EXTENDED TO NOVEMBER 16, 2020 491086 2407

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.

For e	aler	ndar year 2019 or tax year beginning		, and ending		
- Nar	ne of	f foundation			A Employer identification	number
		HESED FOUNDATION			73-1602143	
		and street (or P O box number if mail is not delivered to street	•	Room/suite	B Telephone number	
		1 SOUTH COLUMBIA, SUITE	1		918-743-43	00
-		own, state or province, country, and ZIP or foreign SA, OK 74114	postal code		C If exemption application is pe	ending, check here
		call that apply: Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return	,		
		. Address change	Name change	6 1	Foreign organizations med check here and attach cor	eting the 85% test, putation
H (heck	type of organization: X Section 501(c)(3)	exempt private foundation	DU	 E If private foundation stat	tus was terminated
] Se	ection 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	under section 507(b)(1)	
l Fa	ır ma	arket value of all assets at end of year J Accour	iting method: X Cash	Accrual	F If the foundation is in a (60-month termination
(fr	om F		Other (specify)		under section 507(b)(1)	
	\$	417,978. (Part I, coli	umn (d), must be on cash bas	is.)		
<u> P</u> ä	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	196,799.		FALL N/A	
	2	Check if the foundation is not required to attach Sch. B		THE STATE OF THE S		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	3	Interest on savings and temporary cash investments	405.	405.		STATEMENT: 1
	4	Dividends and interest from securities	2,609.	2,609.		STATEMENT: 2
	5a	Gross rents .				
	b	Net rental income or (loss)			CONTRACTOR CALA	
	6a	Net gain or (loss) from sale of assets not on line 10	6,923.			
nue	b	Gross sales price for all assets on line 6a 185,817.	SALES YEST OF TARIST			
Revenu	7	Capital gain net income (from Part IV, line 2)		6,923.		
Ř	8	Net short-term capital gain				
	9	Income modifications		理数学工作证		
	10a	Gross sales less returns and allowances		医野型生物 产品加盟		
	b	Less Cost of goods sold	TOYS CHILDREN	MERCET CARA		
	C	Gross profit or (loss)		PERSONAL STATES		22 30 20 20 20
,	11	Other income		,		
	12	Total. Add lines 1 through 11	206,736.	9,937.		
	13	Compensation of officers, directors, trustees, etc	0.	0	evenue Sewice	. 0
	14	Other employee salaries and wages		Received	US Bank - USB	
	15	Pension plans, employee benefits	•		326	
ses		Legal fees				
pen		Accounting fees		140V	3 0 2020	
Expe	_ C	Other professional fees				
tive	17	Interest		1		
Administrative	18	Taxes		<u> </u>	don, UT	
inis	19	Depreciation and depletion		i Distriction		
ωþ	20	Occupancy				
	21	Travel, conferences, and meetings				·
and	22	Printing and publications Other expenses STMT 3	1,500.	0.		0
fing	23 24	Other expenses STMT 3 Total operating and administrative	1,500.	<u> </u>		
Operating	44	expenses. Add lines 13 through 23	1,500.	0.		0
ð	25	Contributions, gifts, grants paid	9,000.		44	9,000
	25 26	Total expenses and disbursements.	· ·	Secretarion Companies Comp		2,000
	20	Add lines 24 and 25	10,500.	0.	r.	9,000
\neg	27	Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	196,236.		Tier	Mile I de 1944
		Net investment income (if negative, enter -0-)		9,937.		
ļ		Adjusted net income (if negative, enter -0-)			N/A	
		-17-19 LHA For Paperwork Reduction Act Noti	No. 42. 5 DONE DAMES OF THE PROPERTY OF THE PR	CONTRACTOR STATE OF L. ALL STEELS SELECTED STATES	,,	Form 990-PF (201

