Form **990-PF** Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2020 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.

| | ror | caier | idar year 2019 or tax year b | aginning | | , and ending | | |
|----------------------------|---|----------|---|---|---|--|--|--|
| | Nai | me of | f foundation | | | • | A Employer identification | number |
| | ф | ян | ROY AND TONT | RITES FAM | TI.Y FOIINDATT | DN ROYL | 73-1531425 | |
| | THE ROY AND TONI BLISS FAMILY FOUNDATION Number and street (or PO box number if mail is not delivered to street address) Room/suite | | | | | | B Telephone number | |
| | 2 | 20 | 1 EAST 26TH S | TREET | | i | (918) 745- | 2333 |
| | | | own, state or province, count | | oostal code | | C If exemption application is pe | |
| | | | SA, OK 74114 | | ı | , | | · — |
| | G (| Check | all that apply: | nıtıal return | Initial return of a f | former public charity | D 1. Foreign organizations | , check here |
| | | | F | ınal return | Amended return | | | 050/11 |
| | | | | ddress change | Name change | | Foreign organizations me check here and attach co. | mputation |
| | H_C | _ | • | | xempt private foundation | 04 | E If private foundation sta | |
| | بِــٰ | | ction 4947(a)(1) nonexempt | | Other taxable private found | | under section 507(b)(1) | (A), check here |
| | - | | arket value of all assets at en | · · · ——————————————————————————————— | ing method: X Cash | Accrual | F If the foundation is in a | . — |
| | | | Part II, col. (c), line 16) | | other (specify)` mn (d), must be on cash bas | 210.) | under section 507(b)(1) | (B), check here ►∟ |
| • | | ·\$ | Analysis of Revenue and I | | _ | | | (d) Disbursements |
| | ≨F _S C | at,LÿU | (The total of amounts in columns necessarily equal the amounts in | s (b), (c), and (d) may not | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) |
| | , | 1 | Contributions, gifts, grants, | | 73,799. | TO PARTY STATES | N/A 2 | (vaoi uasis urily) |
| _ | | | | not required to attach Sch. B | | | | |
| C | | 3 | Interest on savings and temporar cash investments | | 155. | 155. | ******* Table 1914 3 11 N. | STATEMENT 1 |
| ٣ | | 4 | Dividends and interest from | securities | | | - | |
| | | 5a | ·Gross rents | , | | | | e de la companya dela companya dela companya dela companya de la c |
| | 7 • | b | Net rental income or (loss) | | | | PART REPRESEN | |
| | 4 | 6a | Net gain or (loss) from sale of ass | ets not on line 10 | | | | |
| | Ĕ | b | Gross sales price for all assets on line 6a | | | | | |
| | even | 7 | Capital gain net income (from Par | t IV, line 2) | | 0. | | |
| | œ | 8 | Net short-term capital gain | | | | | |
| | | 9 | Income modifications Gross sales less returns | | | | Lie con Control Control Control | |
| | | | and allowances | | | | | |
| | | | Gross profit or (loss) | | | The state of the s | TACTORISTICAL SING BACACORISTS | Terres Chicago |
| | | | Other income | | | ** | | |
| | | 12 | Total. Add lines 1 through | 11 | 73,954. | 155. | | |
| | | 13 | Compensation of officers, director | | 0. | 0. | - | 0. |
| | | 14 | Other employee salaries and | | | | | |
| | | 15 | Pension plans, employee be | nefits | _ | | | |
| | es Se | 16a | Legal fees | | | | | |
| | ens | Ь | Accounting fees | STMT 2 | 1,750. | 1,750. | , | 0. |
| ഗ | ŭ | C | Other,professional fees | | | RECEIV | ED - | |
| \mathfrak{Q} | Administrative Ex | 17 | Interest | | | | | |
| $\stackrel{\checkmark}{=}$ | ta ta | 18 | Taxes | | , | NOV 2 7 20 | 20 [2] | |
| Z | inis | 19 | Depreciation and depletion | | | NOV Z I Z | (4.9) - / · | 288805-7-89882-897-6-888 |
| 8 | Ę | 20 21 | Occupancy Travel, conferences, and me | actings | | 000= | | |
| S | and A | 22 | Printing and publications | cungs | | OGDEN, | uri | |
| N | a | 23 | Other expenses | STMT 3 | 523. | 523. | | 0. |
| 0 | ating | 24 | Total operating and admini | | | | | |
| SCANNED MAY 05 | Jera | | expenses. Add lines 13 thre | | 2,273. | 2,273. | · | 0. |
| 2021 | ŏ | 25 | Contributions, gifts, grants | paid | 20,484. | | | 20,484. |
|)21 | | 26 | Total expenses and disburs | sements. | | | | |
| | | | Add lines 24 and 25 | | 22,757. | 2,273. | What are a second and a second as a second as | 20,484. |
| | | 27 | Subtract line 26 from line 12 | 2: | | | Estate Transfer | |
| | | | Excess of revenue over expenses | | 51,197. | | | |
| | | | Net investment income (# n | | | 0. | N/A | |
| | | | Adjusted net income (dinors | ative enter +0-1 | I S MORE S S TO THE SECOND SECTION AS THE ASSET OF A SECTION AS THE SECOND SECOND SECTION AS THE SECOND | THE PROPERTY SHOULD SHOULD | ı IV/A | ■ 生物機能 「 *********************************** |

