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#### DLN: 93491245008181

OMB No. 1545-0052

2020

# **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public

For	caler	ndar year 2020, or tax year beginning 01-01-20	)20 , ar	nd endi	ing 12-31-	2020	·
		undation IN FOUNDATION		- /	A Employer id	entification numbe	r
			I D / ib.	7	73-1419663		
	Der and D BOX 8	d street (or P.O. box number if mail is not delivered to street address) 337	Room/suite		<b>3</b> Telephone nu	mber (see instruction	ns)
C:1-		and the second s		(	918) 452-3703	3	
		n, state or province, country, and ZIP or foreign postal code DK 74432			If exemption	application is pendin	g, check here
<b>G</b> Cł	neck al	ll that apply: $\qed$ Initial return $\qed$ Initial return of a	former public charity	1	<b>1.</b> Foreign or	ganizations, check he	ere
		Final return Amended return				ganizations meeting k here and attach co	
		Address change Name change				undation status was t	· -
_		$\checkmark$ pe of organization: $\checkmark$ Section 501(c)(3) exempt private				n 507(b)(1)(A), chec	
			e private foundation				
of '	year (f	xet value of all assets at end from Part II, col. (c),  ▶\$ 11,565,719    Description of the property of the p	✓ Cash ☐ Accru	al <b>F</b>		ation is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(b) Net	t investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check ▶ ☑ if the foundation is <b>not</b> required to attach Sch. B					
	3	Interest on savings and temporary cash investments	44,202		44,202		
	4	Dividends and interest from securities	110,131		110,131		
	5a	Gross rents					
<i>a</i> .	b 6a	Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10	626,429				
Ę		• , ,	020,423				
Revenue	b	Gross sales price for all assets on line 6a 2,291,922					
~	7	Capital gain net income (from Part IV, line 2)			150,923		
	8	Net short-term capital gain					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	780,762		305,256		
	13	Compensation of officers, directors, trustees, etc.	72,000	l			72,000
	14	Other employee salaries and wages					
ses	15	Pension plans, employee benefits					
ens	16a	Legal fees (attach schedule)	00.1				
Exp	b	Accounting fees (attach schedule)	6,975	-	6,975		
Ve_	c 1	Other professional fees (attach schedule)	918	1	918		
and Administrative Expenses	17 18	Interest	<b>4</b> ,483		4,483		
ji St	19	Taxes (attach schedule) (see instructions)  Depreciation (attach schedule) and depletion	1,103		1,100		
Ē	20	Occupancy					
Ad	21	Travel, conferences, and meetings					
pue	22	Printing and publications					
	23	Other expenses (attach schedule)	<b>4</b> ,787		4,787		
Operating	24	Total operating and administrative expenses.					
be		Add lines 13 through 23	89,163		17,163		72,000
O	25	Contributions, gifts, grants paid	428,200				428,200
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	517,363		17,163		500,200
	27	Subtract line 26 from line 12:			<u> </u>		
	a	Excess of revenue over expenses and disbursements	263,399				
	b	Net investment income (if negative, enter -0-)			288,093		
	С	Adjusted net income (if negative, enter -0-)					

Form	990-l	PF (2020)				Page <b>2</b>
Par	t II	Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	(1-)		f year
T	1	Cash—non-interest-bearing	(a) Book Value 161,834	(D)	Book Value 172,693	(c) Fair Market Value 172,693
	2	Savings and temporary cash investments	101/001		1,2,030	1,2,030
	3	Accounts receivable				
	3	Less: allowance for doubtful accounts				
	4	Pledges receivable ►  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 ▶				
3	8	Inventories for sale or use				_
Assets	9	Prepaid expenses and deferred charges	2,549		177	177
۲   ک	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)	6,065,930	<b>કુ</b> ગ	6,731,671	9,800,931
	c	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis ▶	_			
		Less: accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)	1,966,837	<b>چ</b>	1,532,982	1,591,918
	14	Land, buildings, and equipment: basis ▶				_
		Less: accumulated depreciation (attach schedule) ▶ 1,495				
	15	Other assets (describe >)				
	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item I)	8,197,150		8,437,523	11,565,719
$\dashv$	17	Accounts payable and accrued expenses			· · ·	
	18	Grants payable				
	19	Deferred revenue				
<u>≅</u>	20	Loans from officers, directors, trustees, and other disqualified persons				
<b>△</b> ∣	20 21	Mortgages and other notes payable (attach schedule)				
<u> </u>	22	Other liabilities (describe				
	22 23	Total liabilities (add lines 17 through 22)			0	
4	23					
e S		Foundations that follow FASB ASC 958, check here 🕨 🗹				
2		and complete lines 24, 25, 29 and 30.				
<u>a</u>	24	Net assets without donor restrictions	8,197,150		8,437,523	
9	25	Net assets with donor restrictions				
Fund Balances		Foundations that do not follow FASB ASC 958, check here ▶				
		and complete lines 26 through 30.	-			
ŏ	26	Capital stock, trust principal, or current funds				
ايد	20 27	Paid-in or capital surplus, or land, bldg., and equipment fund				
SS	- <i>,</i> 28	Retained earnings, accumulated income, endowment, or other funds				
	29 29	Total net assets or fund balances (see instructions)	8,197,150		8,437,523	
Ž	30	Total liabilities and net assets/fund balances (see instructions) .	8,197,150		8,437,523	
		, , , , , , , , , , , , , , , , , , , ,	0,137,130		0,437,323	
1	Tota	Analysis of Changes in Net Assets or Fund Balances I net assets or fund balances at beginning of year—Part II, column (a), li	ne 29 (must saroo with	end-	<u> </u>	
_		ear figure reported on prior year's return)		enu-	1	8,197,150
2	Ente	er amount from Part I, line 27a		.	2	263,399
3		er increases not included in line 2 (itemize)			3	<u>.                                    </u>
4	Add	lines 1, 2, and 3		. [	4	8,460,549
5	Decr	reases not included in line 2 (itemize)	<b>%</b> j		5	23,026
6	Tota	l net assets or fund balances at end of year (line 4 minus line 5)—Part II	, column (b), line 29		6	8,437,523
					F	orm <b>990-PF</b> (2020)

