Form 990-PF

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

2019

Open to Public Inspection

For	caler	ndar year 2019 or tax year beginning	, 201	9, and	ending		, 20
Nam	e of fou	undation				er identification number	er
Fr	ench	Family Charitable Foundation			73-1	546685	
		street (or P.O. box number if mail is not delivered to street address)	Roor	n/suite	B Telephor	ne number (see instruct	ions)
20	9 Fr	ench Park Place	101		(405	348-8300	
City	or town	, state or province, country, and ZIP or foreign postal code				tion application is pend	ing, check here ▶
Ed	mond	OK 73034					•
			n of a former public	charity	D 1. Foreig	n organizations, check	here ▶ 🗍
		☐ Final return ☐ Amended				n organizations meeting	
		Address change Dame cha	nge	1		here and attach compu	
H	Check	k type of organization: X Section 501(c)(3) exempt p	rivate foundation	04	E If private	foundation status was	terminated under
	Section	on 4947(a)(1) nonexempt charitable trust Other tax	xable private found	dation	section 5	07(b)(1)(A), check here	▶□
		narket value of all assets at J Accounting method	l: 🗵 Cash 🗌 A	ccrual	F If the fou	ndation is in a 60-mont	h termination
		f year (from Part II, col. (c), Other (specify)			under se	ction 507(b)(1)(B), chec	k here . ▶ 🗌
	line 16	6) ► \$ 21,875,045. (Part I, column (d), must b	e on cash basis.)				
Pa	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(A) A) -		6a3 A.d	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		investment ncome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	Jours				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	900,000.	l			1
	2	Check ► ☐ if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	467,503.	4	<u>67,503.</u>		
	5a	Gross rents					
	þ	Net rental income or (loss)					
ne	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a	RECEIVED				
é	7	Capital gain net income (from Part IV, line 2)		그었	0.		
	8	Net short-term capital gain	1 2020	\Box		0.	
	9		MAY 0 4 2020	1 10/1			
	10a	Gross sales less returns and allowances		一层			
	b	Less: Cost of goods sold	OGDEN, U				<u> </u>
U) C	Gross profit or (loss) (attach schedule)					
S	11	Other income (attach schedule)				· · · · · · · · · · · · · · · · · · ·	
=	12	Total. Add lines 1 through 11	1,367,503.	4	67,503.	0.	
ΩZ	13	Compensation of officers, directors, trustees, etc.					
S.	114	Other employee salaries and wages		ļ			
geb	15 16-	Pension plans, employee benefits		-			
	16a	Legal fees (attach schedule)		-			
ge g	b	Accounting fees (attach schedule)	1,925.		1,925.		
ari.	, C	Other professional fees (attach schedule)	0.007	 	0 007		
1	17	Interest	8,837.	 	8,837.		
	18 19	Depreciation (attach schedule) and depletion	6,294.	 	9,294.		
E	20	Occupancy		-			
¥	21	Travel, conferences, and meetings		-			
밀	22	Printing and publications		 			
ē	23	Other expenses (attach schedule)		 			
ing	23 24	Total operating and administrative expenses.		 			
Operating and Administratiee 🗜	27	Add lines 13 through 23	17.056] .	20 056		
ē	25	Contributions, gifts, grants paid	17,056.	 	20,056.		
ō	26	Total expenses and disbursements. Add lines 24 and 25	974,580. 991,636.	<u> </u>	20,056.		
\dashv	27	Subtract line 26 from line 12:	991,030.	 	20,030.		
	a a	Excess of revenue over expenses and disbursements	375,867.				
ļ	b	Net investment income (if negative, enter -0-) .		1	47,447.		
		Adjusted net income (if negative, enter -0-)		- 4	11,141.	0.	

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Pa	art II	Balance Sheets Attached schedules and amounts in the description colum	n Beginning of year		End c	of year
		should be for end-of-year amounts only. (See instructions.	(a) Book Value	(b) Book Val	ue	(c) Fair Market Value
	1	Cash-non-interest-bearing				
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	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	-			
Ş	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule) L-10b Stmt		17,935,7	20	21,875,045.
	c	Investments—corporate bonds (attach schedule)	17,022,322.	11,533,1	23.	21,073,043.
	11	Investments—land, buildings, and equipment: basis >				
	''	Local constructed depreciation (attach schedule)				
	12	Less: accumulated depreciation (attach schedule) ▶ Investments—mortgage loans				
	13					
		Investments—other (attach schedule)				
	14	Land, buildings, and equipment: basis ►				
	4.5	Less: accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe >)				
	16	Total assets (to be completed by all filers—see the				
	4 ***	instructions. Also, see page 1, item I)	17,622,322.	17,935,7	<u> 29.</u>	21,875,045.
	17	Accounts payable and accrued expenses				
S	18	Grants payable				
ij	19	Deferred revenue				
Ē	20	Loans from officers, directors, trustees, and other disqualified persons		<u>-</u> <u></u> .		<u> </u>
Liabilities	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe ►)				<u> </u>
	23	Total liabilities (add lines 17 through 22)				
Balances		Foundations that follow FASB ASC 958, check here ► 🗵				
n c		and complete lines 24, 25, 29, and 30.				
ala	24	Net assets without donor restrictions		17,935,7	29.	
_	25	Net assets with donor restrictions				
Б		Foundations that do not follow FASB ASC 958, check here ▶ □				
됴		and complete lines 26 through 30.				
5	26	Capital stock, trust principal, or current funds				
13	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
sel	28	Retained earnings, accumulated income, endowment, or other funds				
Net Assets or Fund	29	Total net assets or fund balances (see instructions)	17,622,322.	17,935,7	29.	
et,	30	Total liabilities and net assets/fund balances (see				
		instructions)	17,622,322.	17,935,7	29.	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	<u> </u>			
1	Tota	I net assets or fund balances at beginning of year-Part II, col	umn (a), line 29 (mus	t agree with		
		of-year figure reported on prior year's return)			1	17,622,322.
2	Ente	r amount from Part I, line 27a			2	375,867.
3		er increases not included in line 2 (itemize) ► Capital Gain:			3	
4	Add	lines 1, 2, and 3			4	17,998,189.
5		reases not included in line 2 (itemize) ► Capital Losses			5	62,460.
6		I net assets or fund balances at end of year (line 4 minus line 5)-	-Part II, column (b), li	ne 29	6	17,935,729.