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

| Form 990-PF (2019) THE ROY AND TONI BLISS FAMILY FOUNDATION 73-1531425 Page | | | | | |
|---|--------------|--|---|---|--|
| | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End o | f year |
| ; • | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | | | • |
| | 2 | Savings and temporary cash investments | 4,742. | 55,939. | 55,939. |
| | 3 | Accounts receivable | | · 1988 | |
| | | Less; allowance for doubtful accounts | | | * |
| | 4 | Pledges receivable > | 23 / 20 (Mark 196) | | |
| | `. | Less; allowance for doubtful accounts | 300 | | |
| | 5 | Grants receivable | - | | · - · |
| | ٦ | Receivables due from officers, directors, trustees, and other | | | • |
| | ľ | disqualified persons | | | |
| | , | Other notes and loans receivable | 1687 1 2 22 23 26 2 1997 | | 3880430113 TOURS |
| | Ι΄. | Less; allowance for doubtful accounts | 2000 2000 2000 2000 | 1.7.4.2.3.35.38.38.38.34.3.2.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3. | 3000 A. A |
| | 8 | Inventories for sale or use | | | , |
| Assets | · - | | | | |
| Ass | 9 | Prepaid expenses and deferred charges | | <u> </u> | |
| . ` | | Investments - U.S. and state government obligations | | | |
| | | Investments - corporate stock | | | |
| | C | Investments - corporate bonds | A38760 / A. 20 % A4000000 dax 20 % / 5 | C4. C.AST088025778.2197 12.52.1190 | CONSTRUCTO CANA CANA CANA CANA CANA CANA CANA CAN |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | ļ | | |
| | 12 | Investments - mortgage loans | | | - , |
| | 13 | Investments - other | LATERATURE CO. CET. AS ATT ASSOCIATION AND ADDRESS. | To. to an detailment of the source of a bo | 7 |
| | 14 | Land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 15 | Other assets (describe | | | |
| | 16 | Total assets (to be completed by all filers - see the | | | , |
| | | instructions. Also, see page 1, item I) | 4,742. | 55,939. | √55√, 939 . |
| | 17 | Accounts payable and accrued expenses | | - | |
| | 18 | Grants payable | | | |
| ιΛ | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | • | |
| ᅙ | 21 | Mortgages and other notes payable | | | |
| <u></u> | l | Other liabilities (describe | | | |
| | | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0: | 0. | |
| _ | <u> </u> | Foundations that follow FASB ASC 958, check here | • | • | AND THE STATE OF T |
| | | and complete lines 24, 25, 29, and 30. | | · · | |
| ces | 24 | Net assets without donor restrictions | | | |
| | 25 | Net assets with donor restrictions | | | |
| Net Assets or Fund Balar | 23 | Foundations that do not follow FASB ASC 958, check here | | | |
| P | | | r | | 4 |
| Ē | ۰۰ | and complete lines 26 through 30. | 0. | 0. | |
| õ | | Capital stock, trust principal, or current funds | 0. | 0. | |
| set | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | 4,742. | 55,939. | |
| Ass | | Retained earnings, accumulated income, endowment, or other funds | | 55,939. | |
| et | 29 | Total net assets or fund balances | 4,742. | 55,939. | 3 34 4 |
| _ | | | 4 740 | EE 030 | |
| _ | 30 | Total liabilities and net assets/fund balances | 4,742. | 55,939. | |
| ŗΡ | art | Analysis of Changes in Net Assets or Fund Ba | alances | • | - |
| = | | | • | | |
| 1 | | net assets or fund balances at beginning of year - Part II, column (a), line | 29 | | 4 740 |
| | • | t agree with end-of-year figure reported on prior year's return) | | 1 | 4,742. |
| | | amount from Part I, line 27a | | 2 | 51,197. |
| | | increases not included in line 2 (itemize) | <u> </u> | | 0. |
| | | ines 1, 2, and 3 | | 4_ | 55,939. |
| | | eases not included in line 2 (itemize) | | 5 | 0. |
| 6 | <u>Total</u> | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 29 | 6 | 55,939. |