ξĐ	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		or year
3 .	ait	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	137,686.	93,132.	93,132.
	2	Savings and temporary cash investments			
	_				
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶	AND REPORTED AND ALLERS AND ALLER		
	4	Pledges receivable >	103		
	1	Less; allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	ľ	disqualified-persons			
	7	Other notes and loans receivable			A CONTRACTOR OF THE PARTY OF TH
	Ι΄.				
	١.	Less: allowance for doubtful accounts			
ដ	8	Inventories for sale or use		,	<u> </u>
Assets	9	Prepaid expenses and deferred charges			
₹	10a	Investments - U.S. and state government obligations			
	ь	Investments - corporate stock STMT 5	64,395.	301,474.	324,846.
	ء ا	Investments - corporate bonds			•
	111	Investments - land, buildings, and equipment basis			
	l	Less accumulated depreciation		110-2	
	12	Investments - mortgage loans			
	l		· · ·		
	13	Investments - other	4. (1889) Park (1894) 1. (1894) 1. (1894)	- '94 &:	
	14	Land, buildings, and equipment basis			A Company of the Comp
	l	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)	202,081.	394,606.	417,978.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			THE SECTION SELECTION
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>=</u>	21	Mortgages and other notes payable			
₫.				·	Extraction of the contract of
	22	Other liabilities (describe		···	138 1 127 1 138 1 129
	l		_	,	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	1 10 10 10 10 10 10 10 10 10 10 10 10 10
		Foundations that follow FASB ASC 958, check here			
S		and complete lines 24, 25, 29, and 30.		,	
alances	24	Net assets without donor restrictions			A CONTRACTOR SAFE
쿌	25	Net assets with donor restrictions			40.73
		Foundations that do not follow FASB ASC 958, check here			
Ę		and complete lines 26 through 30.			
or Fund B	26	Capital stock, trust principal, or current funds	0.	0.	
ō	20		0.	0.	THE PERSON NAMED IN
Net Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	202,081.	394,606.	
Ąŝ	28	Retained earnings, accumulated income, endowment, or other funds			PER STATE OF THE PER ST
e 등	29	Total net assets or fund balances	202,081.	394,606.	
z	i				
	30	Total liabilities and net assets/fund balances	202,081.	394,606.	AST FARE CONTRACTOR
ر م	art	Analysis of Changes in Net Assets or Fund Ba	alances		
§ ₽	arits				
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29	ş <u>t</u>	
		it agree with end-of-year figure reported on prior year's return)		1	202,081.
		amount from Part I, line 27a		2	196,236.
		r increases not included in line 2 (itemize)		3	0.
					398,317.
		lines 1, 2, and 3	ਹਰਜ਼ ਹਰ	A TEMENTO A	3,711.
		eases not included in line 2 (itemize)		PATEMENT 4 5	
<u>6</u>	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 29		394,606.
					Form 990-PF (2019)

		FOUNDATION		Income	SE	E ATTACH		3-160 TATEM		Page 3
(a) List and describe the land(a) of property cold (for example real estate				(b)	How acquired - Purchase	(c) Date	acquired lay, yr.)	(d) Dat (mo., da		
		- Common Stock, 200 onc.			۲	- Donation				
<u>1a</u> b					\vdash				<u> </u>	
c										
d										
e										
(e) Gross sales price		preciation allowed or allowable)		st or other basis expense of sale				ain or (loss s (f) minus		
a								-		
<u>b</u>		+							-	
d				·						
e 185,817.				178,89	4.				6	,923.
Complete only for assets showing	ig gain in col	lumn (h) and owned by th	ne foundation				I) Gains (C	Col. (h) gain	-	
(i) FMV as of 12/31/69		Adjusted basis s of 12/31/69		cess of col. (I) col. (J), If any		cò		not less tha (from col. (
<u>a</u>									-	
<u>b</u>					_	<u> </u>				
<u>c</u>					_					
<u>d</u>									- 6	,923.
e			- D- 41 1	-	7					, , , , ,
2 Capital gain net income or (net ca	ıpıtal loss)	If gain, also enter If (loss), enter -0-	in Part I, line in Part I, line	7	•	2			6	<u>,923.</u>
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter -0- in Part I, line 8	•	d in sections 1222(5) and	l (6):		}	3		N/A		
	nder Sed	ction 4940(e) for I	Reduced	Tax on Net	Inve	stment Inc	ome			
(For optional use by domestic private	foundations	subject to the section 49	940(a) tax on	net investment in	come	.)			-	
If section 4940(d)(2) applies, leave ti	ne nart blank	,								
Was the foundation liable for the sec	tion 4942 tax	on the distributable amo		•	iod?				Yes	X No
If "Yes," the foundation doesn't qualif					otrioc					
1 Enter the appropriate amount in (a)	zacıı çolululı	· · · · · · · · · · · · · · · · · · ·	Structions ber	ore making any er					(d)	
Base period years Calendar year (or tax year beginnii	na in)	(b) Adjusted qualifying disti	ributions	Net value of no	(c) nchai	ritable-use assets			(d) bution ratio vided by col.	(c))
2018			5,000.			135,498		(-)		36901
2017			3,000.			109,907				27296
2016			3,000.			68,986			.04	43487
2015			L,390.			1,722				
2014		1:	L,340.			8,102			1.39	99654
2 Total of line 1, column (d)							2		2.3	14539
3 Average distribution ratio for the the foundation has been in exister	•		n line 2 by 5.0), or by the numbe	er of y	/ears	3		.4	62908
4 Enter the net value of noncharitab	le-use asset	s for 2019 from Part X, lı	ne 5				4	_	290	,676.
5 Multiply line 4 by line 3							5		134	,556.
6 Enter 1% of net investment incom	ne /1% of Pa	rt I. line 27h\					6			99.
7 Add lines 5 and 6	.5 (170 01 1 a	, 2. 0/					7		134	,655.
		4								
8 Enter qualifying distributions from							8	l	<u> </u>	,000.
If line 8 is equal to or greater than See the Part VI instructions.	ine 7, chec	k the box in Part VI, line	1b, and comp	lete that part usin	ig a 1	% tax rate.				
923521 12-17-19									Form 990-	PF (2019)