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		he kind(s) of property sold (e.g., r nouse; or common stock, 200 shs.		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a						
-						
-						
-			_			
	7-3	(f)		(g)	(	h)
	(e) Gross sales price	Depreciation allowed	Cost or	other basis	Gain o	or (loss)
a		(or allowable)	pius exp	ense of sale	(e) plus (r	) minus (g)
b						
d						
e						
-	Complete only for assets sh	nowing gain in column (h) and owr				(I)
	(i)	<b>(j)</b> Adjusted basis		( <b>k)</b> of col. (i)		h) gain minus less than -0-) <b>or</b>
	F.M.V. as of 12/31/69	as of 12/31/69		. (j), if any		om col.(h))
а						
b						
С						
d						
е						
	Capital gain net income or		If gain, also enter in P If (loss), enter -0- in F		2	150,923
3		I, line 8, column (c) (see instruction		· }	3	
				,		
Part	V Qualification Un	der Section 4940(e) for Re	duced Tax on Net	Investment I	ncome	
		der Section 4940(e) for Re D ON DECEMBER 20, 2019			ncome	
SECTI	ION 4940(e) REPEALE Reserved	D ON DECEMBER 20, 2019	- DO NOT COMPL			
SECTI	ON 4940(e) REPEALE				(d) Reserved	
SECTI	ION 4940(e) REPEALE Reserved (a)	(b) Con DECEMBER 20, 2019	- DO NOT COMPL		(d)	
SECTI	ION 4940(e) REPEALE Reserved (a)	(b) Con DECEMBER 20, 2019	- DO NOT COMPL		(d)	
SECTI	ION 4940(e) REPEALE Reserved (a)	(b) Con DECEMBER 20, 2019	- DO NOT COMPL		(d)	
SECTI	ION 4940(e) REPEALE Reserved (a)	(b) Con DECEMBER 20, 2019	- DO NOT COMPL		(d)	
1	Reserved (a) Reserved	(b) Reserved	- DO NOT COMPL  (c)  Reserved	ETE	(d) Reserved	
2 F	Reserved  (a) Reserved  Reserved  Reserved	(b) Reserved	- DO NOT COMPL  (c)  Reserved	ETE	(d) Reserved	
2 F	Reserved	(b) Reserved	- DO NOT COMPL (c) Reserved	ETE	(d) Reserved	
2 F 3 F 4 F	Reserved  Reserved  Reserved  Reserved  Reserved  Reserved  Reserved  Reserved	(b) Reserved	- DO NOT COMPL (c) Reserved	<u>2</u>	(d) Reserved	
2 F 3 F 4 F 5 F	Reserved	(b) Reserved	- DO NOT COMPL (c) Reserved	<u>2</u> <u>4</u>	(d) Reserved	
2 F 3 F 4 F 5 F	Reserved  Reserved	(b) Reserved	- DO NOT COMPL		(d) Reserved	
2 F 3 F 4 F 5 F 6 F 7 F	Reserved	(b) Reserved	- DO NOT COMPL  (c) Reserved	<u>2</u> <u>4</u>	(d) Reserved	