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Page 3

| | | <u>3-153:</u> | | Page 4 |
|--------|---|---------------|--|------------------|
| Pa | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494 | 8 - see ii | nstruction | s) |
| 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) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | 1 22.22 3.50 | To his amounter. As a serie | 0. |
| | of Part I, line 27b | | | |
| | 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-) | 2 | | 0. |
| 3 | Add lines 1 and 2 | 3 | | 0. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 4 | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | Commission of the Commission o | 0. |
| 6 | Credits/Payments: | | | |
| | 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 673. | | | |
| | Exempt foreign organizations - tax withheld at source 6b 0 . Tax paid with application for extension of time to file (Form 8868) 6c 0 . | | | |
| | | | | |
| | | 7 | 6 | 73. |
| | Total credits and payments. Add lines 6a through 6d | 8 | | 0. |
| 8 9 | Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 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 | 6 | 73. |
| | Enter the amount of line 10 to be: Credited to 2020 estimated tax | 11 | | 0. |
| | tt.VII-A. Statements Regarding Activities | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | Yes | No |
| | any political campaign? | | 1a | X |
| ь | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | n | 1b · | Х |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | | 132 |
| | distributed by the foundation in connection with the activities. | | | |
| C | Did the foundation file Form 1120-POL for this year? | | 1c | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | |
| | (1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0. | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | |
| | managers. ► \$0. | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | - | 2 | X |
| | If "Yes," attach a detailed description of the activities. | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | X |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | NT / N | 4a | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | 4b | х |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | 2000 |
| 6 | If "Yes," attach the statement required by General Instruction T Are the requirements of caction 509(a) (relating to cactions 4041 through 4045) caticfied either: | | | |
| 0 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or | | N. S. | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la | w | | |
| | remain in the governing instrument? | ** | 6 X | 2.1112121 |
| ~ 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 X | _ ~ |
| • | bid the federation have at least 60,000 in account any time during the year. It is so, completel at the control of attention | | 25.75 | 3370 |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. | | | |
| | OK | | | 8 |
| ь | 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 X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary | ar | 049 CA | |
| | year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV | | 9 | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | 10 | X |
| | • | C/ | vm 990-PF | (2019) |

b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or 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 the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Schedule C, to determine if the foundation had excess business holdings in 2019.)

had not been removed from jeopardy before the first day of the tax year beginning in 2019?