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	• •	nd(s) of property sold (for example, real e se; or common stock, 200 shs. MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acqu (mo., day, y		(d) Date sold (mo., day, yr.)
1a	Prescott Small Cap			P	01/02/20	19	12/31/2019
	Prescott Small Cap			P	01/02/20		12/31/2019
	Prescott Mid Cap			P	01/02/20	19	12/31/2019
	Prescott Mid Cap			P	01/02/20	18	12/31/2019
е	Vanguard total Int	l Stock		P	01/02/20	18	11/27/2019
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale	1		n or (loss) (f) minus (g))
а	0.			131,740.			-131,740.
b	113,901.			0.			113,901.
С	0.			46,027.			-46,027.
d	36,005.			0.			36,005.
е	882,218.			916,817.			-34,599.
	Complete only for assets sho	wing gain in column (h) and owned	by the foundation	n on 12/31/69.	(I) Gau	ns (Co	l. (h) gain minus
	(I) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col. (i) ol. (j), ıf any	col (k), l	but no	t less than -0-) or rom col. (h))
а							
b							113,901.
C							-46,027.
d							36,005.
е							-34,599.
2	Capital gain net income of		also enter in Pa enter -0- in Pa		2		-62,460.
Part	V A LICE LIVE II	 			3		
(For o _l If sect Was tl	otional use by domestic pri ion 4940(d)(2) applies, leave ne foundation liable for the	section 4942 tax on the distribu	section 4940(a)) tax on net investor of any year in the	t Income tment income		☐ Yes ⊠ No
(For o If sect Was ti If "Yes	otional use by domestic pri ion 4940(d)(2) applies, leave ne foundation liable for the s," the foundation doesn't o	vate foundations subject to the e e this part blank. section 4942 tax on the distribu jualify under section 4940(e). Do	section 4940(a) table amount o) tax on net invest of any year in the this part.	t Income tment income base period?		
(For o _l If sect Was tl	otional use by domestic pri ion 4940(d)(2) applies, leave ne foundation liable for the s," the foundation doesn't on Enter the appropriate amo	vate foundations subject to the e e this part blank. section 4942 tax on the distribu	section 4940(a) table amount of) tax on net invest of any year in the this part.	t Income tment income base period?		☐ Yes ⊠ No
(For o	otional use by domestic pri ion 4940(d)(2) applies, leave ne foundation liable for the s," the foundation doesn't on Enter the appropriate amon (a) Base period years indar year (or tax year beginning in)	vate foundations subject to the ethis part blank. section 4942 tax on the distributed in the part blank on the distributed in the each column for each year (b) Adjusted qualifying distributions	table amount of not complete ar; see the instr	of any year in the this part. Tuctions before more of noncharitable-use a	t Income tment income base period? aking any ent	ries.	(d) tribution ratio divided by col. (c))
(For o	otional use by domestic pri ion 4940(d)(2) applies, leave ne foundation liable for the s," the foundation doesn't of Enter the appropriate amo (a) Base period years ndar year (or tax year beginning in)	vate foundations subject to the ethis part blank. section 4942 tax on the distribution and the distribution are the column for each year (b) Adjusted qualifying distributions	table amount of not complete ar; see the instruction of the complete are the c	of any year in the this part. (c) of noncharitable-use a	t Income tment income base period? aking any ent ssets (c)	ries.	(d) tribution ratio divided by col. (c)) 0.044215
(For o	otional use by domestic pri ion 4940(d)(2) applies, leave ne foundation liable for the s," the foundation doesn't on Enter the appropriate amon (a) Base period years indar year (or tax year beginning in) 2018 2017	vate foundations subject to the ethis part blank. section 4942 tax on the distributed for the ethic part blank. section 4942 tax on the distributed for the ethic part in each column for each year (b) Adjusted qualifying distributions 868, 0 583, 5	table amount of not complete ar; see the instruction of the complete are are also and the complete are also also and the complete are also and the comple	of any year in the this part. ructions before m (c) of noncharitable-use a 19,633,0 15,288,9	t Income tment income base period? aking any ent ssets (c) 778.	ries.	(d) tribution ratio divided by col. (c)) 0.044215 0.038165
(For o	otional use by domestic pri ion 4940(d)(2) applies, leave ne foundation liable for the s," the foundation doesn't of Enter the appropriate amo (a) Base period years indar year (or tax year beginning in) 2018 2017 2016	vate foundations subject to the ethis part blank. section 4942 tax on the distributed for the each column for each year (b) Adjusted qualifying distributions 868, 0 583, 5	table amount of not complete ar; see the instruction of the instructio	of any year in the this part. ructions before m (c) of noncharitable-use a 19,633,0 15,288,9 11,682,6	t Income tment income base period? aking any ent ssets (c) 78.	ries.	(d) tribution ratio divided by col. (c)) 0.044215 0.038165 0.049542
(For o	otional use by domestic pri ion 4940(d)(2) applies, leave ne foundation liable for the s," the foundation doesn't of Enter the appropriate among (a) Base period years indar year (or tax year beginning in) 2018 2017 2016 2015	vate foundations subject to the ethis part blank. section 4942 tax on the distribution and the each column for each year (b) Adjusted qualifying distributions 868, 0 583, 5 578, 7 623, 2	table amount of not complete ar; see the instruction of the instructio	of any year in the this part. ructions before m (c) of noncharitable-use a 19,633,0 15,288,9 11,682,6 11,901,0	t Income tment income base period? aking any ent ssets (co	ries.	(d) tribution ratio divided by col. (c)) 0.044215 0.038165 0.049542 0.052369
(For o	otional use by domestic pri ion 4940(d)(2) applies, leave ne foundation liable for the s," the foundation doesn't of Enter the appropriate amo (a) Base period years indar year (or tax year beginning in) 2018 2017 2016	vate foundations subject to the ethis part blank. section 4942 tax on the distributed for the each column for each year (b) Adjusted qualifying distributions 868, 0 583, 5	table amount of not complete ar; see the instruction of the instructio	of any year in the this part. ructions before m (c) of noncharitable-use a 19,633,0 15,288,9 11,682,6	t Income tment income base period? aking any ent ssets (co	ries.	(d) tribution ratio divided by col. (c)) 0.044215 0.038165 0.049542 0.052369
(For o	otional use by domestic prison 4940(d)(2) applies, leave the foundation liable for the s," the foundation doesn't one Enter the appropriate amount (a) Base period years and year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (d)	vate foundations subject to the sethis part blank. section 4942 tax on the distributional pualify under section 4940(e). Do punt in each column for each year (b) Adjusted qualifying distributions 868, 0 583, 5 578, 7 623, 2 503, 8	table amount of not complete ar; see the instruction of the instructio	of any year in the this part. ructions before m (c) of noncharitable-use a 19,633,0 15,288,9 11,682,6 11,901,0 12,649,0	t Income tment income base period? aking any ent ssets (c) 78. 963. 675.	ries.	(d) tribution ratio divided by col. (c)) 0.044215 0.038165 0.049542 0.052369 0.039830
(For o	otional use by domestic prison 4940(d)(2) applies, leave the foundation liable for the s," the foundation doesn't content the appropriate amount (a) Base period years and year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (d) Average distribution ratio	vate foundations subject to the set this part blank. section 4942 tax on the distribution for each year and the each column for each year (b) Adjusted qualifying distributions 868, 0 583, 5 578, 7 623, 2 503, 8	table amount of not complete ar; see the instruction of the instructio	of any year in the this part. ructions before m (c) of noncharitable-use a 19,633,0 15,288,9 11,682,6 11,901,0 12,649,0	t Income tment income base period? aking any ent ssets (c) 78. 963. 675.	ries.	(d) tribution ratio divided by col. (c)) 0.044215 0.038165 0.049542 0.052369 0.039830
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(For o	otional use by domestic prison 4940(d)(2) applies, leave the foundation liable for the s," the foundation doesn't of Enter the appropriate among the state of the special pricond years and ar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (d) Average distribution ratio the number of years the foundation of the state of t	vate foundations subject to the set this part blank. section 4942 tax on the distributed for the 5-year base period—divoundation has been in existence	table amount of not complete ar; see the instruction of the instructio	of any year in the this part. ructions before m (c) of noncharitable-use a 19,633,0 15,288,9 11,682,6 11,901,0 12,649,0 n line 2 by 5.0, o	t Income trent income trent income base period? aking any ent ssets (co 78. 63. 675. 649. 684.	ries.	(d) tribution ratio divided by col. (c)) 0.044215 0.038165 0.049542 0.052369 0.039830 0.224121 0.044824 21,165,937.
For o	otional use by domestic prison 4940(d)(2) applies, leave the foundation liable for the s," the foundation doesn't of Enter the appropriate amount (a) Base period years index year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (d) Average distribution ratio the number of years the form of the period years the pe	vate foundations subject to the set this part blank. section 4942 tax on the distributed for the 5-year base period—divoundation has been in existence	table amount of not complete ar; see the instruction of the instructio	of any year in the this part. ructions before m (c) of noncharitable-use a 19,633,0 15,288,9 11,682,6 11,901,0 12,649,0 n line 2 by 5.0, o	t Income tment income base period? aking any ent ssets (c) 78. 963. 675. 949. 984. 2 r by 3	ries.	(d) tribution ratio divided by col. (c)) 0.044215 0.038165 0.049542 0.052369 0.039830 0.224121 0.044824 21,165,937.
(For o	otional use by domestic prison 4940(d)(2) applies, leave the foundation liable for the s," the foundation doesn't of Enter the appropriate amount (a) Base period years index year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (d) Average distribution ratio the number of years the form of the period years the pe	vate foundations subject to the ethis part blank. section 4942 tax on the distributed for the 5-year base period—divordation has been in existence charitable-use assets for 2019 find.	table amount of not complete ar; see the instruction of the instructio	of any year in the this part. ructions before m (c) of noncharitable-use a 19,633,0 15,288,9 11,682,6 11,901,0 12,649,0 n line 2 by 5.0, o	t Income trent inc	ries.	(d) tribution ratio divided by col. (c)) 0.044215 0.038165 0.049542
(For o If sect Was ti If "Yes 1 Cale 2 3	otional use by domestic prison 4940(d)(2) applies, leave the foundation liable for the start the foundation doesn't of the start the appropriate amoundar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (d) Average distribution ratio the number of years the foundation of the number of years the foundation of the start the net value of none Multiply line 4 by line 3 Enter 1% of net investment	vate foundations subject to the ethis part blank. section 4942 tax on the distributed for the 5-year base period—divordation has been in existence charitable-use assets for 2019 find.	table amount of not complete ar; see the instruction of the instructio	of any year in the this part. ructions before m (c) of noncharitable-use a 19,633,0 15,288,9 11,682,6 11,901,0 12,649,0 n line 2 by 5.0, o	t Income tment income that inc	ries.	(d) tribution ratio divided by col. 0.0 0.0 0.0 0.0 21,165