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, Juapital delilo dila 200000	TOT TOX OIL INTOGRATIONS	~				
	scribe the kind(s) of property solo warehouse; or common stock, 20			(b) How acquired P - Purchase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
		0 5110. WEG 00.		D - Donation		
1a 288 CVS HEALTH CO	ORP				05/13/19	
b 110 MYLAN NV					02/27/19	
c 64 SCHLUMBERGER	·				08/14/19	
d 23 UNITEDHEALTH	GROUP				02/28/19	
e 845 MELLANOX TEC	H				VARIOUS	
f 16 SH CHEMED				D	03/28/03	09/13/19
g 1000 SH 21ST CEN	T FOX				08/04/17	
h FROM WESTERN MID			_			
		· ·		-		
	· 					
-						
<u>k</u>		·-				
_1						···-
_m						 .
n						
_ 0						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			Gain or (loss) lus (f) minus (g)	
a 19,511.	·-···	15,475.		***		4,036.
0.000		2,879.				-818.
0 F C F	··· -		-			483.
c 2,565.		2,082.				
d 6,280.		5,594.				686.
e 100,632.		100,000.				632.
f 6,747.		3,844.				2,903.
g 47,988.		49,020.				-1,032.
h 33.						33.
k						
7						
<u>-</u>			 			
m			-	···		
n			<u> </u>			
0			ļ			
Complete only for assets showing ga	in in column (h) and owned by the	ne foundation on 12/31/69	Į		ses (from col. (h))	1 (1.)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (1) over col. (1), if any		Gains (excess o	of col. (h) gain over not less than "-0-")	COI. (K),
_			\vdash			4,036.
<u>a</u>			 		<u>_</u> .	-818.
b			 			402
<u>C</u>			ļ			483.
d			<u> </u>			686.
e		:				632.
f						2,903.
g						-1,032.
h						33.
					-	
k						
<u>k</u>			 			
			\vdash			
m			 			
n			<u> </u>			
0			Щ.			
	e If asin also onter	in Part I line 7				
2 Capital gain net income or (net capital	l loss) { If gain, also enter If (loss), enter "-0	"in Part I, line 7	2			6,923.
3 Net short-term capital gain or (loss) a		`				
If gain, also enter in Part I, line 8, colu		, (0).				
If (loss), enter "-0-" in Part I, line 8		J	3		√N/A	

