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DLN: 93491195017710

OMB No 1545-0052

2019

Department of the Treasury Internal Revenue Service

# **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 www.irs.gov/Form990PF for instructions and the latest information.

Open to Public

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019 A Employer identification number Name of foundation Doug and Jayne Orr Family Foundation 46-1553026 % Foundation Source Number and street (or P O box number if mail is not delivered to street address)
Foundation Source 501 Silverside Rd B Telephone number (see instructions) (800) 839-1754 City or town, state or province, country, and ZIP or foreign postal code Wilmington, DE 198091377  ${f C}$  If exemption application is pending, check here ☐ Initial return G Check all that apply ☐ Initial return of a former public charity D 1. Foreign organizations, check here Amended return ☐ Final return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change ☐ Name change E If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation H Check type of organization under section 507(b)(1)(A), check here ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation I Fair market value of all assets at end **J** Accounting method ✓ Cash ☐ Accrual If the foundation is in a 60-month termination of year (from Part II, col (c), under section 507(b)(1)(B), check here line 16) ▶\$ 1,336,250 (Part I, column (d) must be on cash basis ) Part I Analysis of Revenue and Expenses (The total Disbursements for charitable Revenue and (b) Net investment (c) Adjusted net of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes equal the amounts in column (a) (see instructions) ) (cash basis only) Contributions, gifts, grants, etc , received (attach 243,885 schedule) Check ▶ ☐ If the foundation is **not** required to attach 2 127 127 3 Interest on savings and temporary cash investments Dividends and interest from securities 14,786 14,786 Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) c Other income (attach schedule) 11 Total. Add lines 1 through 11 255,182 14,913 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . Accounting fees (attach schedule) Other professional fees (attach schedule) [چە 366 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 20 19 19 21 Travel, conferences, and meetings 22 Printing and publications . . . 23 Other expenses (attach schedule) 5.025 5,025 Total operating and administrative expenses. 24 Add lines 13 through 23 . . . . 5,410 5,044 49,556 49,556 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 54,966 54,600 27 Subtract line 26 from line 12 Excess of revenue over expenses and 200,216 disbursements Net investment income (if negative, enter -0-) 14,913 Adjusted net income (if negative, enter -0-) . . .

	4	Pledges receivable -		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)			
		Less allowance for doubtful accounts ▶	'		
S.	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)	679,250	906,225	
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
			·	1	

1,306,973

1.336.250

935,502

935,502

935,502

935,502

735,286

200,216

935,502

935,502 Form **990-PF** (2019)

1

2

3

4

5

6

735,286

735,286

735,286

### Less accumulated depreciation (attach schedule) ▶ \_ 12 Investments—mortgage loans . . . . . 13 Investments—other (attach schedule) . . 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) 15 Other assets (describe > . 16 Total assets (to be completed by all filers—see the 735.286 instructions Also, see page 1, item I) Accounts payable and accrued expenses . . . . . 18 Grants payable

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 ▶

17

19

20

21

22

23

24

25

26

27 28

29

30

Part III

2

3

4

Other liabilities (describe -

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . . .