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Part		instru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶☐ and enter "N/A" on line 1.			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		4,4	74.
	here ► 🗵 and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
3	Add lines 1 and 2		4,4	74.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		4,4	74.
6	Credits/Payments:			1
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 7,652.			
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		7,6	52.
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		3,1	78.
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax > 3,178. Refunded > 11			
	VII-A Statements Regarding Activities	1	Vac	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	10	Yes	No ×
	participate or intervene in any political campaign?	1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		×
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		×
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. ► \$]		1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. ► \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		×
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		×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		$\frac{\hat{x}}{x}$
	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 <i>General Instruction T</i> .		-	1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			l
	By language in the governing instrument, or	1		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			_
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	×	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			$\overline{}$
•	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		×

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Par	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within th 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	1		
13	person had advisory privileges? If "Yes," attach statement. See instructions Did the foundation comply with the public inspection requirements for its annual returns and exemption application	? 12 ? 13	×	×
10	Maharta address N/D	· <u></u>		
14	The books are in care of ▶ Bruce Compton CPA Telephone no. ▶ (405))348-	8300)
	_ocated at ▶ P.O. Box 1265, Edmond, OK ZIP+4 ▶ 7308			
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 authorit over a bank, securities, or other financial account in a foreign country?..........................	16	Yes	No ×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		L	 ^ -
	the foreign country	'		
Part	/II-B Statements Regarding Activities for Which Form 4720 May Be Required			<u></u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes XN	>		
	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 ⊠ N			
	4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			•
	5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	,		
	6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	1		
b	f 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	 	
	Drganizations relying on a current notice regarding disaster assistance, check here	,		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	- 1		
	were not corrected before the first day of the tax year beginning in 2019?	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	,		
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?	>		
	f "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 relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	ill years listed, answer "No" and attach statement—see instructions.)	2b	<u> </u>	
С	f the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	► 20, 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	,		
b	f "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation o	r		
	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			
	he 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the oundation had excess business holdings in 2019.)			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a	 	×
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			×

.:

	0-PF (2019)						_		 .		Page
Part	VII-B Statements Regarding Activitie			4720	May Be R	lequire	ed (contin	nued)			
5a	During the year, did the foundation pay or incur (1) Carry on propaganda, or otherwise attempt			n (000)	ion 4045/o	\\ 2	∏Yes	X No	-	Yes	No
	(2) Influence the outcome of any specific publi		•	•	•	• •	_	<u></u> ₩			-
	directly or indirectly, any voter registration d						' ☐ Yes	⊠ No			
	(3) Provide a grant to an individual for travel, stu	udy, or d	other similar p	ourpos	es?		Yes	⊠ No			1
	(4) Provide a grant to an organization other that section 4945(d)(4)(A)? See instructions						☐ Yes	⊠ No			
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to							⊠ No			
b	If any answer is "Yes" to 5a(1)—(5), did any of the in Regulations section 53.4945 or in a current not section 54.4945 or in a current n							cribed	5b		
С	Organizations relying on a current notice regard If the answer is "Yes" to question 5a(4), does because it maintained expenditure responsibility	the four	ndation claim	exem	ption from	the tax	(► □			
6a	If "Yes," attach the statement required by Regul Did the foundation, during the year, receive any on a personal benefit contract?	funds,	directly or inc	directly	, to pay pre	emiums		⊠ No			
ь	Did the foundation, during the year, pay premiur					benefi			6b		×
	If "Yes" to 6b, file Form 8870.	,		,,							
7a	At any time during the tax year, was the foundation										
b	If "Yes," did the foundation receive any proceed is the foundation subject to the section 4960 ta							1? .	7b	1	-
8	remuneration or excess parachute payment(s) d							ПМо			
Part	VIII Information About Officers, Direct									ees,	<u></u>
	and Contractors										
1	List all officers, directors, trustees, and found		nanagers an	d their	compens	ation. S	Ree instru	ctions	ı		1
						,			····		
	(a) Name and address	devote	e, and average rs per week ed to position	(c) Co	mpensation not paid, iter -0-)	(d) emple	Contributions byee benefit perred compe	to plans	(e) Expe	nse ac allowar	
	French	hou	rs per week ed to position ctor	(c) Co	mpensation not paid, iter -0-)	(d) emple	Contributions byee benefit p	to plans nsation	(e) Expe		nces