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N/A

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|--|---|-----------------------------------|--|-------------------------------|
| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be R | equired (contin | ued) | |
| 5a During the year, did the foundation pay or incur any amount to: | | <u> </u> | [| Yes No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | Y | es 🗓 No 👺 | \$2.00 |
| (2) Influence the outcome of any specific public election (see section 4955); o | ` '' | | , | |
| any voter registration drive? | , , | | es X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | | es X No | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | | | .s (<u>==</u>) | |
| 4945(d)(4)(A)? See instructions | 11 000011000 111 00011011 | | es 🗓 No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or adjucational nurnoses, or fe | | | |
| the prevention of cruelty to children or animals? | or concational purposos, or in | | es X No | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un- | dar the exceptions described i | | | |
| | | ii negulations | N/A | 5b |
| section 53.4945 or in a current notice regarding disaster assistance? See instru | | | | 30 33335 - 354 |
| Organizations relying on a current notice regarding disaster assistance, check i | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for | | | [§ | |
| expenditure responsibility for the grant? | 10 | I/A | es L No | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | · — | | |
| a personal benefit contract? | | Ye | es X No 💆 | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | | 6b X |
| If "Yes" to 6b, file Form 8870. | · · · | | - | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Y ₀ | ·· 😑 ··· 🛏 | omit (f. g. ; |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | • | | N/A | 7b |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$ | 1,000,000 in remuneration or | | [· | |
| excess parachute payment(s) during the year? | | | es X No | |
| Part VIII Information About Officers, Directors, Truste | es, Foundation Mar | nagers, Highly | | |
| Paid Employees, and Contractors | | 1 | | |
| 1 List all officers, directors, trustees, and foundation managers and the | | I | (d) 0 | |
| (a) Name and address | (b) Title, and average hours per week devoted | (c) Compensation (If not paid, | (d) Contributions to employee benefit plans and deferred | (e) Expense account, other |
| | to position | enter -0-) | compensation | allowances |
| THE PARTY OF THE P | DIRECTOR | | | |
| 2201 EAST 26TH STREET | | | | |
| TULSA, OK 74114 | 0.00 | 0. | 0. | 0. |
| TONI L. BLISS | DIRECTOR | | | |
| 2201 EAST 26TH STREET | | | | |
| TULSA, OK 74114 | 0.00 | 0. | 0. | 0. |
| | - | | | |
| | | | | |
| | | | | |
| | | | | |
| |] | | | |
| | 1 | | | |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 1). If none, o | enter "NONE." | | |
| () Non- and address of and a section and the OFO 000 | (b) Title, and average | | (d) Contributions to employee benefit plans | (e) Expense account, other |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | employee benefit plans and deferred compensation | allowances |
| NONE | ' | | | |
| | 1 . | | | |
| | | | | |
| , | 1 | | | |
| | · - | | | - |
| | 1 | | | |
| · _ · · · · · · · · · · · · · · · · · · | | | | |
| | 1 | | | |
| · · · · · · · · · · · · · · · · · · · | | | _ | - |
| | 1 | | | |
| Total number of other employees paid over \$50,000 | L | ' | | 0 |
| TOTAL HUMBER OF OTHER EMPLOYEES PAID OVER \$50,000 | | | | <u> </u> |

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|---|----------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | on Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "I | NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | 4 | |
| | | |
| | - | |
| | | |
| · · · · · · · · · · · · · · · · · · · | † | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistics | al information such as the | |
| number of organizations and other beneficiaries served, conferences convened, research papers product | | Expenses |
| 1 N/A | | |
| | | • |
| | | 0. |
| 2 | | |
| | | |
| | | · |
| · | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lin | es 1 and 2. | Amount |
| 1 <u>N/A</u> | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| | | |
| | | |
| T-A-1 Add brand Abranach 2 | • | 0. |
| Total. Add lines 1 through 3 | <u></u> | |