Net assets with 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) -

Enter amount from Part I, line 27a

Liabilities

Assets or Fund Balances

Net

	e the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs		How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
1 a Publicly-traded Securities	5				
b					
С					
d					
e					
(e) Gross sales price	( <b>f)</b> Depreciation allowed (or allowable)	Cost or d	(g) other basıs ense of sale	Gain o	<b>h)</b> r (loss) ) mınus (g)
a 1	3,294		16,910		-3,616
b					
c					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation o	on 12/31/69	(	I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	( <b>k)</b> of col (ı) (յ), ıf any	Gains (Col ( col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a					-3,616
b					
С					
d					
e					
·	gain or (loss) s defined in sections : rt I, line 8, column (c) (see instructi		, , , , , , , , , , , , , , , , , , ,	3	-3,616
Part V Qualification I	Jnder Section 4940(e) for Re	educed Tay on Net	Investment Inc	rome	
-	rivate foundations subject to the sec				
For optional use by domestic p	invate foundations subject to the sec	ction 4940(a) tax on he	t investment incom	e )	
	eave this part blank e section 4942 tax on the distributal ot qualify under section 4940(e) Do	, ,	ın the base period?		es 🗹 No
•	nount in each column for each year,	· · · · · · · · · · · · · · · · · · ·	making any entries	5	
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitabl	le-use assets	(d) Distribution rat (col (b) divided by c	
2018	40,778		1,102,667		0 036981
2017	34,923		815,036		0 042848
2016	35,717		712,351		0 05014
2015	42,102		715,658		0 05883
2014	34,342		812,330	Г	0 042276
number of years the four 4 Enter the net value of no	o for the 5-year base period—divide indation has been in existence if less incharitable-use assets for 2019 from	than 5 years . ´. n Part X, line 5	3		0 231075 0 046215 1,246,281
5 Multiply line 4 by line 3	ont magne (10% of Dawl I line 27h)		5		57,597
	ent income (1% of Part I, line 27b)		6		149
	ana fram Dark VII. lina 4		7		57,746
	ions from Part XII, line 4 ,eater than line 7, check the box in Pa		plete that part usin		54,600 e the Part VI

	(5) Provide for any purpose other t	han re	eligious, charitable, scien	tıfıc, lıterary, or			·		
	educational purposes, or for the	prev	ention of cruelty to childi	ren or anımals?	· · 🔲 Yes 🛭	<b>7</b> N	,		
b	If any answer is "Yes" to $5a(1)-(5)$	dıd a	<b>iny</b> of the transactions fa	all to qualify under the ex	ceptions described in				
	Regulations section 53 4945 or in a	curre	nt notice regarding disas	ter assistance? See instr	uctions		<b>5</b> b		
	Organizations relying on a current r	otice	regarding disaster assist	ance check here	• [				
С	If the answer is "Yes" to question 5								
	tax because it maintained expenditi	ıre re	sponsibility for the grant	<sup>?</sup>	· · 🗌 Yes 🛚	□N	, l		
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)								
6a	Did the foundation, during the year	, rece	ive any funds, directly or	ındırectly, to pay premit	ıms on				
	a personal benefit contract?				· Yes	<b>7</b> N	_		
b	Did the foundation, during the year	, pay	premiums, directly or inc	lirectly, on a personal be	nefit contract?	<u>- 141</u>	6b		No
	If "Yes" to 6b, file Form 8870								
7a	At any time during the tax year, wa	s the	foundation a party to a p	prohibited tax shelter trai	nsaction?	<b>Z</b> N			
b	If "Yes", did the foundation receive	any p	roceeds or have any net	income attributable to th	ne transaction?		7b		
8	Is the foundation subject to the sec	tion 4	960 tax on payment(s) o	of more than \$1,000,000	in remuneration or				
	excess parachute payment during t	he yea	ar <sup>9</sup>		· · 🗌 Yes 🛭	<b>7</b> N			
	Information About	Offic	ers. Directors. Trust	tees. Foundation Ma	nagers, Highly Paid			,	
Pa	and Contractors		,,	,	g,g,		,,		
1	List all officers, directors, truste	es fo	undation managers at	nd their compensation	See instructions				
	List an officers, an ectors, truste		<b>b)</b> Title, and average	(c) Compensation (If	(d) Contributions to	Τ,			
	(a) Name and address	`	hours per week	not paid, enter	employee benefit plans ai	nal,	(e) Expense account other allowances		
			devoted to position	-0-)	deferred compensation	$\bot$	other a	llowalic	
Bryce		VP 1 0		0		이			0
	lation Source 501 Silverside Rd ngton, DE 198091377	'							
	n D Orr	Pres.	Dır, Sec	0		0			
	lation Source 501 Silverside Rd	10	,	ľ		1			Ū
	ngton, DE 198091377	<u> </u>							
_2	Compensation of five highest-pa	id en	ployees (other than t	hose included on line 1		ione,	enter "	NONE.	
(-)	Name and address of each ampleuse	22.4	(b) Title, and average		(d) Contributions to	1,	. V Evnan		
(a)	Name and address of each employee more than \$50,000	paiu	hours per week	(c) Compensation	employee benefit plans and deferred	۰, ا	e) Expen: other all		
	+ <b>,</b>		devoted to position		compensation				
						-			
Tota	I number of other employees paid ov	or ¢5	0.000	1		-			
1014	- number of other employees paid ov	رو ات	0,000	<u> </u>		Ш,	orm <b>99</b>	0_DE /	'2010\
						,	OITH BB	0-PF (	'⊼∩TA)