The	French Colony The Colony TX 75056	Direc	rs per week ed to position ctor 10.00	(c) Co	mpensation not paid,	(d) emple	Contributions byee benefit p	to plans	(e) Expe		
The Kyle	French Colony The Colony TX 75056 Maxwell	devote	rs per week ed to position ctor 10.00 ctor	(c) Co	mpensation not paid, iter -0-)	(d) emple	Contributions byee benefit p	to blans nsation	(e) Expe		0.
The Kyle Edmo	French Colony The Colony TX 75056 Maxwell and Edmond OK 73034	Direc	rs per week ed to position ctor 10.00 ctor 10.00	(c) Co	mpensation not paid, iter -0-)	(d) emple	Contributions byee benefit p	to plans nsation	(e) Expe		nces
The Kyle Edmo Bruc	French Colony The Colony TX 75056 Maxwell	Direct Di	rs per week ed to position et or 10.00 et or 10.00 et or 2.00	(c) Co	mpensation not paid, iter -0-)	(d) emple	Contributions byee benefit p	to blans nsation	(e) Expe		0.
The Kyle Edmo Bruc Norm Davi	French Colony The Colony TX 75056 Maxwell Ond Edmond OK 73034 Ce Compton Dan Okla OK 73072 Cd Thompson	Direct Di	rs per week ed to position ctor	(c) Coi (lf r en	or pensation not paid, iter -0-)	(d) emple	Contributions byee benefit p	to plans nsation 0.	(e) Expe		0. 0.
The Kyle Edmo Bruc Norm Davi	French Colony The Colony TX 75056 Maxwell ond Edmond OK 73034 Ce Compton nan Okla OK 73072 d Thompson Choma City Oklahoma City OK 73142	Direct Di	10.00 ctor 2.00 ctor 2.00 ctor 2.00	(c) Coi (lf r en	npensation not paid, iter -0-) 0. 0.	(d) emplo and def	Contributions byee benefit p erred compet	0.	(e) Expe	allowar	0. 0.
The Kyle Edmo Bruc Norm Davi	French Colony The Colony TX 75056 Maxwell Ond Edmond OK 73034 Ce Compton Dan Okla OK 73072 Cd Thompson	Direct Di	10.00 ctor 2.00 ctor 2.00 ctor 2.00	(c) Coi (lf r en	npensation not paid, iter -0-) 0. 0.	(d) emplo and def	Contributions byee benefit p erred compet	0.	(e) Expe other a	allowar	0. 0.
The Kyle Edmc Bruc Norm Davi Okla	French Colony The Colony TX 75056 Maxwell Ond Edmond OK 73034 De Compton Man Okla OK 73072 De Thompson Choma City Oklahoma City OK 73142 Compensation of five highest-paid employe	Direct Di	10.00 ctor 2.00 ctor 2.00 ctor 2.00	(c) Co: (lf r en	npensation not paid, iter -0-) 0. 0.	(d) emplo and def	Contributions byee benefit p erred compet	0. 0. 0. ttonstopenefit	(e) Expe	one,	0. 0. count
The Kyle Edmo Bruc Norm Davi Okla	French Colony The Colony TX 75056 Maxwell Ond Edmond OK 73034 De Compton Man Okla OK 73072 De Thompson Chompson Chompson Chompson Compensation of five highest-paid employe "NONE." A) Name and address of each employee paid more than \$50,00	Direct Di	tor 10.00 ctor 2.00 ctor 2.00 ctor 2.00 ctor han those	(c) Co: (lf r en	0. 0. 0. uded on li	(d) emplo and def	See instru (d) Contribut employee b plans and d	0. 0. 0. ttonstopenefit	(e) Expe	one,	0. 0. count
The Kyle Edmo Bruc Norm Davi Okla	French Colony The Colony TX 75056 Maxwell Ond Edmond OK 73034 De Compton Man Okla OK 73072 De Thompson Chompson Chompson Chompson Compensation of five highest-paid employe "NONE." A) Name and address of each employee paid more than \$50,00	Direct Di	tor 10.00 ctor 2.00 ctor 2.00 ctor 2.00 ctor han those	(c) Co: (lf r en	0. 0. 0. uded on li	(d) emplo and def	See instru (d) Contribut employee b plans and d	0. 0. 0. uctions	(e) Expe	one,	0. 0. count
The Kyle Edmo Bruc Norm Davi Okla	French Colony The Colony TX 75056 Maxwell Ond Edmond OK 73034 De Compton Man Okla OK 73072 De Thompson Chompson Chompson Chompson Compensation of five highest-paid employe "NONE." A) Name and address of each employee paid more than \$50,00	Direct Di	tor 10.00 ctor 2.00 ctor 2.00 ctor 2.00 ctor han those	(c) Co: (lf r en	0. 0. 0. uded on li	(d) emplo and def	See instru (d) Contribut employee b plans and d	0. 0. 0. uctions	(e) Expe	one,	0. 0. count
The Kyle Edmc Bruc Norm Davi Okla	French Colony The Colony TX 75056 Maxwell Ond Edmond OK 73034 De Compton Man Okla OK 73072 De Thompson Chompson Chompson Chompson Compensation of five highest-paid employe "NONE." A) Name and address of each employee paid more than \$50,00	Direct Di	tor 10.00 ctor 2.00 ctor 2.00 ctor 2.00 ctor han those	(c) Co: (lf r en	0. 0. 0. uded on li	(d) emplo and def	See instru (d) Contribut employee b plans and d	0. 0. 0. uctions	(e) Expe	one,	0. 0. count
The Kyle Edmo Bruc Norm Davi Okla	French Colony The Colony TX 75056 Maxwell Ond Edmond OK 73034 De Compton Man Okla OK 73072 De Thompson Chompson Chompson Chompson Compensation of five highest-paid employe "NONE." A) Name and address of each employee paid more than \$50,00	Direct Di	tor 10.00 ctor 2.00 ctor 2.00 ctor 2.00 ctor han those	(c) Co: (lf r en	0. 0. 0. uded on li	(d) emplo and def	See instru (d) Contribut employee b plans and d	0. 0. 0. uctions	(e) Expe	one,	0. 0. count
The Kyle Edmo Bruc Norm Davi Okla	French Colony The Colony TX 75056 Maxwell Ond Edmond OK 73034 De Compton Man Okla OK 73072 De Thompson Chompson Chompson Chompson Compensation of five highest-paid employe "NONE." A) Name and address of each employee paid more than \$50,00	Direct Di	tor 10.00 ctor 2.00 ctor 2.00 ctor 2.00 ctor han those	(c) Co: (lf r en	0. 0. 0. uded on li	(d) emplo and def	See instru (d) Contribut employee b plans and d	0. 0. 0. uctions	(e) Expe	one,	0. 0. count
The Kyle Edmo Bruc Norm Davi Okla 2	French Colony The Colony TX 75056 Maxwell Ond Edmond OK 73034 De Compton Man Okla OK 73072 De Thompson Chompson Chompson Chompson Compensation of five highest-paid employe "NONE." A) Name and address of each employee paid more than \$50,00	Direct Di	tor 10.00 ctor 2.00 ctor 2.00 ctor 2.00 ctor han those	(c) Co: (lf r en	0. 0. 0. uded on li	(d) emplo and def	See instru (d) Contribut employee b plans and d	0. 0. 0. uctions	(e) Expe	one,	0. 0. count
The Kyle Edmo Bruc Norm Davi Okla 2	French Colony The Colony TX 75056 Maxwell Ond Edmond OK 73034 De Compton Man Okla OK 73072 De Thompson Chompson Chompson Chompson Compensation of five highest-paid employe "NONE." A) Name and address of each employee paid more than \$50,00	Direct Di	tor 10.00 ctor 2.00 ctor 2.00 ctor 2.00 ctor han those	(c) Co: (lf r en	0. 0. 0. uded on li	(d) emplo and def	See instru (d) Contribut employee b plans and d	0. 0. 0. uctions	(e) Expe	one,	0. 0. count