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations, s | 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 | 0. |
| b | Average of monthly cash balances | 1b | 37,235. |
| c | Fair market value of all other assets | 1c | |
| đ | Total (add lines 1a, b, and c) | 1d | 37,235. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 37,235. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 559. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 36,676. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 1,834. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar foreign organizations, check here art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here | d certain | |
| _ | Minimum investment return from Part X, line 6 | 1 | 1,834. |
| 1 2a | Tax on investment income for 2019 from Part VI, line 5 | - | 1,034. |
| | Income tax for 2019. (This does not include the tax from Part VI.) | | |
| b | Add lines 2a and 2b | | 0. |
| C | Distributable amount before adjustments. Subtract line 2c from line 1 | 2c 3 | 1,834. |
| 3 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 1,834. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 1,834. |
| _ | art XII Qualifying Distributions (see instructions) | | 1,054. |
| | | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | 20,484. |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 20,404. |
| Ъ | Program-related investments - total from Part IX-B | 1b 2 | |
| 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 | 3a | |
| a | Suitability test (prior IRS approval required) Cook distribution test (attack the required askedule) | 3b | |
| b | Cash distribution test (attach the required schedule) Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 20,484. |
| 4 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | - | 20,101. |
| J | Income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 20,484. |
| • | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | | |
| | 4940(e) reduction of tax in those years. | | |

Part XIII Undistributed Income (see instructions)

| | | | | · · · · · · · · · · · · · · · · · · · |
|--|---------------|----------------------------|---------------------------------------|---------------------------------------|
| | (a) Corpus | (b) Years prior to 2018 | (c) 2018 | (d) 2019 |
| Distributable amount for 2019 from Part XI, | Оограз | rears prior to 2010 | 2010 | 2013 |
| line 7 | | | • | 1,834. |
| 2 Undistributed income, if any, as of the end of 2019 | | | | |
| a Enter amount for 2018 only | | | 0. | |
| b Total for prior years: | | | | |
| ,, | | 0. | | |
| 3 Excess distributions carryover, if any, to 2019: | | | | |
| a From 2014 20,609. | | | | |
| b From 2015 20,957. | | | | |
| c From 2016 35,491. | | | | |
| d From 2017 17,517. | | | | |
| e From 2018 10,694. | | | | |
| f Total of lines 3a through e | 105,268. | | | |
| 4 Qualifying distributions for 2019 from | | | | |
| Part XII, line 4: ► \$ 20,484. | | | | |
| a Applied to 2018, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | • | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | • | | | |
| (Election required - see instructions) | 0. | | | 1,834. |
| d Applied to 2019 distributable amount | 10 (50 | | | 1,834. |
| e Remaining amount distributed out of corpus | 18,650. | | | |
| 5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | _ 0. |
| 6 Enter the net total of each column as indicated below. | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 123,918. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| 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 | | 0. | | ····· |
| d Subtract line 6c from line 6b. Taxable | | • | | |
| amount - see instructions | <u></u> | 0. | | |
| e Undistributed income for 2018. Subtract line | | | 0. | |
| 4a from line 2a. Taxable amount - see instr. | | | U • | |
| f Undistributed income for 2019. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | 0. |
| be distributed in 2020 7 Amounts treated as distributions out of | | | <u></u> | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2014 | | · | · · · · · · · · · · · · · · · · · · · | |
| not applied on line 5 or line 7 | 20,609. | | | |
| 9 Excess distributions carryover to 2020. | | | | |
| Subtract lines 7 and 8 from line 6a | 103,309. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2015 20,957. | | | | |
| b Excess from 2016 35,491. | | | | |
| c Excess from 2017 17,517. | | | | |
| d Excess from 2018 10,694. | | | | |
| e Excess from 2019 18,650. | | | | |
| | | | | Form 990-PF (2019) |

