACING COMMUNITY AND THEIR FAMILIES - 2 SERVED		
			8,626.
2			
3			
J			

4			

Part IX-B	Summary of Program-Related Investments (see instructions) two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1	two largest program-related investments made by the foundation during the tax your on mes 1 and 2		1
•		•	
2			
All other are	van valated investments. Con metworks		
All other prog	gram-related investments. See instructions		
J			
			}
Total. Add in	nes 1 through 3		
	DELLOCACIO DEL		Form 990-PF (201

Part	 Minimum Investment Return (All domestic foundations must complete this part. Foresee instructions.) 	ign four	idations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	0.
С	Fair market value of all other assets (see instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and	i di	
	1c (attach detailed explanation)	141	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
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		oundati	
1	Mınımum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2019 from Part VI, line 5	17	
b	Income tax for 2019. (This does not include the tax from Part VI.) 2b	1'	
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	
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	0.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	120 7	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	8,626.
b	Program-related investments—total from Part IX-B	1b	· · · · · · · · · · · · · · · · · · ·
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the:	133	
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	8,626.
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	8,626.
	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 wheth	er the foundation

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Form **990-PF** (2019)

Part	XIII Undistributed Income (see instruction	ns)			Page 5
•		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				0.
2 a	Undistributed income, if any, as of the end of 2019: Enter amount for 2018 only			0.	
b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2019:				
а	From 2014 3, 463.				
b	From 2015 2,915.				
С	From 2016 1,516.			•	·
d	From 2017			,	•
e	From 2018	10.500			
f	Total of lines 3a through e	10,537.			
4	Qualifying distributions for 2019 from Part XII, line 4. \$ 8,626.			_	
а	Applied to 2018, but not more than line 2a .			0.	
b	Applied to undistributed income of prior years (Election required—see instructions)		0.		
С	Treated as distributions out of corpus (Election required—see instructions)			ı	
d	Applied to 2019 distributable amount				
е	Remaining amount distributed out of corpus	2,186		1	
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:		;	•	
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	12,723.			<u> </u>
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed			,	,
d	Subtract line 6c from line 6b. Taxable amount—see instructions		0.	, , ,	
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0.	
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020			. 4:	0.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	3,463.		•	
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	9,260.			
10	Analysis of line 9:			,	
а	Excess from 2015	1			, , ,
b	Excess from 2016]		1
c	Excess from 2017 1,441.			}	
d	Excess from 2018 1,202.			,	
_	Evenes from 2010		1	İ	1 , .

Part XV. Supplementary Information (contagged) 3 Grants and Contributions Paid During	tinued) the Year or Approv	ed for Fu	ture Pavment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	,
Name and address (home or business) a Paid during the year NORTHWESTERN OKLAHOMA STATE UNIV 709 OKLAHOMA ALVA OK 73717	or substantial contributor		SCHOLARSHIP	8,626.
Total				3a 8,626.
b Approved for future payment NONE				
Tatal				3b 0.

BAA

Form **990-PF** (2019)

nte	gros	ss amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by sect	ion 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	_	gram service revenue:					(See manuchons)
		None			<u> </u>		
	p _						
	c _				ļ		<u></u>
	d _						
	e _				 .		
	, <u> </u>	Food and posturate from any community and			 	·	
2	-	Fees and contracts from government agencies nbership dues and assessments				·	·-··
2		est on savings and temporary cash investments	·	 			
3 4		dends and interest from securities	900001	716.			
5		rental income or (loss) from real estate:	900001	/10.	14.0 -45.00 14.16.16.16.16.16.16.16.16.16.16.16.16.16.	TENE ENTERED	
3		Debt-financed property				2 1 1 1 1 1 1 1 1	7 58
		Not debt-financed property			 		
6		rental income or (loss) from personal property			ļ		
7		er investment income	<u> </u>		 		
8		or (loss) from sales of assets other than inventory					
9		income or (loss) from special events					 .
10		ss profit or (loss) from sales of inventory					
11		er revenue: a	-				· · · · · · · · · · · · · · · · · · ·
••	b			·			
	c -				-		
	d -		1 1				
	-		1				
	· -		ļ		L		
12	Subf	total Add columns (b) (d) and (e)	i l	716	1		
12 13	Subt	total. Add columns (b), (d), and (e)		716.	ं हे औ		716
13	Tota	al. Add line 12, columns (b), (d), and (e)		716.	· · · · ·		716.
13 See	Tota work	al. Add line 12, columns (b), (d), and (e)	 ns.)				716.
13 See Par	Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	.s.) .ccomplishm	ent of Exemp	t Purposes	13	
13 See Par	Tota work t XV	al. Add line 12, columns (b), (d), and (e)	.s.) .ccomplishm	ent of Exemp	t Purposes	13	
13 See Par	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	.s.) .ccomplishm	ent of Exemp	t Purposes	13	
13 See Par	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	.s.) .ccomplishm	ent of Exemp	t Purposes	13	
13 See Par	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	.s.) .ccomplishm	ent of Exemp	t Purposes	13	
13 See Par	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	.s.) .ccomplishm	ent of Exemp	t Purposes	13	
13 See Par	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	.s.) .ccomplishm	ent of Exemp	t Purposes	13	
13 See Par	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	.s.) .ccomplishm	ent of Exemp	t Purposes	13	
13 See Par	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	.s.) .ccomplishm	ent of Exemp	t Purposes	13	
13 See Par	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	.s.) .ccomplishm	ent of Exemp	t Purposes	13	
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13 See Par	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	.s.) .ccomplishm	ent of Exemp	t Purposes	13	
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13 See Par	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	.s.) .ccomplishm	ent of Exemp	t Purposes	13	mportantly to the