Part VIII	Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	n Managers, Highly Paid En	ployees,
3 Five	nighest-paid independent contractors for professional services. See in	structions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None			
	N N	one	
· · · · · · · · · · · · · · · · · · ·			
Total number	er of others receiving over \$50,000 for professional services		0
Part IX-A	Summary of Direct Charitable Activities		
List the four	idation's four largest direct charitable activities during the tax year. Include relevant statistics and other beneficianes served, conferences convened, research papers produced, etc.	cal information such as the number of	Expenses
1			
2			
3			· · · · · · · · · · · · · · · · · · ·
4			
Part IX-B		·	
	two largest program-related investments made by the foundation during the tax year on lines	s 1 and 2.	Amount
1			
2			
٠			
All other pro	gram-related investments. See instructions		
3			
Total. Add li	nes 1 through 3		

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreisee instructions.)	ign fo	undations,
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	21,488,261.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	21,488,261.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	21,488,261.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	322,324.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	21,165,937.
6	Minimum investment return. Enter 5% of line 5	6	1,058,297.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ► and do not complete this part.)	ounda	ations
1	Mınımum ınvestment return from Part X, line 6	1	1,058,297.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	4,474.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,053,823.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,053,823.
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	1,053,823.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	974,580.
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	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	974,580.
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	4,474.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	970,106.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	ىن	
	qualifies for the section 4940(e) reduction of tax in those years.	u	