Page **6** 

	During the year did the foundation	pay or	incur any amount to:							Yes	No
	(1) Carry on propaganda, or otherv	vise atl	tempt to influence legisla	ation (section 4945(e))?		Yes	<b>✓</b>	No			
	(2) Influence the outcome of any sp	pecific	public election (see sect	ion 4955); or to carry			_				
	on, directly or indirectly, any vo	_				Yes	<b>✓</b>	No			
	(3) Provide a grant to an individual		* **			☐ Yes	<b>✓</b>	No			
	(4) Provide a grant to an organizati			· -							
	in section 4945(d)(4)(A)? See in					☐ Yes	<b>✓</b>	No			
	(5) Provide for any purpose other t		-	* **		_	_				
L	educational purposes, or for the		•			Yes	✓	No			
b	If any answer is "Yes" to 5a(1)–(5),		-			ribea in			5b		
	Regulations section 53.4945 or in a Organizations relying on a current n							H	30		
С	If the answer is "Yes" to question 58		-				Ш				
Č	tax because it maintained expenditu			·							
	If "Yes," attach the statement requi				• •	☐ Yes	Ш	No			
<b>6</b> a	Did the foundation, during the year,		-	• •	ime on						
Va	a personal benefit contract?	-					<b>□</b>				
b	Did the foundation, during the year,					,└─ Yes	✓	No	6b		No
_	If "Yes" to 6b, file Form 8870.	, pu, p	remains, an ecciy or ma	needy, on a personal be	TICHE CONTRIGE			-			
7a	At any time during the tax year, wa	s the f	oundation a party to a p	rohibited tax shelter tran	nsaction?		. 🚁				
	If "Yes", did the foundation receive						<b>✓</b>	No	7b		
8	Is the foundation subject to the sec		•								
	excess parachute payment during tl	he yea	r?			□ v	<b>✓</b>				
	Information About (								PPS		
Pai	and Contractors		10, 211 000010, 11 000	out of the	agc.o,	g, . u.	<b></b>	,	,		
1	List all officers, directors, truste	es, fou	ındation managers an	d their compensation	See instruc	tions					
				a tilen compensation							
			) Title, and average	(c) Compensation (If	(d) Cont	ributions t		(e) l	Exnen	se acci	ount
	(a) Name and address	(b	) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Cont employee be	ributions t nefit plans	and			se acco	
THERE	(a) Name and address	(b	) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be deferred c	ributions t nefit plans	and on				es
		(b	Title, and average     hours per week devoted to position  TREAS	(c) Compensation (If not paid, enter	(d) Cont employee be deferred c	ributions t nefit plans	and				
PO BO	(a) Name and address ESE STARR IX 837 JLA, OK 74432	PRES/	Title, and average     hours per week devoted to position  TREAS	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be deferred c	ributions t nefit plans	and on				es
PO BO EUFAL TERRY	(a) Name and address  ESE STARR  IX 837  IJLA, OK 74432  OOVERSPIKE	PRES/TO000.00	n) Title, and average hours per week devoted to position TREAS	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be deferred c	ributions t nefit plans	and on	ot			es
PO BO EUFAL TERRY	(a) Name and address  ESE STARR  IX 837  JLA, OK 74432  Y DOVERSPIKE  NEOK PLAZA	PRES/-000.00	n) Title, and average hours per week devoted to position TREAS	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be deferred c	ributions t nefit plans	and on 0	ot			0 O
PO BO EUFAU TERRY 900 O TULSA	(a) Name and address  ESE STARR  IX 837  JLA, OK 74432  Y DOVERSPIKE  NEOK PLAZA  A, OK 74103	PRES/-000.00	n) Title, and average hours per week devoted to position TREAS	(c) Compensation (If not paid, enter -0-) 36,000	(d) Cont employee be deferred c	ributions t nefit plans ompensati	and on 0	ot	her al	lowand	0 0
PO BO EUFAU TERRY 900 O TULSA	(a) Name and address  ESE STARR  IX 837  JLA, OK 74432  Y DOVERSPIKE  NEOK PLAZA	PRES/-000.00	n) Title, and average hours per week devoted to position  FREAS  /SECRE  ployees (other than the	(c) Compensation (If not paid, enter -0-) 36,000	(d) Cont employee be deferred c	ributions t nefit plans ompensati	s and on 0	ot	her al	lowand	0 0
PO BO EUFAU TERRY 900 O TULSA	(a) Name and address  ESE STARR  X 837  JUA, OK 74432  Y DOVERSPIKE  NEOK PLAZA  V, OK 74103  Compensation of five highest-pa	PRES/ 000.00 VPRES 000.00	Title, and average hours per week devoted to position  FREAS  /SECRE  ployees (other than the b) Title, and average	(c) Compensation (If not paid, enter -0-) 36,000 36,000	(d) Contemployee be deferred c	ributions t nefit plans ompensati ctions). I ributions t ee benefit	on 0  O  on 0	ne, en	ter "I	NONE.	0 0 unt,
PO BO EUFAU TERRY 900 O TULSA	(a) Name and address  ESE STARR  IX 837  JLA, OK 74432  Y DOVERSPIKE  NEOK PLAZA  A, OK 74103  Compensation of five highest-pa	PRES/ 000.00 VPRES 000.00	n) Title, and average hours per week devoted to position  FREAS  /SECRE  ployees (other than the	(c) Compensation (If not paid, enter -0-) 36,000	(d) Contemployee be deferred c	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0  O  on 0	ne, en	ter "I	NONE.	0 0 unt,