| | AND TONI B | | | | 31425 Page 10 |
|---|----------------------------|------------------------------|--------------------------|------------------------------|--------------------|
| Part XIV Private Operating F | oundations (see in: | structions and Part VII- | -A, question 9) | N/A | |
| 1 a If the foundation has received a ruling of | | | | | |
| foundation, and the ruling is effective fo | • | • | ▶∟_ | | |
| b Check box to indicate whether the found | | ng foundation described in | | 4942(j)(3) or49 | 942(1)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | 41.0040 | Prior 3 years | 1 41 0010 | /a\ Takal |
| income from Part I or the minimum | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4, for each year listed | | | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | ļ <i>[</i> | | - | <u> </u> |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c 3 Complete 3a, b, or c for the | | | · · · | | |
| alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | 1 | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter | | | | - | |
| 2/3 of minimum investment return | | | | | |
| shown in Part X, line 6, for each year listed | | | | | |
| c "Support" alternative test - enter: | 7 | | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, | | | | | |
| dividends, rents, payments on | | | | | |
| securities loans (section 512(a)(5)), or røyalties) | | | | | |
| (2) Support from general public | | | | | |
| and 5 or more exempt | | | | | |
| organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | | | | | _ |
| an exempt organization | | | | | |
| (4) Gross investment income | | | | | |
| Part XV Supplementary Info | | | f the foundation | had \$5,000 or mor | e in assets |
| at any time during t | he year-see instr | uctions.) | | | |
| 1 Information Regarding Foundation | n Managers: | | | | |
| a List any managers of the foundation wh | o have contributed more | than 2% of the total contr | ibutions received by th | e foundation before the clos | e of any tax |
| year (but only if they have contributed n | nore than \$5,000). (See s | ection 507(d)(2).) | | | |
| SEE STATEMENT 4 | | | | <u>-</u> | |
| b List any managers of the foundation wh | | | or an equally large port | ion of the ownership of a pa | rtnership or |
| other entity) of which the foundation ha | s a 10% or greater interes | st. | | | |
| NONE | | | | | |
| 2 Information Regarding Contributi | | | | | |
| Check here 🕨 🗶 if the foundation of | | | | | ests for funds. If |
| the foundation makes gifts, grants, etc., | | | | | |
| a The name, address, and telephone num | ber or email address of th | e person to whom applica | ations should be addre | ssed: | |
| ROY L. BLISS, (918) | | | | | |
| 2201 EAST 26TH STREE | T, TULSA, OF | K 74114 | | | |
| b The form in which applications should b | | tion and materials they sh | iould include; | | |
| ANY FORM IS ACCEPTAB | LE | | | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on award | s, such as by geographica | al areas, charitable fields, | kınds of institutions, o | other factors: | |
| NONE | | | | | |

Page 11

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year ALZHEIMER'S ASSOCIATION NONE GENERAL OPERATIONS 225 N. MICHIGAN AVENUE, FLOOR 17 CHICAGO, IL 60601 5,000. GENERAL OPERATIONS INDIAN NATIONS COUNCIL, BOY SCOUTS OF NONE AMERICA 4295 S. GARNETT ROAD TULSA, OK 74146 2,000. GENERAL OPERATIONS PHILBROOK MUSEUM OF ART NONE 2727 S. ROCKFORD ROAD TULSA, OK 74114 1,000. NONE GENERAL OPERATIONS ROUNDUP RIVER RANCH 8333 COLORADO RIVER ROAD 11,984. GYPSUM, CO 81637 TOMMY THOMASON NONE GENERAL SUPPORT 2201 EAST 26TH STREET TULSA, OK 74114 500. ➤ 3a 20,484. Total b Approved for future payment NONE Total

Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelated business income | | Exclu | ded by section 512, 513, or 514 | (e) |
|---|---------------------------|-----------------------------|--|---------------------------------|-----------------------------------|
| _ | (a) Business | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | code | | COGE | | |
| <u> </u> | | | | | _ |
| b | | | <u> </u> | | _ |
| c | | | | | |
| d | | | ļ | | |
| e | | | <u> </u> | | |
| f | | | <u> </u> | | |
| g Fees and contracts from government agencies | | | ļ | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | ĺ | | |
| investments | | | 14 | 155. | |
| 4 Dividends and interest from securities | | | | | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| 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 | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| 8 | | | 1 | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 155. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | • | 13 | 155. |
| (See worksheet in line 13 instructions to verify calculations) | | | | _ | |
| Part XVI-B Relationship of Activities to | the Acce | maliahmant of Eve | mnt | Durnosos | |
| relationship of Activities to | ine Acco | mplishment of Exe | smpt | Purposes | |
| Line No. Explain below how each activity for which incom | ne is reported | ın column (e) of Part XVI-A | contrib | uted importantly to the accom | plishment of |
| the foundation's exempt purposes (other than b | | | | | |
| N/A | | | | | |
| | | | | | · |
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| orm 99 | D-PF (2019) THE R | ROY AND TONI BLI | SS FAMILY FOU | JNDATION | 73-15 <u>31425</u> | Pa | ige 13 |
|------------------------|--|---|--------------------------------------|---|-----------------------------|------------|--------|
| Part : | Information Re Exempt Organ | egarding Transfers to a nizations | and Transactions ar | nd Relationships With | Noncharitable | | |
| 1 Did | the organization directly or indi | rectly engage in any of the following | ng with any other organization | on described in section 501(c) | | Yes | No |
| | | nizations) or in section 527, relatin | | `` | | | |
| | | lation to a noncharitable exempt or | | | | | |
| | Cash | | | | 1a(1) | | X |
| (2) | Other assets | | | | 1a(2) | | X |
| b Oth | er transactions; | | | | | | |
| (1) | Sales of assets to a noncharita | able exempt organization | | | 1b(1) | | Х |
| (2) | Purchases of assets from a no | oncharitable exempt organization | | | 1b(2) | | X |
| | Rental of facilities, equipment, | · = | | | 1b(3) | | Х |
| (4) | Reimbursement arrangements | 3 | | | 1b(4) | | X |
| (5) | Loans or loan guarantees | | | | 1b(5) | | X |
| (6) | Performance of services or me | embership or fundraising solicitation | ons | | 1b(6) | | X |
| c Sha | aring of facilities, equipment, ma | ailing lists, other assets, or paid en | nployees | | 1c | | Х |
| | • | "Yes," complete the following schi | · - | ways show the fair market value of | of the goods, other ass | ets, | |
| or : | services given by the reporting f | oundation. If the foundation receiv | ed less than fair market valu | e in any transaction or sharing ar | rangement, show in | | |
| col | umn (d) the value of the goods, | other assets, or services received. | | | | | |
| (&) Line n | (b) Amount involved | (c) Name of noncharitable | e exempt organization | (d) Description of transfers, tra | insactions, and sharing arr | angemen | its |
| | | N/A | | | | | |
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| | | <u> </u> | | | | | |
| 2a Ist | he foundation directly or indirec | tly affiliated with, or related to, one | e or more tax-exempt organiz | zations described | | | |
| ın s | ection 501(c) (other than sectio | on 501(c)(3)) or in section 527? | | | Yes | X | No |
| | es," complete the following sch | | | | | | |
| | (a) Name of org | | (b) Type of organization | (c) Description | n of relationship | | |
| | N/A | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | that I have examined this return, including | | | | discuss tf | his |
| Sign | and belief, it is true, correct, and com | nplete Declaration of preparer (other than | n taxpayer) is based on all informat | tion of which preparer has any knowled; | return with the | e prepare | ¥ |
| Here | D91191 L | Mull | 111-12-2 | MANAGER | X Yes | _ | No |
| | Signature of officer or trustee | 9 | Date | Title | | | |
| | Print/Type preparer's na | ame Preparer's | engitatione > | Date Check |] if PTIN | | |

Phone no. 918-745-2333 Form **990-PF** (2019)