		(a) Corpus	(b) Years pnor to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				1,053,823.
2	Undistributed income, if any, as of the end of 2019:				
а	Enter amount for 2018 only			974,005.	· · · · · · · · · · · · · · · · · · ·
b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2019:				
а	From 2014 0.				
b	From 2015				
C	From 2016 0.				
d	From 2017				
e	From 2018	400.000			···
f	Total of lines 3a through e	120,209.			
4	Qualifying distributions for 2019 from Part XII, line 4: > \$ 974,580.			074 005	
а	Applied to 2018, but not more than line 2a .			974,005.	
b	Applied to undistributed income of prior years (Election required—see instructions)				· · · · · · · · · · · · · · · · · · ·
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2019 distributable amount				
е	Remaining amount distributed out of corpus	575.			
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)		1		
6	Enter the net total of each column as indicated below:				· <u>• · · · · · · · · · · · · · · · · · ·</u>
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	120,784.			
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				
ď	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				ı
	instructions			0.	
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				1,053,823.
7	Amounts treated as distributions out of corpus				1,055,025.
•	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).	0.			
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	120,784.			
10	Analysis of line 9:				
а	Excess from 2015		ļ		
b	Excess from 2016 0.	ļ			
C	Excess from 2017 2,586.	İ			
d	Excess from 2018 117, 146.	İ			
е	Excess from 2019				

Page	1	0
· ugc	•	•

Part	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9	9)	N/A
	If the foundation has received a ruling foundation, and the ruling is effective fo	pr determination	letter that it is a	private operating		
ь	Check box to indicate whether the four	`	_		ection 4942(i)	(3) or 4942(j)(5)
	Enter the lesser of the adjusted net	Tax year	operating rounda	Prior 3 years		
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	investment return from Part X for	(8) 20(3	(6) 2010	(0) 2017	(4) 2010	
b	each year listed				 	
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	
Ф	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:					
а	"Assets" alternative test-enter:				•	
	(1) Value of all assets					
	(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:					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more / exempt					
	organizations as próvided in section 4942(j)(3)(B)(jii)				\	
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Part		n (Complete th	is part only if the	he foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-	see instruction	ıs.)		·	
1	Information Regarding Foundation	Managers:				
а	List any managers of the foundation v	who have contribu	ited more than 2%	6 of the total conti	ributions received	by the foundation
	before the close of any tax year (but o	nly if they have co	ontributed more th	ian \$5,000). (See s	ection 507(d)(2).)	
I	Hal French- 6405 Pawnee La	ne, The Colo	ny, Texas 75	056		
b	List any managers of the foundation	who own 10% or	more of the stoc	ck of a corporation	n (or an equally la	rge portion of the
	ownership of a partnership or other er	ntity) of which the	foundation has a	10% or greater into	erest.	
2	Information Regarding Contribution	, Grant, Gift, Loa	n, Scholarship, e	tc., Programs:		
	Check here ▶ 🗵 If the foundation	only makes contr	butions to prese	lected charitable	organizations and	does not accept
	unsolicited requests for funds. If the fe	oundation makes	gifts, grants, etc.,	to individuals or o	rganizations unde	r other conditions,
	complete items 2a, b, c, and d. See in	structions.				
а	The name, address, and telephone nu	mber or email add	ress of the perso	n to whom applica	tions should be ac	ddressed:
	•		•			
b	The form in which applications should	be submitted and	information and	materials they sho	uld include:	
	• •			•		
<u></u>						
С	Any submission deadlines:					
d	Any restrictions or limitations on aw	ards, such as by	/ geographical ar	reas, charitable fie	elds, kinds of ins	titutions, or other
	factors:	•	- - ·			

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	slow any featureship to status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of status of st						
Name and address (home or business)	or substantial contributor	recipient	Contribution				
a Paid during the year							
American Lung Association							
710 W. Wilshıre		501(c)3					
Oklahoma City OK 73116			Health	500.			
Edmond Chamber of Commerce							
825 E. 2nd		501(c)3		,			
Edmond OK 73034			Commerce	1,000.			
Water 4	1						
2405 NW 10th							
Oklahoma City OK 73107		501(c)3	Health Services	5,000.			
Fine Arts Institute of Edmond							
27 E Edwards Street		•					
Edmond OK 73034		501(c)3	Arts	37,880.			
UCO Foundation							
100 N. University Drive							
Edmond OK 73036		501(c)3	Education	1,000.			
Crossing Community Church							
14600 N. Portland Ave							
Oklahoma City OK 73134		501(c)3	Ministry	5,000.			
Citizens Caring for Children							
730 W. Willshirw Creek Blvd, Suite 111		•					
Oklahoma City OK 73116		501(c)3	Social Services	5,000.			
Wings							
13700 N. Eastern Ave		:					
Edmond OK 73013		501 (c03)	Disabled Care	2,500.			
Edmond Historical Society Museum							
431 S. Boulevard							
Edmond OK 73034		501(c)3	Arts	5,000.			
See Statement							
				911,700.			
Total							
	 		► 3a	974,580.			
b Approved for future payment							
Total			▶ 3b				
	<u> </u>	· · · · · · · · · · · · · · · · · · ·					

nter	gro	ss amounts unless otherwise indicated.	Unrelated bu	Isiness income	Excluded by secti	on 512, 513, or 514	(e)
	_		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See instructions.
		gram service revenue:					
	a						
	b						
	C						
	d .						
	е						
	f						
	g	Fees and contracts from government agencies				 	
2	Mei	mbership dues and assessments					
3	Inte	rest on savings and temporary cash investments					
4	Divi	dends and interest from securities	512b1	467,503.	14	0.	
5	Net	rental income or (loss) from real estate:					
	а	Debt-financed property					
	b	Not debt-financed property				- · · · · · · · · · · · · · · · · · · ·	-
6	Net	rental income or (loss) from personal property					
7	Oth	er investment income					
8	Gair	or (loss) from sales of assets other than inventory	512b5	-62,460.	18	0.	
		income or (loss) from special events					
		ss profit or (loss) from sales of inventory					
		er revenue: a			 		
	b b		-				
	- С						
	d d						
	u ^	·····					
40	٠ 	total Add caliman (b) (d) and (a)		405 043			
		total. Add columns (b), (d), and (e)				0.	405 042
13	Tot	al. Add line 12, columns (b), (d), and (e)		405,043.		13	405,043.
1 3 See v	Tot: wor	al. Add line 12, columns (b), (d), and (e)	 ns.)				405,043.
13 See v Par	Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
13 See v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
13 See v Par	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
13 See v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
13 See v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
13 See v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
13 See v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
13 See v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
13 See v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
13 See v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
i3 ee v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
3 ee v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
3 ee v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
3 ee v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
3 ee v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
i3 ee v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
i3 ee v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
13 See v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
13 See v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
13 See v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
13 See v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
13 See v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
13 See v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
13 See v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
13 See v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
13 See v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	
13 See v Pari Line	Tota work X\ No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes	13	405,043.