PO BC EUFAL TERRY 900 O TULSA 2	(a) Name and address  ESE STARR  X 837  JUA, OK 74432  Y DOVERSPIKE  NEOK PLAZA  A, OK 74103  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES/ 000.00 VPRES 000.00	p) Title, and average hours per week devoted to position  (SECRE)  ployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 36,000 36,000	(d) Contemployee be deferred c	ributions t nefit plans ompensati ctions). I ributions t ee benefit	on 0  O  on 0	ne, en	ter "I	NONE.	0 0 unt,
PO BO EUFAU TERRY 900 O TULSA	(a) Name and address  ESE STARR  X 837  JUA, OK 74432  Y DOVERSPIKE  NEOK PLAZA  A, OK 74103  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES/ 000.00 VPRES 000.00	p) Title, and average hours per week devoted to position  (SECRE)  ployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 36,000 36,000	(d) Contemployee be deferred c	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0  O  on 0	ne, en	ter "I	NONE.	0 0 unt,
PO BC EUFAL TERRY 900 O TULSA 2	(a) Name and address  ESE STARR  X 837  JUA, OK 74432  Y DOVERSPIKE  NEOK PLAZA  A, OK 74103  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES/ 000.00 VPRES 000.00	p) Title, and average hours per week devoted to position  (SECRE)  ployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 36,000 36,000	(d) Contemployee be deferred c	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0  O  on 0	ne, en	ter "I	NONE.	0 0 unt,
PO BC EUFAL TERRY 900 O TULSA 2	(a) Name and address  ESE STARR  X 837  JUA, OK 74432  Y DOVERSPIKE  NEOK PLAZA  A, OK 74103  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES/ 000.00 VPRES 000.00	p) Title, and average hours per week devoted to position  (SECRE)  ployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 36,000 36,000	(d) Contemployee be deferred c	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0  O  on 0	ne, en	ter "I	NONE.	0 0 unt,
PO BC EUFAL TERRY 900 O TULSA 2	(a) Name and address  ESE STARR  X 837  JUA, OK 74432  Y DOVERSPIKE  NEOK PLAZA  A, OK 74103  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES/7 000.00	p) Title, and average hours per week devoted to position  (SECRE)  ployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 36,000 36,000	(d) Contemployee be deferred c	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0  O  on 0	ne, en	ter "I	NONE.	0 0 unt,
PO BC EUFAL TERRY 900 O TULSA 2	(a) Name and address  ESE STARR  X 837  JUA, OK 74432  Y DOVERSPIKE  NEOK PLAZA  A, OK 74103  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES/7 000.00	p) Title, and average hours per week devoted to position  (SECRE)  ployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 36,000 36,000	(d) Contemployee be deferred c	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0  O  on 0	ne, en	ter "I	NONE.	0 0 unt,
PO BC EUFAL TERRY 900 O TULSA 2	(a) Name and address  ESE STARR  X 837  JUA, OK 74432  Y DOVERSPIKE  NEOK PLAZA  A, OK 74103  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES/7 000.00	p) Title, and average hours per week devoted to position  (SECRE)  ployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 36,000 36,000	(d) Contemployee be deferred c	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0  O  on 0	ne, en	ter "I	NONE.	0 0 unt,
PO BC EUFAL TERRY 900 O TULSA 2	(a) Name and address  ESE STARR  X 837  JUA, OK 74432  Y DOVERSPIKE  NEOK PLAZA  A, OK 74103  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES/7 000.00	p) Title, and average hours per week devoted to position  (SECRE)  ployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 36,000 36,000	(d) Contemployee be deferred c	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0  O  on 0	ne, en	ter "I	NONE.	0 0 unt,
PO BC EUFAL TERRY 900 O TULSA 2	(a) Name and address  ESE STARR  X 837  JUA, OK 74432  Y DOVERSPIKE  NEOK PLAZA  A, OK 74103  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES/7 000.00	p) Title, and average hours per week devoted to position  (SECRE)  ployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 36,000 36,000	(d) Contemployee be deferred c	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0  O  on 0	ne, en	ter "I	NONE.	0 0 unt,
PO BC EUFAL TERRY 900 O TULSA 2	(a) Name and address  ESE STARR  X 837  JUA, OK 74432  Y DOVERSPIKE  NEOK PLAZA  A, OK 74103  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES/7 000.00	p) Title, and average hours per week devoted to position  (SECRE)  ployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 36,000 36,000	(d) Contemployee be deferred c	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0  O  on 0	ne, en	ter "I	NONE.	0 0 unt,
PO BC EUFAL TERRY 900 O TULSA 2 (a) NONE	(a) Name and address  ESE STARR  X 837  JUA, OK 74432  Y DOVERSPIKE  NEOK PLAZA  A, OK 74103  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES/TO00.00	ployees (other than the hours per week devoted to position of the position of the position of the ployees (other than the hours per week devoted to position of the position o	(c) Compensation (If not paid, enter -0-)  36,000  36,000  nose included on line 1  (c) Compensation	(d) Contemployee be deferred of deferred o	ctions). I ributions t ctions). I ributions t ee benefit d deferrec ensation	on 0  O  on 0	ne, en	ter "I	NONE.	0 0 unt,