	990-PF (2019) THE HESED FOUNDATION IT.VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	73-1 948 - se		Page 4
	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)			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1 1	1.	99.
	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)		<u> </u>	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2		0.
	Add lines 1 and 2	3		99.
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	<u> </u>	99.
	Credits/Payments:			
	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 2,485.			4.5
	Exempt foreign organizations - tax withheld at source 6b 0.			
	Tax paid with application for extension of time to file (Form 8868) 6c 6c 0.	1		
	Backup withholding erroneously withheld 6d 0.	عَمَّا تُنسَفُّهُمُّ الْمُ	2 4	82341 O.E.
	Total credits and payments. Add lines 6a through 6d	7	2,4	85.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	-	<u> </u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		0.6
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	2,2	
	Enter the amount of line 10 to be: Credited to 2020 estimated tax 2,286. Refunded	11		0.
•	TEVII-A Statements Regarding Activities		Yes	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	111		X
	any political campaign?	ition	1a 1b .	X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of the particular and the property of the particular and particular and the particular and particular and the particular and particular	ILIUII	5	27 g
	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.		1c	X
	Did the foundation file Form 1120-POL for this year?		16	
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$\int 0 \cdot (2) \text{ On foundation managers.} \int \sqrt{\$\int 0 \cdot \text{ of the foundation managers.}}\$			2. ***
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	-		
6	managers. > \$0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	<u>X</u>
	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, o	r		N-78
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/	 	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	X SSS(UN VIAN
	If "Yes," attach the statement required by General Instruction T			*
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law		
	remain in the governing instrument?		6 X	
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	##: \$
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	OK			
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 Go If "No," attach explanation		8b X	VV
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar		
	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 Form 990-PF (2019)

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Ps	irt 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 the meaning of				
	section 512(b)(13)? If "Yes," attach schedule. See instructions		111		Х
10	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisor	v nrivilenes?			
12	If "Yes," attach statement. See instructions	, p gez	12		х
10	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
13	Website address ► N/A				
	The books are in care of THE ORGANIZATION Telephone	no. ▶ 918-	743-4	300	
14		710.4	$\frac{743}{74114}$	500	
	Located at SAME, TULSA, OK		<u> </u>		$\overline{}$
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	► Lar I	. N	/A	· []
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	, 14	Yes	No
16			<u> </u>	162	_
	securities, or other financial account in a foreign country?		16	2000	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				. 70
-	foreign country		100 000	200 A	73007
Pε	intiVII_B Statements Regarding Activities for Which Form 4720 May Be Required		Twoou		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		300	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 🗓 N	o 🐺		一个
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?	Yes X N	.		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X N	1576.7		445 445 445 445 445 445 445 445 445 445
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X N	1.0000000000000000000000000000000000000		38
	(5) Transfer any income or assets to a disqualified person (or make any of either available	، رجعے ۱۵۵ ر			3452 31
		Yes X N			
	for the benefit or use of a disqualified person)?) 162 (2 <u>2</u>) N			
	(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	1 . .			1 250
	termination of government service, if terminating within 90 days.)	Yes X N	· 💥		
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	/-	Lorenza Co	1188 e	1
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1 <u>b</u>		
	Organizations relying on a current notice regarding disaster assistance, check here	▶∟			20 N
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the first day of the tax year beginning in 2019?		10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	on			
	defined in section 4942(j)(3) or 4942(j)(5)):		N. C.	See .	Take 1
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines				
		Yes X N	o 🎏 .		
•	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,				
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incor	rect			
•	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and at			2	
	statement - see instructions.)	N/A	2b	rran-	C2825333
	·	21, -			\$100 X
G	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	Delta for data believes the a CW destate and a table as a subsequent of the control of the contr			1	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	۱۷ کا ۱	1000 m		
	during the year?	Yes X N	0		
b	olf "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to				
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 472				
	Schedule C, to determine if the foundation had excess business holdings in 2019.)	N/A	3b		ļ
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		48		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purj	ose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?		4b		Х

Form 990-PF (2019) THE HESED FOUNDATION			73-16021	43 Page 6
Part VII-B Statements Regarding Activities for Which Fo	orm 4720 May Be Re	equired (continu	ued)	ww. 1
 5a During the year, did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? 	to carry on, directly or indire	ctly,	es X No	Yes No
 (4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und 	or educational purposes, or fo	or Ye	es X No es X No N/A	56
section 53.4945 or in a current notice regarding disaster assistance? See instru Organizations relying on a current notice regarding disaster assistance, check hi c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro expenditure responsibility for the grant? 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 p	ere om the tax because it maintai N	ned I/A Ye		30
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a per lif "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax sl b If "Yes," did the foundation receive any proceeds or have any net income attribut lis the foundation subject to the section 4960 tax on payment(s) of more than \$	ersonal benefit contract? nelter transaction? table to the transaction'?	Y6	es X No	6b X
excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors			es X No	
List all officers, directors, trustees, and foundation managers and th (a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 6		0.	0.	0.
2 Compensation of five highest-paid employees (other than those incl	uded on line 1). If none, o	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000 . NONE	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	C.			-
Total number of other employees paid over \$50,000			▶	0