Form **990-PF** (2019)

BAA

Norman

		Organizati	ons									
1	in s	section 501(c) (c anizations?	directly or indirectly other than section	501(c)(3) orga	nizations) or	in section	on 527, re				Yes	No
а			porting foundation t	o a noncharitabl	ie exempt org	ganization	ot:					لــــا
	(1)	Cash								1a(1)		×
	(2)	Other assets .								1a(2)		×
b	Oth	er transactions:										
	(1)	Sales of assets to	a noncharitable ex	empt organizatio	on					1b(1)		×
			ets from a noncharit							1b(2)	+	×
			, equipment, or other		•					1b(3)	-	×
										 		
			rrangements							1b(4)		×
		Loans or loan gua								1b(5)		_×
			ervices or members	•	-					1b(6)		×
C		-	equipment, mailing li		•					1c		×
d			of the above is "Ye									
			ther assets, or serv									
	valu	e in any transacti	on or sharing arrang	gement, show in	column (d) ti	ne value o	the goods,	other as	sets, or	services	recei	ved.
(a) Line	no.	(b) Amount involved	(c) Name of nonc	charitable exempt org	janization	(d) Descr	ption of transfe	ers, transact	ions, and	sharing arr	angeme	ents
	$\neg \neg$								•			
		-					-					
												
								.				
		- · · · · · · · · · · · · · · · · · · ·										
							•					
				· · · · · · · · · · · · · · · · · · ·								
				- 	· · · · · ·							
	\neg											
												
	des	cribed in section (ectly or indirectly a 501(c) (other than se following schedule	ection 501(c)(3))						ns 🗌 Ye	es 🗵	No
		(a) Name of organ	ization	(b) Type	of organization			(c) Descript	tion of rel	ationship		
												
												
		/ / - -										
	T 77=	1 1		<u> </u>			-4-4		,			
ign Iere	con	rect, and complete Decl	declare that have examin aration of preparer (other th stee	ed this return, including the han taxpayer) is based. Date	on all information	chedules and of which prepared and Cha	arer has any kno	I to the best wledge.	May the	wiedge and in the IRS discurse preparer structions.	iss this i	return elow?
aid	•	Print/Type preparer	's name	Preparer's to at	W9/14)	Date	CL.	- IQI	PTIN		
		Bruce Comp	nton	Bruce Com	npton	1PA	4-ak	self	eck 🔀 r -employe	d P0134	13601	a
rep			Bruce Compto		upcon _		1			462547		
lse (Jnly	Firm's address >	4101 Hughes							402347) 473-7		
		1 III 3 QUUIC33 🚩	TIGE HUMBIES						1200	, , , , , , , , ,		

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

OK 73072

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

Employer identification number

Fren	ch Family Char	itable Found	ation	73-1546685
Organiz	ation type (check or	ne):		
Filers o	f:	Section:		
Form 99	00 or 990-EZ	☐ 501(c)() (enter number) organization	
		☐ 4947(a)(1) no	onexempt charitable trust not treated as a pro	vate foundation
		☐ 527 political	organization	
Form 99	00-PF		empt private foundation	
		☐ 4947(a)(1) no	onexempt charitable trust treated as a private	foundation
		☐ 501(c)(3) tax	able private foundation	
··				
	nly a section 501(c)(7	-	eneral Rule or a Special Rule. nization can check boxes for both the Genera	al Rule and a Special Rule. See
Genera	l Rule			
X		or property) from a	90-EZ, or 990-PF that received, during the ye ny one contributor. Complete Parts I and II. S	
Special	Rules			
	regulations under set 13, 16a, or 16b, and	ections 509(a)(1) a d that received fror	on 501(c)(3) filing Form 990 or 990-EZ that m nd 170(b)(1)(A)(vi), that checked Schedule A (m any one contributor, during the year, total o Form 990, Part VIII, line 1h; or (ii) Form 990-I	Form 990 or 990-EZ), Part II, line contributions of the greater of (1)
	contributor, during t	the year, total cont	on 501(c)(7), (8), or (10) filing Form 990 or 990 tributions of more than \$1,000 exclusively for or the prevention of cruelty to children or anim	religious, charitable, scientific,
	contributor, during t contributions totaled during the year for a General Rule applie	the year, contribut d more than \$1,00 an <i>exclusively</i> relig es to this organiza	on 501(c)(7), (8), or (10) filing Form 990 or 990 ions exclusively for religious, charitable, etc., 0. If this box is checked, enter here the total ious, charitable, etc., purpose. Don't completion because it received nonexclusively religions.	purposes, but no such contributions that were received te any of the parts unless the bus, charitable, etc., contributions

Caution: An 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), but it **must** answer "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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number
French Family Charitable Foundation 73-1546685

Parti	Contributors (see instructions). Ose duplicate co	needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	Hal French 6405 Pawnee Lane The Colony TX 75056	\$ 900,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	

Name of organization

Employer identification number

rrench	ramily Charitable Foundation	[/3-	-1546685
Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional spa	ce 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
		s	
(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