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Part VIII Information About Officers, Directors, Training and Contractors (continued)	ustees, Foundation Managers, Highly Paid	l Employees,
3 Five highest-paid independent contractors for profession		IONE".
(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 service	ces	
Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. 1	Include relevant statistical information such as the number of	:
organizations and other beneficiaries served, conferences convened, research pa	apers produced, etc.	Expenses
1		
		4
2		
-		-
-		-
3		
4		_
		4
Part IX-B Summary of Program-Related Investmen	ite (egg instructions)	
Describe the two largest program-related investments made by the foundation		Amount
<b>1</b> N/A	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		<b>P</b>
		5 000 PF (3030)

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

Part XII

1

2

3

4

5

b

7

1a

1b

2

3a 3b

4

5

511.277

500,200

500,200

500,200

Form 990-PF (2020)

	Part XIII Undistributed Income (see instruct	tions)			
		(a) Corpus	(b) Years prior to 2019	<b>(c)</b> 2019	(d) 2020
1	Distributable amount for 2020 from Part XI, line 7				511,277
2	Undistributed income, if any, as of the end of 2020:				
а	Enter amount for 2019 only			493,577	
b	• Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2020:				
а	From 2015				
b	From 2016				
C	: From 2017				
d	I From 2018				
	e From 2019				
f	Total of lines 3a through e				
4	Qualifying distributions for 2020 from Part				

Page 9

6,623

504,654

Form **990-PF** (2020)

493,577

XII, line 4: ▶ \$ 500,200 a Applied to 2019, but not more than line 2a

same amount must be shown in column (a).)

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election **d** Applied to 2020 distributable amount. . . .

e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a . . . .

10 Analysis of line 9: a Excess from 2016. . . **b** Excess from 2017. . c Excess from 2018. . d Excess from 2019. . e Excess from 2020. .

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . **d** Subtract line 6c from line 6b. Taxable amount —see instructions . . . . . . . . . . . . . e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . .

indicated below:

SEE STATEMENT

For	m 990-PF (2020)					Page <b>10</b>
1	Part XIV Private Operating Found	l <b>ations</b> (see instr	uctions and Part '	VII-A, question 9)		
1a	If the foundation has received a ruling or de foundation, and the ruling is effective for 20			erating		
b	Check box to indicate whether the organizat	ion is a private oper	rating foundation de	scribed in section $\Box$	] 4942(j)(3) or □	] 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2020	<b>(b)</b> 2019	(c) 2018	(d) 2017	(e) Total
b	85% of line 2a					
С	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					
е	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 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					
С	"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 provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income  Supplementary Information	(Complete this	nart only if the	foundation had	#E 000 or more	
Pa	assets at any time during th			iouiiuation nau	\$5,000 or inore	···
	Information Regarding Foundation Man List any managers of the foundation who have before the close of any tax year (but only if	agers: /e contributed more they have contribut	than 2% of the totated more than \$5,00	00). (See section 507	7(d)(2).)	n
b	List any managers of the foundation who ow ownership of a partnership or other entity)				arge portion of the	
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Sc	holarship, etc., Pr	ograms:		
	Check here ▶ ☐ if the foundation only mak unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gr	ants, etc. to individu	ole organizations and uals or organizations	does not accept under	
a	The name, address, and telephone number of THERESE STARR P O BOX 837 EUFALA, OK 74432 (918) 452-3703 LPCSTARR@YAHOO.COM	or e-mail address of	f the person to whor	n applications should	l be addressed:	
b	The form in which applications should be su APPLICATION, IN ANY FORM, MUST BE SUB THE ORGANIZATION AND THE PROGRAM NE	MITTED IN WRITING	G BY THE CHIEF EXE	CUTIVE OFFICER, M		
С	Any submission deadlines: SEE STATEMENT					
d	Any restrictions or limitations on awards, su factors:	ch as by geographic	cal areas, charitable	fields, kinds of instit	utions, or other	

Form 990-PF (2020)				Page <b>11</b>
Part XV Supplementary Informa	ition (continued)			
3 Grants and Contributions Paid	During the Year or Appro	oved for Futu	re Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	428,200
<b>b</b> Approved for future payment				
Total			<b>▶</b> 3h	

Form **990-PF** (2020)