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	aid 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
Total number of others receiving over \$50,000 for professional services		•
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 produce.		er of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see	nstructions)	
Describe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
1		
2		
All other program-related investments. See instructions		
Total. Add lines 1 through 3		Form <b>990-PF</b> (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

3a 3h

4

5

54.600

54.600

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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

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

4

5

**b** Total for prior years

a From 2014. . . . .
b From 2015. . . .
c From 2016. . . . .
d From 2017. . . .
e From 2018. . . . .

Part X

Page 9

1,100

60,916

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Ш	Undistributed Income (see instruct	tıc

2017, 2016, 2015

1 Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019

a Enter amount for 2018 only. . . . . . .

Excess distributions carryover, if any, to 2019

6 Enter the net total of each column as

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.

Analysis of line 9
 Excess from 2015. . . .
 Excess from 2016. . . .
 Excess from 2017. . . .
 Excess from 2018. . . .
 Excess from 2019. . . .

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

a Corpus Add lines 3f, 4c, and 4e Subtract line 5
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—see instructions...
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...

indicated below:

d Applied to 2019 distributable amount. . . . .
e Remaining amount distributed out of corpus
5 Excess distributions carryover applied to 2019
(If an amount appears in column (d), the

same amount must be shown in column (a) )

LEU	Tilcome (see	mstruc	Liuis)
			(a Cor

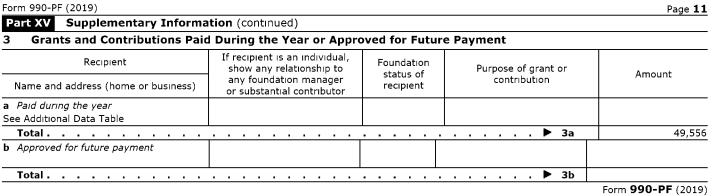
(a) Corpus (b) Years prior to 2018

2018

53,500

(c)

2019 62,016



ter gross amounts unless otherwise indicated		usiness income	Excluded by section		(e) Related or exempt function income
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions
a					
b					
d					
<u> </u>					
F					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	127 14,786	
Net rental income or (loss) from real estate			14	14,780	
a Debt-financed property.					
<b>b</b> Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events			18	-3,616	
Gross profit or (loss) from sales of inventory					
Other revenue a					
b					
c					
d					
e					
e				11,297	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)			1	11,297 <b>3</b>	
e	ılatıons )				
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second se	ilations ) ne Accomplisi income is report	hment of Exem ted in column (e) o	<b>pt Purposes</b> f Part XVI-A contribu	3	11,29
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated at XVI-B  Relationship of Activities to the second list many control of the foundation is a complishment of the foundation.	ilations ) ne Accomplisi income is report	hment of Exem ted in column (e) o	<b>pt Purposes</b> f Part XVI-A contribu	3	11,29
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Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated the No.  Explain below how each activity for which the accomplishment of the foundation's explain and the second th	ilations ) ne Accomplisi income is report	hment of Exem ted in column (e) o	<b>pt Purposes</b> f Part XVI-A contribu	3	11,29
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or	m 990-P	F (2019)			Pa	ge <b>13</b>
li	art XV	Information Re Exempt Organi	egarding Transfers To and Transactions and Relationships With Noncha zations	ritable		
1			directly engage in any of the following with any other organization described in section 50 organizations) or in section 527, relating to political organizations?	1	Yes	No
а	Transfer	s from the reporting foun	dation to a noncharitable exempt organization of			
	(1) Ca	sh		1a(1)		No
	(2) Oth	ner assets		1a(2)		No
b		ansactions				
	<b>(1)</b> Sal	es of assets to a nonchar	itable exempt organization	1b(1)		No
			noncharitable exempt organization	1b(2)		No
	(3) Re	ntal of facilities, equipmen	nt, or other assets.	1b(3)		No
	(4) Re	mbursement arrangemen	ts	1b(4)		No
		_		1b(5)		No
	( <b>6</b> ) Peri	ormance of services or m	embership or fundraising solicitations	1b(6)		No
С	Sharing	of facilities, equipment, r	nailing lists, other assets, or paid employees.	1c		No
d	of the g	oods, other assets, or ser	es "Yes," complete the following schedule Column (b) should always show the fair marked vices given by the reporting foundation. If the foundation received less than fair market valuement, show in column (d) the value of the goods, other assets, or services received			
(a)	Line No	(b) Amount involved	(c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and s	narıng arra	ngemer	nts