REV 06/02/20 PRO

Form 9	90-PF (201	9)							P	age 13
Pari	I XVĮI	Information Organization		nsfers to a	nd Transac	ctions and F	Relationships With N	oncharita		
1	in sec						y other organization desion 527, relating to p			No
а	Transfe	ers from the rep	porting foundation	to a noncharı	table exemp	t organizatıor	of:		<u> </u>	
								<u>1a</u>	[1]	×
		er assets .						1a	(2)	×
b		ransactions:						ين ا	<u> </u>	
			a noncharitable ex					<u>1b</u>		×
	• -		ets from a nonchari , equipment, or oth	•	•			1b		×
			rrangements					<u>1b(</u>		×
			rantees					1b		×
			ervices or members					1b		×
С				•	-					×
d							Column (b) should alway			
							. If the foundation recei			
				4		·	of the goods, other asse	<u> </u>		
(a) Lin	ne no (b)	Amount involved	(c) Name of non	charitable exemp	ot organization	(d) Desc	ription of transfers, transaction	s, and sharing	arrangem	ents
			<u>-</u>							
			. <u> </u>	· · · · · · · · · · · · · · · · · · ·	······································					
							-			
						<u> </u>		T		
										
						 	 			
										
								 		
			 _							
2a b	describ	ed in section 5	ectly or indirectly 501(c) (other than se following schedul	ection 501(c)			nore tax-exempt organia	_	Yes ∑	No
		(a) Name of organ	ization	(b)	Type of organiz	ation	(c) Description	of relationship)	
			<u> </u>							
										
							 			
Sign Here	Correct,	penalties of perjury, I and complete Deci	declare that I have exami aration of preparer (other	ned this return, inchan taxpayer) is b	cluding accompar ased on all inform	lying schedules an lation of which pre		May the IRS di with the prepar See instructions	scuss this	return below?
		ure of officer or tru			ate	Title				
Paid	1	Print/Type preparer		Preparer's s	gnature			: 🔲 if PTIN		
		WILLIAM C		$\perp \mathcal{U}$				nployed P00		2
	Only 📙	irm's name	WILLIAM C H					73-1305		
		rm's address 🕨	3280 MARSHA NORMAN	LL AVE,	STE 110	OK 73072		405) 329-	990-PF	(2010)
BAA			MALIAON			OK 13012	-	Form :	JUU-F T	(2019)

FUTURE FORTUNES FOUNDATION FORM 990-PF: Return of Private Foundation

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

Name and Address Information	Form Information	Submission Information	Restrictions
FUTURE FORTUNES FOUNDATION 5150 N. BROADWAY NORMAN, OK 73069	SEE ATTACHED SUPPLEMENTAL INFORMATION	12/31	NONE
405-366-2133			
	ATTACHMENTS:		

FORM 990-PF

GRANT APPLICATIONS SUBMISSION INFORMATION PART XV, LINES 2a THROUGH 2d - Continuation Statement

2a NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

FUTURE FORTUNES FOUNDATION 5150 N. BROADWAY NORMAN, OK 73069

<u>TELEPHONE NUMBER</u> (405)366-2133

2b <u>FORM AND CONTENT OF APPLICATIONS</u> <u>ATTACHMENTS</u>:

SCHOLARSHIP APPLICATION FORM

TRANSCRIPT: An official high school transcript should include SAT/ACT scores, GPA and anticipated rank at graduation. An official collegiate transcript should reflect all post-secondary studies.

FINANCIAL INFORMATION: Form 1040, Page 1 only, for the household that applicant was claimed on the most recently filed Federal tax form. Place the copy in a sealed envelope that identifies applicant name.

LETTER OF REFERENCE: One letter of reference for high school student, the reference should be submitted by a senior year teacher.

ESSAY: An essay not to exceed 500 words, describing qualifications for a scholarship award and applicants educational and career goals.

2c ANY SUBMISSION DEADLINES

MAY 31

2d RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION SCHOLARSHIP AWARDS HAVE THE FOLLOWING LIMITATIONS:

- 1. Applicable to full time enrollment at an academically accredited, nonprofit, public or private educational institution in the United States.
- 2. Scholarship funds may be used for tuition, fees and books.