Form 990-PF (2019) THE HESED FOUNDATION		502143 Page 7
Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	ndation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, e	nter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research papers 1 N/A	statistical information such as the produced, etc.	Expenses
1 N/A		
2		
3		
4		<u> </u>
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	ar on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
	·	
Total. Add lines 1 through 3	-	0.
Total, Add lines tilrough 5		

Page **8**

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	150,324.
ь	Average of monthly cash balances	1b	150,324. 144,779.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	295,103.
	Reduction claimed for blockage or other factors reported on lines 1a and	veamining	·
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	295,1 <u>0</u> 3.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,427.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	290,676.
6	Minimum investment return. Enter 5% of line 5	6	<u>14,534.</u>
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations, check here 🕨 🔃 and do not complete this part.)	, ,	
1	Minimum investment return from Part X, line 6	1	14,534.
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.)		
C	Add lines 2a and 2b	2c	199. 14,335.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	14,335.
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	14,335.
P	art 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	9,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.	<u> </u>	
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	0.000
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	9,000.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	9,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	jualifies for	the section

Form **990-PF** (2019)

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
1 Distributable amount for 2019 from Part XI,		<u> </u>		_
line 7				14,335.
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:			*1	aga.
a From 2014 10,935. b From 2015 1,304.			,	
b From 2015 1,304.				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e	12,239.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ► \$ 9,000 •				
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		1 10.		
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				9,000.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	5,335.			5,335.
6 Enter the net total of each column as indicated below:				***************************************
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,904.			
b Prior years' undistributed income. Subtract	0,3021		******	
line 4b from line 2b	w	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		0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of				İ
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	5,600.			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	1,304.	····		
0 Analysis of line 9:				
a Excess from 2015 1,304.				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year 501(C)(3) CONTRIBUTION GOOD SHEPHARD CLINIC NONE 1340 PATRIDGE AVENUE 1,000. SAINT LOUIS, MO 63130 NONE CONTRIBUTION HIAS, INC. 501(C)(3) P O BOX 97077 WASHINGTON, DC 20090 1,500. 501(C)(3) ASSISTANCE HOMELESS ALLIANCE NONE 1724 NW 4TH STREET 1,000. OKLAHOMA CITY, OK 73106 501(C)(3) PARENT PROMISE NONE ASSISTANCE 915 ROBINSON AVENUE 1,500. OKLAHOMA CITY, OK 73102 REGIONAL FOOD BANK OF OK NONE 501(C)(3) CONTRIBUTION P.O. BOX 270968 OKLAHOMA CITY, OK 73137 1,000. SEE CONTINUATION SHEET(S) 9,000. 3a Total **b** Approved for future payment NONE **▶** 3b Total

O at a second O at the other partial Decides at the A				·
Grants and Contributions Paid During the Y	ear (Continuation)	I		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
•				
	\	E01/G\/2\	COMP TRUMTON	
E MALALA FUND (LOCKBOX 11114) O. BOX 70280	NONE	501(C)(3)	CONTRIBUTION	
CLADELPHIA, PA 19176-0280				3,0
TEMBLERIA, TA 15170 0200	+			
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Part XVI-A	Analysis of Income-Producing Activities
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Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)	
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code	7.1100111	code	74mount	101101101111111111111111111111111111111	
a	-		 			
b	 		-	-		
C	·					
d	.					
e	.					
f			L			
g Fees and contracts from government agencies	ļ					
2 Membership dues and assessments	L					
3 Interest on savings and temporary cash						
investments			14			
4 Dividends and interest from securities			14	2,609.		
5 Net rental income or (loss) from real estate:	***************************************	STATES OF STATES	1, SSP			
a Debt-financed property					,	
b Not debt-financed property				<u> </u>		
6 Net rental income or (loss) from personal						
property						
7 Other investment income				· - · ·		
8 Gain or (loss) from sales of assets other		· · · · · · · · · · · · · · · · · · ·		 		
than inventory			18	6,923.		
9 Net income or (loss) from special events	<u> </u>			0,2200		
10 Gross profit or (loss) from sales of inventory	 	1				
	 	<u>_ i</u>		<u> </u>		
11 Other revenue:	'					
a	· }				_ .	
b	 					
<u> </u>	· 		-			
d	 		-	·		
e	Y - sureme		· •/5,	0 027		
12 Subtotal. Add columns (b), (d), and (e)		0.	1 X		^ ^ 7	
13 Total. Add line 12, columns (b), (d), and (e)				13	9,937.	
(See worksheet in line 13 instructions to verify calculations)						
Part XVI-B: Relationship of Activities t	o the Accor	mplishment of Exe	empt	Purposes		
					1 -1	
Line No. Explain below how each activity for which inco			contril	outed importantly to the accon	iplishment of	
the foundation's exempt purposes (other than	by providing run	us for such purposes).		***		
				<u> </u>		
				· · · · · · · · · · · · · · · · · · ·		
					<u> </u>	
					·	
	<u> </u>	,			-	
		•		·		
						