(6) Perfe	ormance of services or m	embership or fund	raising solicitations				1b(6)	No
c Sharing	of facilities, equipment, r	nailing lists, other a	assets, or paid employees.				1c	No
of the go	oods, other assets, or ser	vices given by the	the following schedule Co reporting foundation If the column (d) the value of th	foundation	received less	than fair market v		
(a) Line No	(b) Amount involved	(c) Name of noncha	aritable exempt organization	(d) Desc	rıptıon of transfeı	rs, transactions, and	sharing arranger	nents
	,	•	, or related to, one or more		-	_		
describe	d in section 501(c) (othe	r than section 501(	c)(3)) or in section $527^{\circ}$ .			∐Yes	<b>✓</b> No	
<b>b</b> If "Yes,"	complete the following s							
	(a) Name of organization	on	(b) Type of organizat	ion		(c) Description of re	lationship	
		T. d	re examined this return in	-1		- 4. 1 4		la a la a a t

	+										
2a īs t	he fou	ndation directly or indire	 ectly affiliated	with, or relat	ed to, one or more	e tax-exemi	ot organ	ızatıons			
		in section 501(c) (other						_	Yes 🔽 No		
b If "	Yes," c	omplete the following so (a) Name of organization		1	(b) Type of organizal	tion		(c) Descripti	on of relationship		
		. , ,							•		
	of m		, it is true, co						statements, and to the best based on all information of		
Sign Here		*****	wiedge		2020-06-26	*	****		May the IRS discuss this return with the preparer shown		
	<b>∣</b>	Signature of officer or t	rustee		Date	Title			below (see instr )		
	•	Print/Type preparer's	name	Preparer's Sig	gnature	Date		Check if self-	PTIN P01345770		
Paid		Jeffrey D Haskell						employed ▶ ☐ P01345770			
Prep Use			ndation Sourc	e					Firm's EIN ▶		
	7		ne Hollow Ln	Ste 212					21 (000) 000 (==)		
		La	ke Success, I	NY 11042					Phone no (800) 839-1754		
		1							Form <b>990-PF</b> (2019)		

<b>2a</b> Is th	e found	dation directly or indirectly affilia	ted with, or relate	ed to, one or mo	ore tax-exe	mpt orgar	nizations	
		n section 501(c) (other than section section section) in the following schedule					–	Yes 🔽 No
		(a) Name of organization	(	<b>b)</b> Type of organi	zation		(c) Descripti	on of relationship
Sign Here	of my which	r penalties of perjury, I declare t / knowledge and belief, it is true n preparer has any knowledge *****						
	Signature of officer or trustee			Date		Title	below (see instr ) Ves	
Paid		Print/Type preparer's name  Jeffrey D Haskell	Preparer's Sig	nature	Date		Check if self- employed ▶ □	PTIN P01345770
Prepa Use C								Firm's EIN ▶
		Firm's address ► One Hollow Ln Ste 212  Lake Success, NY 11042						Phone no (800) 839-1754
								Form <b>990-PF</b> (2019)