P00435069

Firm's EIN ► 73-1413977

self- employed

Paid

Preparer

Use Only

Firm's name ► HOGANTAYLOR LLP

Firm's address ▶ 2222 SOUTH UTICA PL, SUITE 200

TULSA, OK 74114

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

THE ROY AND TONI BLISS FAMILY FOUNDATION

Employer identification number

73-1531425

| Organization type (check one) | | | | | | |
|-------------------------------|---|--|--|--|--|--|
| Filers of: | Section: | | | | | |
| Form 990 or | 990-EZ 501(c)() (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-Pf | X 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| - | organization is covered by the General Rule or a Special Rule . section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions | | | | | |
| General Rul | | | | | | |
| | an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or perty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | |
| Special Rule | s | | | | | |
| sec any | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. | | | | | |
| yea | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III | | | | | |
| yea ıs c pur | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. | | | | | |
| but it must a | organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), inswer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | | | | | |

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

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

Name of organization

Employer identification number

THE ROY AND TONI BLISS FAMILY FOUNDATION

73-1531425

| PartI | Contributors (see instructions) Use duplicate copies of Part I if additional | space is needed. | |
|------------|--|------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | ROY AND TONI BLISS 2201 EAST 26TH STREET TULSA, OK 74114 | \$ 73,799 . | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |
| (a) No. | . (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash (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 (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) ' Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |

Name of organization

Employer identification number

THE ROY AND TONI BLISS FAMILY FOUNDATION

73-1531425

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if | additional space is needed | |
|------------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | - - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | - - - \$\$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| — | | - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| — | | - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | - - - - \$ | |

Name of organization

Employer identification number

| THE R | OY AND TONI BLISS FAMILY | | | 73-1531425 | | |
|---------------------------|---|--|--|-----------------------------|--|--|
| Part III | Exclusively religious, charitable, etc., contribute from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional |) through (e) and the following line entry charitable, etc., contributions of \$1,000 or les | For organizations | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | ription of how gift is held | | |
| | | | | | | |
| | | (e) Transfer of gift | | | | |
| | Transferee's name, address, ar | me, address, and ZIP + 4 Relationship of transferor to transferee | | | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | ription of how gift is held | | |
| | | | | | | |
| | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | ription of how gift is held | | |
| | | | | | | |
| | | (e) Transfer of gift | | | | |
| | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | ription of how gift is held | | |
| | | | | | | |
| | (e) Transfer of gift | | | | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of tran | nsferor to transferee | | |
| | | | | | | |

| FORM 990-PF INTEREST ON SAVI | NGS AND TE | MPORARY (| CASH I | NVESTMENTS | STATEMENT 1 |
|--|------------------------------|---------------------|------------------------|------------------------------|---------------------------------|
| SOURCE | REV | A) ENUE BOOKS | | (B) NVESTMENT NCOME | (C) ADJUSTED NET INCOME |
| MORGAN STANLEY DOMESTIC HOLDINGS, INC. RAYMOND JAMES & ASSOCIATES, | | 3. | | .3. | |
| TOTAL TO PART I, LINE 3 | | 152. | 152. 152. 155. 155. | | |
| 101112 10 111111 1, 11 111 0 | | | | | |
| FORM 990-PF | ACCOUNT | ING FEES | | | STATEMENT 2 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | NET IN |) /EST- NCOME | (C) ADJUSTED NET INCOM | (D) CHARITABLE E PURPOSES |
| HOGANTAYLOR, LLP | 1,750 | <u> </u> | 1,750. | | 0. |
| TO FORM 990-PF, PG 1, LN 16B | 1,750 | . 1 | 1,750. | | 0. |
| FORM 990-PF | OTHER 1 | EXPENSES | | . | STATEMENT 3 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | NET IN | EST- | (C) ADJUSTED NET INCOM | (D) CHARITABLE E PURPOSES |
| BANK SERVICE CHARGES | 523 | • | 523. | | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 523 | • | 523. | | 0. |

| FORM 990-PF | PART XV - LINE 1A | STATEMENT 4 |
|-------------|-----------------------------|-------------|
| | LIST OF FOUNDATION MANAGERS | |

NAME OF MANAGER

ROY L. BLISS TONI L. BLISS