	***	<u> </u>				
		 		· -	- 000 PF	
923621 12-17-19					Form 990-PF (2019)	

	0-PF (2	019) THE	HESED I	OITAGNUO	N				<u> 1602143 </u>	Page 13
Part	XVIII			Transfers to	and Transac	tions an	d Relationsh	ips With Non	charitable	
	4.1	Exempt Org		£ ab - £ - B			n deserthed in east	.an F01/a)		res No
		ganization directly or i n section 501(c)(3) or		-			ii described iii seci	1011 30 1(6)		700 110
•		from the reporting fou	•			iizations.				
) Cash	nom the reporting for	moanon to a no	nonamable exempt	organization or.				1a(1)	Х
•) Other	assets							1a(2)	X
•	•	sactions:								
		of assets to a noncha	ritable exempt o	organization					1b(1)	X
•	•	ases of assets from a	•	•					1b(2)	Х
(3) Renta	l of facilities, equipme	ent, or other ass	ets					1b(3)	X
(4) Reimt	oursement arrangeme	nts						1b(4)	<u> </u>
(5) Loans	or loan guarantees							1b(5)	X
(6) Perfoi	mance of services or	membership or	fundraising solicitat	tions				1b(6)	<u> </u>
	•	facilities, equipment,							1c	<u> </u>
		ver to any of the above								is,
		given by the reporting	-			narket valu	e in any transactior	or sharing arrange	ment, snow in	
a)Line	<u>`</u>) the value of the good (b) Amount involved		Name of noncharital		tion	(d) Description	n of transfers, transaction	ne and charing arran	gements
a j Line	10	(b) Amount involved	(6)	N/A		LIOII	(u) Description	TO DATE OF THE SECTION	nis, and snaring aren	gamana
	\dashv	·		M/A						
	+	-								
	\dashv									
								· ·		
										
	-									
	_				***		·	. <u>-</u>		
	+				·		_			
	+						-	·		
20 10	the four	idation directly or indi	roothy offiliated s	with or related to o	no or more tay-eye	not organia	rations described			
		501(c) (other than sec	•	•	ne of more tax-exc	ript organiz	eadons acsorbed		Yes	X No
		mplete the following		5 5555 5 <u>-</u> .					<u> </u>	
			organization		(b) Type of org	anızatıon		(c) Description of r	elationship	
		N/A	Ą							_
		····						 .		
	Under	penalties of perjury, decl	are that I have ever	nined this return, includi	ing accompanying sch	dules and sta	atements and to the he	est of my knowledge		
Sign	1			tion of preparer (other th					May the IRS dis	preparer
Here		Bu AM			1 "//Z/2	020	TRUST	R R	shown below?	See instr
		ature of officer or trus	stee		Date	VAU	Title		— Lan res	140
	19"	Print/Type preparer's		Preparer's	signature		Date	Check If	PTIN	
		2,		۾ طدا	_	0		self- employed		
Paid		DENISE FE	LBER	a W	must	en	11/12/20		P004064	53
Pren	arer	Funda name N TT/	CANTRAVI	OD IID				Ermin CINI > 7	3-141397	

Firm's address ► 2222 SOUTH UTICA PL, SUITE 200 TULSA, OK 74114

Use Only

Schedule B

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

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

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

_	THE HESED FOUNDATION	73-1602143
Organization type (check	c 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	
Note: Only a section 5016 General Rule X For an organizat	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule and Associate Rule and Rule and Associate Rule and Rule and Associate Rule and Rule and Associate Rule and Rule and Associate Rule and Rule and Associate Rule and Rule and Associate Rule and Rule and Associate Rule and Rule and Associate Rule and Rule and Associate Rule and Associate Rule and Rule and Associate Rule and Rule and Associate Rule and Rule	staling \$5,000 or more (in money or
sections 509(a)(any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, utor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the EZ, line 1 Complete Parts I and II	16a, or 16b, and that received from
year, total contri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received to butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or uelty to children or animals. Complete Parts I, II, and III	
year, contributio is checked, ente purpose Don't d	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received the section of the se	led more than \$1,000 If this box ligious, charitable, etc ,
but it must answer "No"	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or one 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.