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

or substantial contributor

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
ABILENE CHRISTIAN UNIVERSITY ACU BOX 29132 ABILENE, TX 79699	N/A	PC	General & Unrestricted	11,056
ALLIES IN YOUTH DEVELOPMENT	N/A	PC	General & Unrestricted	2.000

recipient

49,556

ALLIES IN YOUTH DEVELOPMENT 221 JUNIPER ST MANSFIELD, TX 76063	N/A	PC	General & Unrestricted	2,000
BIBLE STUDY FELLOWSHIP	N/A	PC	General & Unrestricted	500

221 JUNIPER ST MANSFIELD, TX 76063	IV/A	FC	General & onrestricted	2,000
BIBLE STUDY FELLOWSHIP 19001 HUEBNER RD SAN ANTONIO TX 78258	N/A	PC	General & Unrestricted	500

MANSFIELD, IX 76063				
BIBLE STUDY FELLOWSHIP 19001 HUEBNER RD SAN ANTONIO TX 78258	N/A	PC	General & Unrestricted	500

BIBLE STUDY FELLOWSHIP	N/A	PC	General & Unrestricted	
19001 HUEBNER RD				
SAN ANTONIO, TX 78258				

19001 HUEBNER RD		
SAN ANTONIO, TX 78258		

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 Paid during the year

a Falu during the year				
BIRDVILLE INDEPENDENT SCHOOL DISTRICT FDN FOR EDUC 6125 E BELKNAP ST HALTOM CITY, TX 76117	N/A	PC	General & Unrestricted	2,000

CUDICTIAN HEALTH CEDVICE CORDS	N/A	DC.	Canadal & University at a d	6 000
CHRISTIAN CHRONICLE CORPORATION PO BOX 11000 OKLAHOMA CITY, OK 73136	N/A	PC	General & Unrestricted	500
6125 E BELKNAP ST HALTOM CITY, TX 76117				

CHRISTIAN CHRONICLE CORPORATION PO BOX 11000 OKLAHOMA CITY, OK 73136	N/A	PC	General & Unrestricted	500
CHRISTIAN HEALTH SERVICE CORPS 201 PRIVATE RD 5819 GRAND SALINE, TX 75140	N/A	PC	General & Unrestricted	6,000

OKLAHOMA CITY, OK 73136				
CHRISTIAN HEALTH SERVICE CORPS 201 PRIVATE RD 5819 GRAND SALINE, TX 75140	N/A	PC	General & Unrestricted	6,000
Total			▶ 3a	49,556

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				
CHRISTIAN RELIEF FUNDPO BOX 19670 AMARILLO, TX 79114	N/A	PC	General & Unrestricted	1,000
COMMUNITY ENRICHMENT CENTER INC	N/A	PC	General & Unrestricted	1,000

COMMUNITY ENRICHMENT CENTER INC 6250 NE LOOP 820 FORT WORTH, TX 76180	N/A	PC	General & Unrestricted	1,000
EXODUS MINISTRIES 4630 MUNGER AVE APT 110	N/A	PC	General & Unrestricted	1,000

FORT WORTH, TX 76180				
EXODUS MINISTRIES 4630 MUNGER AVE APT 110 DALLAS, TX 75204	N/A	PC	General & Unrestricted	1,000

Total .