Enter gross	s amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
<b>1</b> Program	n service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions.)
d						
	and contracts from government agencies					
_	ership dues and assessments					
3 Interes	st on savings and temporary cash ments			14	44,202	
4 Divide	nds and interest from securities			14	110,131	
	ntal income or (loss) from real estate:					
	-financed property					
	ntal income or (loss) from personal property					
	investment income					
8 Gain o invento	r (loss) from sales of assets other than			1.4	626 420	
	come or (loss) from special events:			14	626,429	
10 Gross	profit or (loss) from sales of inventory					
11 Other	revenue: a					
	(2.4)					
	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			1	780,762 <b>3</b>	780,762
					J	, 00,, 02
Part XV	orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th	iations.) ie Accomplisi	nment of Exem	pt Purposes		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplisi	ed in column (e) c	of Part XVI-A contribu		
Part XV  Line No.	I-B Relationship of Activities to th  Explain below how each activity for which	e Accomplisi	ed in column (e) c	of Part XVI-A contribu		
Part XV  Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplisi	ed in column (e) c	of Part XVI-A contribu		
Part XV  Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplisi	ed in column (e) c	of Part XVI-A contribu		
Part XV  Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplisi	ed in column (e) c	of Part XVI-A contribu		
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Part XV  Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplisi	ed in column (e) c	of Part XVI-A contribu		
Part XV  Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplisi	ed in column (e) c	of Part XVI-A contribu		
Part XV  Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplisi	ed in column (e) c	of Part XVI-A contribu		
Part XV  Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplisi	ed in column (e) c	of Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplisi	ed in column (e) c	of Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplisi	ed in column (e) c	of Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplisi	ed in column (e) c	of Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplisi	ed in column (e) c	of Part XVI-A contribu		
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Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplisi	ed in column (e) c	of Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplisi	ed in column (e) c	of Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplisi	ed in column (e) c	of Part XVI-A contribu		

Part XVII	Information Regarding Exempt Organizations	s To and	Trans	actions ar	nd Relation	ship	s Wit	h Non	charit	able	
	<u> </u>					-					_

Part XVII	Exempt Organia	zations				•			
	ganization directly or in- than section 501(c)(3)						ion 501	Yes	No
a Transfers f	rom the reporting foun	dation to a noncl	naritable ex	empt organization	of:				
( <b>1</b> ) Cash.							. 1a(1		No
(2) Other	assets						1a(2		No
<b>b</b> Other trans	sactions:								
	of assets to a nonchari						1b(1	)	No
(2) Purch	ases of assets from a n	oncharitable exe	mpt organi:	zation			1b(2		No
` '	l of facilities, equipmen	•					1b(3		No
(4) Reimb	oursement arrangemen	ts					. 1b(4	_	No
	or loan guarantees.						. 1b(5		No
` '	mance of services or m	•	_				1b(6	)	No
-	facilities, equipment, n ver to any of the above								No
of the good	ds, other assets, or services action or sharing arra  (b) Amount involved	vices given by th	e reporting n column (d	foundation. If the d) the value of the	foundation receiv goods, other ass	ed less than fair ma	rket value ived.	angemen	its
	, ,	. ,				,	, ,		
+									
3 - T - H f					<b>.</b>				
	idation directly or indire	•	· ·	•			′es ☑ No		
	n section 501(c) (other		1(c)(3)) or	in section 52/?.			res 🖭 No		
b if "Yes," co	omplete the following so (a) Name of organization		1 /	<b>b)</b> Type of organization	n l	(c) Description	n of relationship		
	(a) Name of organization	"11	+ '	b) Type of Organization	,,,,	(C) Descriptio	ir or relationship		
of m which	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, corre					pased on all info	rmatior	n of
Sign Here	*****			2021-08-11	*****		May the IRS of return with the prep		
9	Signature of officer or to	rustee		Date	Title		below (see instr.)	<b>V</b> γes □	□No
	Print/Type preparer's	name Pre	parer's Sig	nature	Date	Check if self-	PTIN		
	PAUL HOOD CPA				2021-09-01	employed ▶ □	P0057	9236	
Paid Preparer	Firm's name ► HOO	D & ASSOCIATES	S CPAS PC						
Jse Only		50 EAST 46TH S		FE 120			Firm's EIN ►7	3-14321	162
	Fill S address ► 53	30 EAST 401H S	INCEL SULI	IE 130			Phono no (01	21 7/7 -	7000
	TU	LSA, OK 74135	3537				Phone no. (91	o) /4/-,	,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
A NEW LEAF INCP O BOX 35903 TULSA, OK 74153	NONE	CHARITABLE	ACCOUSTIC WALL PANELING	2,000

<u>'</u>				
CAMPFIRE USA GREEN COUNTRY 706 S BOSTON TULSA, OK 74119	NONE	CHARITABLE	CLUB EXPENSES	5,000
CAR CARE CLINIC INCOMO E DINE	NONE	CHADITABLE	ALITO DEDATE DECCEAM	2 500