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Name of organization

Employer identification number

THE HESED FOUNDATION

73-1602143

Part I	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	FOCUS INVESTMENTS LLC 2121 SOUTH COLUMBIA TULSA, OK 74114	\$ <u>196,799</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (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 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 Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occupiete Part II for noncash contributions.)

Name of organization

Employer identification number

THE HESED FOUNDATION

73-1602143

Part II	Noncash Property (see instructions) Use duplicate copies of P	art 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
, 1	1000 SHARES EL PASO ELECTRIC CO		
<u>′ 1</u>		s67,620.	12/10/19
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
1	59 SHARES LIBERTY BROADBAND CORPCOM SER A		
1		\$	12/10/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	472 SHARES LIBERTY SIRIUS GROUP C		
_1			
		\$\$	12/10/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	845 SH MELLANOX TECHNOLOGIES LTD		
1		ss_	12/10/19
(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
			<u> </u>

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization Employer identification number 73-1602143 THE HESED FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once.) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (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) Description 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) Description 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 (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTERE	ST ON SAVI	NGS AND TE	MPORA	ARY C	ASH	INV	ESTMENTS	នា	PATEMENT 1
SOURCE			A) ENUE BOOKS			INV	B) ESTMENT OME	N	(C) ADJUSTED IET INCOME
CHARLES SCHWAB ACCO WESTERN MIDSTREAM P				30. 25.			380.		
TOTAL TO PART I, LI	NE 3		4(05.			405.		
FORM 990-PF	DIVIDEND	S AND INTE	REST	FROM	SEC	URI	TIES	Sī	PATEMENT 2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN			A) ENUE BOOK		(B) NET INVES MENT INCC		(C) ADJUSTED NET INCOME
CHARLES SCHWAB - 4765	2,609		0.		2,60	9.	2,60	9.	
TO PART I, LINE 4	2,609	•	0.		2,60	9.	2,60	9.	
FORM 990-PF		OTHER	EXPEN	ISES				Sī	CATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INV IT IN	EST-		(C) ADJUSTEI NET INCOM		(D) CHARITABLE PURPOSES
ACCOUNTING	•	1,500	•		0	•			0.
TO FORM 990-PF, PG	1, LN 23	1,500	<u> </u>		0	 - =		_	0.
									_
FORM 990-PF OTHE	R DECREASE	S IN NET A	SSETS	S OR	FUND	BA	LANCES	S	PATEMENT 4
FORM 990-PF OTHE	R DECREASE	S IN NET A	SSETS	S OR	FUND	BA	LANCES		AMOUNT
						BA	LANCES		

FORM 990-PF CORPORATE STOC	K	STATEMENT 5
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
STOCKS AND SECURITIES	301,474.	324,846.
TOTAL TO FORM 990-PF, PART II, LINE 10B	301,474.	324,846.

FORM 990-PF	PART VIII - LIST TRUSTEES AND	STATEMENT 6			
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
PAUL D. WILSON 2121 S. COLUMBIA, TULSA, OK 74114	SUITE 650	TRUSTEE 1.00	0.	0.	0.
JEFFREY WILSON 2121 S. COLUMBIA, TULSA, OK 74114	SUITE 650	OFFICER 1.00	0.	0.	0.
MELANIE WILSON RUG 2121 S. COLUMBIA, TULSA, OK 74114		OFFICER 1.00	0.	0.	0.
MARK WILSON 2121 S. COLUMBIA, TULSA, OK 74114	SUITE 650	OFFICER 1.00	0.	0.	0.
JULIA SCHUSTERMAN 2121 S. COLUMBIA, TULSA, OK 74114	SUITE 650	OFFICER 1.00	0.	0.	0.
TOTALS INCLUDED OF	N 990-PF, PAGE 6,	PART VIII	0.	0.	0.