49,556

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Foundation status of recipient

Purpose of grant or contribution

Amount

l n/a

IMPOSSIBLE POSSIBILITIES

PO BOX 470906 FORT WORTH, TX 76147				_,
LETS START TALKING MINISTRY 7650 PRECINCT LINE RD HURST, TX 76054	N/A	PC	Let's Start Talking's April 2018 Mission Trip fund to Vietnam	500

PC

General & Unrestricted

1.000

7650 PRECINCT LINE RD HURST, TX 76054	147.		Mission Trip fund to Vietnam	
MANHATTAN INSTITUTE FOR POLICY RESEARCH INC 52 VANDERBILT AVE NEW YORK, NY 10017	N/A	PC	General & Unrestricted	2,000
Total			▶ 3a	49,556

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)

Hame and address (nome or business)	or substantial contributor			
a Paid during the year				
MISSIONS RESOURCE NETWORK 1903 CENTRAL DR STE 410 BEDEORD TX 76021	N/A	PC	General & Unrestricted	1,000

NEW YORK, NY 10036	N/A	DC DC	Charitable Event	5,000
NATIONAL REVIEW INSTITUTE 19 W 44TH ST STE 1701	N/A	PC	General & Unrestricted	3,500
BEDFORD, IX 70021				

NATIONAL REVIEW INSTITUTE 19 W 44TH ST STE 1701 NEW YORK, NY 10036	N/A	PC	General & Unrestricted	3,500
OUR FATHERS CHILDREN INC 6250 NE LOOP 820 FORT WORTH, TX 76180	N/A	PC	Charitable Event	5,000

19 W 44TH ST STE 1701 NEW YORK, NY 10036				
OUR FATHERS CHILDREN INC 6250 NE LOOP 820 FORT WORTH, TX 76180	N/A	PC	Charitable Event	5,000
Total			▶ 3a	49,556

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)

Hame and datess (nome of basiness)	or substantial contributor			
a Paid during the year				
SUSAN G KOMEN BREAST CANCER FOUNDATION	N/A	PC	General & Unrestricted	500

2216 GREEN OAKS RD FORT WORTH, TX 76116				
TEEN LIFELINE INC 2501 W SOUTHLAKE BLVD	N/A	PC	Charitable Event	3,000

10K1 WOK111, 1X 70110				
TEEN LIFELINE INC 2501 W SOUTHLAKE BLVD SOUTHLAKE, TX 76092	N/A	PC	Charitable Event	3,000
TEEN LIFELINE INC	N/A	PC	Charitable Event	5,000

2501 W SOUTHLAKE BLVD SOUTHLAKE, TX 76092	,			·
TEEN LIFELINE INC 2501 W SOUTHLAKE BLVD SOUTHLAKE. TX 76092	N/A	PC	Charitable Event	5,000

SOUTHLAKE, IX 76092				
TEEN LIFELINE INC 2501 W SOUTHLAKE BLVD SOUTHLAKE, TX 76092	N/A	PC	Charitable Event	5,000

Total	 	▶ 3a	49,556
2501 W SOUTHLAKE BLVD SOUTHLAKE, TX 76092			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

recipient

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Name and address (home or business)

, ,	or substantial contributor			
a Paid during the year				
THE LORDS WORLD LIGHT MISSION	N/A	PC	General & Unrestricted	3,000

7201 COVENTRY CIR N RICHLND HLS, TX 76182 Total . 49,556 efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491195017710 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2019 Depreciation Schedule **Name:** Doug and Jayne Orr Family Foundation

**EIN:** 46-1553026

erne GRAPHIC Print - DO NOT PROCESS	AS FIIEU Data -	DLN: 93491195017/10
TV 2010 Investments Corneral	to Stock Schodule	

## **TY 2019 Investments Corporate Stock Schedule**

Name: Doug and Jayne Orr Family Foundation

**EIN:** 46-1553026

**L1**1

Name of Stock	End of Year Book Value	End of Year Fair Market Value
AEGON NV PFD - 7.250%	6,608	6,172
FIRSTCASH INC	846,545	1,241,701
GLOBAL X SUPERDIVIDEND	3,302	2,654
ISHARES BARCLAYS TIPS BOND FUN	23,245	23,314
ISHARES RUSSELL 2000 GROWTH IN	5,731	8,569
ISHARES S&P U.S. PREFERRED STO	3,894	3,759
JPMORGAN GLOBAL BOND OPPORTUNI	5,000	5,184
SPRD EURO STOXX 50 ETF	5,308	6,119
WISDOM TREE TOTAL DIVIDEND FUN	6,592	9,501