TULSA, OK 74119				
CAR CARE CLINIC INC2008 E PINE TULSA, OK 74110	NONE	CHARITABLE	AUTO REPAIR PROGRAM SUPPLIES	2,500

428,200

CAR CARE CLINIC INC2008 E PINE NONE CHARITABLE AUTO REPAIR PROGRAM	
TULSA, OK 74110 SUPPLIES	2,5

ı	CAR CARE CLINIC INC2008 E PINE TULSA, OK 74110	NONE	CHARITABLE	AUTO REPAIR PROGRAM SUPPLIES	
1			L		

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
CENTER FOR THE PHYSICALLY	NONE	CHARITABLE	COMPUTER UPGRADES	5.7

CHALLENGE 815 S UTICA TULSA, OK 74104				
CHAMBER MUSIC TULSA2210 S MAIN	NONE	CHARITABLE	PROGRAM EXPENSES	2,500

TULSA, OK 74104				
CHAMBER MUSIC TULSA2210 S MAIN TULSA, OK 74114	NONE	CHARITABLE	PROGRAM EXPENSES	
CHILD ABUSE NETWORK	NONE	CHARITABLE	EQUIPMEN AND PROGRAM	

Total .

TULSA, OK 74114	NONE	CHARITABLE	PROGRAM EXPENSES	2,300
CHILD ABUSE NETWORK 2828 S SHERIDAN	NONE	CHARITABLE	EQUIPMEN AND PROGRAM EXPENSES	14,000

TULSA, UK 74114				
CHILD ABUSE NETWORK 2828 S SHERIDAN TULSA, OK 74129	NONE	CHARITABLE	EQUIPMEN AND PROGRAM EXPENSES	14,000

428,200

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COMMUNITY ACTION DECOURCES INCE MENTODING DROCDAM 2 000

3636 NORTH PEORIA AVE TULSA, OK 74106	NONE	CHARITABLE	SUPPLIES	2,000
COMMUNITY FOOD BANK OF EASTERN OKLA 1304 N KENOSHA TUISA OK 74106	NONE	CHARITABLE	FOOD PANTRY PROGRAM	25,000

1					1
	COMMUNITY FOOD BANK OF EASTERN OKLA 1304 N KENOSHA TULSA, OK 74106	NONE	CHARITABLE	FOOD PANTRY PROGRAM	
	COUNSELING & RECOVERY SERVICES OF O 6126 S 32ND PLACE	NONE	CHARITABLE	EMERGENCY CELL PHONES	

OKLA 1304 N KENOSHA TULSA, OK 74106				
COUNSELING & RECOVERY SERVICES OF O	NONE	CHARITABLE	EMERGENCY CELL PHONES	2,50

1304 N KENOSHA TULSA, OK 74106				
COUNSELING & RECOVERY SERVICES OF O 6126 S 32ND PLACE TULSA OK 74135	NONE	CHARITABLE	EMERGENCY CELL PHONES	2,500

COUNSELING & RECOVERY SERVICES	NONE	CHARITABLE	EMERGENCY CELL PHONES	2,500
OF O				
6126 S 32ND PLACE				
TULSA, OK 74135				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
DVIS INC3124 E APACHE TULSA, OK 74110	NONE	CHARITABLE	COMPUTER EQUIPMENT	10,000

EMERGENCY INFANT SERVICES 222 S HOUSTON TULSA, OK 74127	NONE	CHARITABLE	INFANT FOOD AND FORMULA	7,500
FOUNDATION FOR TULSA SCHOOLS	NONE	CHARITABLE	PROGRAM SUPPLIES	10,000

TULSA, OK 74127				
FOUNDATION FOR TULSA SCHOOLS 3027 S HEW HAVEN TULSA, OK 74114	NONE	CHARITABLE	PROGRAM SUPPLIES	10,000

428,200

FOUNDATION FOR TULSA SCHOOLS 3027 S HEW HAVEN TULSA, OK 74114	NONE	CHARITABLE	PROGRAM SUPPLIES	10,

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GILCREASE MUSEUM MANAGEMENT NONE CHARITABLE **EXHIBIT EXPENSES** 2,500 TRUST

TULSA, OK 74127				
GLOBAL GARDENSP O BOX 52034 TULSA, OK 74152	NONE	CHARITABLE	PROGRAM EXPENSES	5,000

	10L3A, 0K 74127				
П	GLOBAL GARDENSP O BOX 52034 TULSA, OK 74152	NONE	CHARITABLE	PROGRAM EXPENSES	5,00
1					

TULSA, OK 74152	NONE	CHARTABLE	PROGRAM EXIENSES	3,000
HOPE4010 W NEW ORLEANS	NONE	CHARITABLE	PRACTICE FUSIN PATIENT	3,600

UL3A, UK 74152				
HOPE4010 W NEW ORLEANS	NONE	CHARITABLE	PRACTICE FUSIN PATIENT	3,600
ROKEN ARROW OK 74012	1		RECORD SOFTWA	