	Family Charitable Foundation	on		7;	3-1546685			
Part III	Exclusively religious, charitable, (10) that total more than \$1,000 for the following line entry. For organize contributions of \$1,000 or less for	or the year from any ations completing Pa the year. (Enter this i	one contributor. art III, enter the tota nformation once. S	Complete coluing of exclusively	mns (a) through (e) and religious, charitable, etc.,			
	Use duplicate copies of Part III if ac	Iditional space is nee	eded.					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Descrip	tion of how gift is held			
		(-) =	44.16					
	Transferee's name, address,		Relation	nship of transfer	or to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Descrip	tion of how gift is held			
	(a) Transfer of with							
-	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
1								
(a) No. from Part I	(b) Purpose of gift	(c) Use	(c) Use of gift		tion of how gift is held			
İ	/-> T							
	(e) Transfer of gift							
}	Transferee's name, address, a	nship of transfer	or to transferee					
-				••				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Descript	tion of how gift is held			
	Transferee's name, address, a		fer of gift Relation	nship of transfer	or to transferee			
-		••••						
j					••••••			
					•••••••••••••••••••••••••••••••••••••••			

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

Recipient name and address (home or business)	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
a Paid during the year		T===		
Henderson Hills Baptist Church		501(c)3	Ministry	5,000.
1200 E I-35				
Edmond, OK 73034				
Edmond Public Schools Foundation		501(c)3	Education	405,000.
1001 W. Danforth Road				
Edmond, OK 73003				
Shatter Proof		501(c)3	Drug Addiction	25,000.
101 Merritt 7 Corporate Park				
Norwalk, CT 06851				
Alheimers Association		501(c)3	Health Services	5,000.
6601 N. Broadway				
Oklahoma City, OK 73116				
St Lukes United Methodist Church		501(c)3	Ministry	5,000.
222 NW 15th				
Oklahoma City, OK 73103				
First Presbyterian Church of Edmond		501(c)3	Ministry	5,000.
1001 Rankin				
Edmond, OK 73034				
First United Presbyterian Church of Guthrie		501(c)3	Misistry	1,000.
102 E. Noble Ave				
Guthrie, OK 73044				
Edmond Family Counseling		501(c)	Social Services	57,700.
1251 N. Broadway				
Edmond, OK 73034				
Main Street Foundation		501(c)3	Addiction &	5,000.
701 W. Main Street			Recovery	
Enid, OK 73701				
Life Change Academy		501(c)3	Youth Services	10,000.
19 N. Blvd St				
Edmond, OK 73034				
Genesis Project		501(c)3	Abused Clidren	1,000.
9500 NE 150th St				
Jones, OK 73049				
Oklahoma Medical Research Foundation		501(c)3	Medical Research	6,000.
825 NE 13th Street				
Oklahoma City, OK 73104				
Predisian Health Ministries		501(c)3	Heathcare	5,000.
2555 Northwinds Parkway				
Alpharetta, GA 30009				
Peaceful Family Solutions		501(c)3	Addiction &	29,000.
7405 S. Douglas Ave			Recovery	
Oklahoma City, OK 73139				
Parent Promise		501(c)3	Social Services	1,000.
4323 NW 63rd				
Oklahoma City, OK 73123				

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

Recipient name and address (home or business)	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
a Paid during the year	·	.1	l	· ·
Music Makes a Difference		501(c)3	Social Services	1,000.
309 W. Johnson				
Madison, WI 53703	İ			
Green Shoe Foundation		501(c)3	Social Services	10,000.
580 Enterprise Dr				
Edmond, OK 73013				
Feed IT Forward OKC		501(c)3	Meals for	5,000.
2417 NW 159th Terrace			Homeless	
Edmond, OK 73013				
Camp Fire Heart of Oklahoma		501(c)3	Youth Services	20,000.
3309 E. Hefner				
Oklahoma City, OK 73131				
Mercy Health Foundation		501(c)3	Health Services	5,000.
13321 N. Meridian				
Oklahoma City, OK 73120	·	}		
Sunbeam Family Services		501(c)3	Social Services	5,000.
1100 NW 14th Street				
Oklahoma City, OK 73106				
Logan County Livestock FFA		501(c)3	FAA	2,500.
3919 S. Broadway	:	1		
Edmond, OK 73013		İ		
Oklahoma City Crisis Nursery		501(c)3	Social Services	30,000.
2524 NW 52nd				
Oklahoma City, OK 73112				
Rhino Conservation Botswana		501(c)3	Animal Welfare	10,000.
PO Box HA26				
Hak, Maun, Botswana, AF 00000				
Last Frontier Council		501(c)3	Youth Services	2,500.
3031 NW 64th Street				
Oklahoma City, OK 73116				
City of Edmond		501(c)3	Arts	250,000.
PO Box 2970				
Edmond, OK 73083		1		
EARC		501(c)3	Disabled Services	2,500.
10 East 9th Street				
Edmond, OK 73083				
Hope Center of Edmond		501(c)3	Social Services	2,500.
PO Box 2915				
Edmond, OK 73083				

911,700.

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

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Foreign Tax Paid	6,294.	9,294.		
Total	6,294.	9,294.		

Investments

Name French Family Charitable	e Foundation				yer Identification No
Line 10a - Investments - US and State Government Obligations:	End o State and Local Obligations Book Value	f Year State and Local Obligations FMV	US Govern Obligati Book Va	nment ons	f Year US Government Obligations FMV
Tot to Fm 990-PF, Pt II, Ln 10a					
Line 10b - Investme	ents - Corporate	Stock:	Bool Value	•	f Year Fair Market Value
Prescott Group Aggressi Prescott Group Aggressi See L-10b Stmt Totals to Form 990-PF, Part II, L	ve Mid Cap LI)	2,803, 1,495, 13,636, 17,935,	994. 112.	2,612,154. 2,084,393. 17,178,498. 21,875,045.
Line 10c - Investme	nts - Corporate I	Bonds:	Book Value	-	f Year Fair Market Value
Totals to Form 990-PF, Part II, L	.ine 10c				
Line 12 - Investme	ents - Mortgage I	oans:	Book Value		f Year Fair Market Value
Totals to Form 990-PF, Part II, L	ine 12				
Line 13 - Inve	stments - Other:		Book Value	ŀ	f Year Fair Market Value
Totals to Form 990-PF, Part II, L	ine 13				

Additional information from your 2019 Federal Exempt Tax Return

Form 990-PF Part II Line 10, 12 and 13 Investments

L-10b Stmt

Continuation Statement

Line 10b Description	Line 10b Book	Line 10b FMV
Vanguard- Stocks	13,636,112.	17,178,498.
Total	13,636,112.	17,178,498.