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491195017710			
TY 2019 Other Expenses Sche	TY 2019 Other Expenses Schedule						
Name: Doug and Jayne Orr Family Foundation							
EIN:	46-1553026						
Other Expenses Schedule							
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable			

Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
Administrative Fees	5,000			5,000	

State or Local Filing Fees

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491195017710	
TY 2019 Taxes Schedule					
Name: Doug and Jayne Orr Family Foundation EIN: 46-1553026					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
990-PF Extension for 2018	366				

efile GRAPHIC print - DC	NOT PROCESS As Filed Data -		DLN: 93491195017710
Schedule B	Schedule of	Contributors	OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		90, 990-EZ, or 990-PF <u>990</u> for the latest information	2019
Name of the organization Doug and Jayne Orr Family	- - - - - - - - -		Employer identification number
Organization type (chec	one)		46-1553026
Filers of:	Section:		
Form 990 or 990-EZ			
	4947(a)(1) nonexempt charitable tr	ust <b>not</b> treated as a private foundat	tion
	☐ 527 political organization		
Form 990-PF	501(c)(3) exempt private foundation	n	
	4947(a)(1) nonexempt charitable tr	ust treated as a private foundation	
	501(c)(3) taxable private foundation	n	
	on filing Form 990, 990-EZ, or 990-PF that roperty) from any one contributor. Complete		
Special Rules			
under sections 50 received from any	n described in section 501(c)(3) filing Form (a)(1) and 170(b)(1)(A)(vi), that checked So one contributor, during the year, total contri 1h, or (ii) Form 990-EZ, line 1 Complete Pa	chedule A (Form 990 or 990-EZ), Pa butions of the greater of <b>(1)</b> \$5,000	art II, line 13, 16a, or 16b, and that
during the year, to	n described in section 501(c)(7), (8), or (10) all contributions of more than \$1,000 <i>exclus</i> a prevention of cruelty to children or animals	rively for religious, charitable, scient	
during the year, co If this box is check purpose Don't coi	n described in section 501(c)(7), (8), or (10) intributions exclusively for religious, charitabled, enter here the total contributions that we applete any of the parts unless the <b>General F</b> e, etc., contributions totaling \$5,000 or more	ole, etc., purposes, but no such con ere received during the year for an o Rule applies to this organization be	tributions totaled more than \$1,000 exclusively religious, charitable, etc, cause it received nonexclusively
990-EZ, or 990-PF), but it	that isn't covered by the General Rule and/omust answer "No" on Part IV, line 2, of its Fill, line 2, to certify that it doesn't meet the fi	Form 990, or check the box on line I	H of its Form 990-EZ
For Paperwork Reduction Ac for Form 990, 990-EZ, or 990-		Cat No 30613X Schedu	ıle B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number 46-1553026

Joug and Jayne O	or Family Foundation	46-1553026	
Part I Contributors	Contributors (see instructions) Use duplicate copies of Part I if ad	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Orr R Douglas 6628 Carston Court  North Richland Hills, TX 76180	\$ 243,885	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page <b>4</b>	
	rganization Jayne Orr Family Foundation		E	Employer identification number	
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con	tributor. Complete co e total of exclusively e instructions.) ► \$	ations described olumns (a) throug	in section 501(c)(7), (8), or (10) that total more gh (e) and the following line entry. For ble, etc., contributions of \$1,000 or less for	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of Transferee's name, address, and ZIP 4		•	f gift Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	- (c) Us	e of gift	(d) Description of how gift is held	
	Transferee's name, address, and	` '	sfer of gift Relati	onship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relations		onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Us	e of gift	(d) Description of how gift is held	
	Transferee's name, address, and		sfer of gift Relati	onship of transferor to transferee	
			Sc	hedule B (Form 990, 990-EZ, or 990-PF) (2019)	