428,200

■ 3a

1025.1, GR 7 1252				1
HOPE4010 W NEW ORLEANS	NONE	CHARITABLE	PRACTICE FUSIN PATIENT	3,6
DROUGHU ADDOUG OU TAGAG			n=oonn co=====	

Total . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

وحفرر والوطور ومراج المنطور والمحارر

	or substantial contributor			
a Paid during the year				
HARVEST HOUSE1439 E 71ST TULSA, OK 74136	NONE	CHARITBLE	VISION CARE PROGRAM SUPPLIES	2,500

HELPING HANDS MINISTRY 700 S BOSTON TULSA, OK 74119  NONE  CHARITABLE RENTAL ASSISTANCE EXPENSES 3,500	TULSA, OK 74136			SUPPLIES	
		NONE	CHARITABLE	RENTAL ASSISTANCE EXPENSES	3,500

TULSA, OK 74119				
HONOR BUNKER INC6365 E 41ST	NONE	CHARITABLE	PRINTING EXPENSES	5,000

TULSA, OK 74119				
HONOR BUNKER INC6365 E 41ST TULSA, OK 74135	NONE	CHARITABLE	PRINTING EXPENSES	5,000

HONOR BUNKER INC6365 E 41ST TULSA, OK 74135	NONE	CHARITABLE	PRINTING EXPENSES	5,000
Total			▶ 3a	428,200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

HOPE HOUSE MC ALESTER 1210 E CHEROKEE AVE MC ALESTER, OK 74501	NONE	CHARITABLE	LAUNDRY EQUIPMENT FOR EXPANDED SERVI	4,000
HOSPICE OF GREEN COUNTRY INC	NONE	CHARITABLE	COURTESY CARE PROGRAM	12,500

MC ALLSTER, OR 74301				
HOSPICE OF GREEN COUNTRY INC 1120 S BOSTON SUITE 200 TULSA, OK 74119	NONE	CHARITABLE	COURTESY CARE PROGRAM SUPPLIES	12,5
i i i i i i i i i i i i i i i i i i i				l

1120 S BOSTON SUITE 200 TULSA, OK 74119			SUPPLIES	
IRON GATE501 S CINCINNATI	NONE	CHARITABLE	FOOD PANTRY SUPPLIES	5,000

IRON GATE501 S CINCINNATI NONE CHARITABLE FOOD PANTRY SUPPLIES 5,00 TULSA, OK 74119	10251,7011				
		NONE	CHARITABLE	FOOD PANTRY SUPPLIES	5,000

428,200

IRON GATE501 S CINCINNATI	NONE	CHARITABLE	FOOD PANTRY SUPPLIES	5,0
TULSA, OK 74119				

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JOY IN THE CAUSE COMPANY NONE CHARITABLE PROGRAM EXPENSES AND 10,000

3939 S HARVARD 185 TULSA, OK 74135			BACKPACK SUPPLI	
LIFE SENIOR SERVICES INC 5950 E 31ST	NONE	CHARITABLE	TWO OF 7 THERMAL IMAGING UNITS	4,600

5950 E 31ST TULSA, OK 74135	NONE	CHARTABLE	UNITS	4,000
MC INTOSH COUNTY YOUTH & FAMILY EDU 107 MC KINLEY STREET	NONE	CHARITABLE	EQUIPMENT AND THRIFT SHOP EXPENSES	9,700

TULSA, OK 74135				
MC INTOSH COUNTY YOUTH & FAMILY EDU 107 MC KINLEY STREET	NONE	CHARITABLE	EQUIPMENT AND THRIFT SHOP EXPENSES	9,7

Total .

TULSA, UK 74133				
MC INTOSH COUNTY YOUTH & FAMILY EDU 107 MC KINLEY STREET EUFALA, OK 74432	NONE	CHARITABLE	EQUIPMENT AND THRIFT SHOP EXPENSES	9,70

428,200

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

	or substantial continuation			
a Paid during the year				
MEALS ON WHEELS OF METRO TULSA 1260 E 31ST	NONE	CHARITABLE	PROGRAM EXPENSES	10,000

ULSA, OK 74112				
MENTAL HEALTH ASSOC OF TULSA .870 S BOULDER	NONE	CHARITABLE	PROGRAM EXPENSES	

MENTAL HEALTH ASSOC OF TULSA 1870 S BOULDER TULSA, OK 74119	NONE	CHARITABLE	PROGRAM EXPENSES	10,000
NEWVIEW OKLAHOMA INC	NONE	CHARITABLE	TRANSPORTATION VOUCHERS	5,000

TULSA, OK 74119				
NEWVIEW OKLAHOMA INC 501 N DOUGLAS OKLAHOMA CITY, OK 73106	NONE	CHARITABLE	TRANSPORTATION VOUCHERS	5,000

428,200

NEWVIEW OKLAHOMA INC NONE CHARITABLE TRANSPORTATION VOUCHERS					
501 N DOUGLAS OKLAHOMA CITY, OK 73106	501 N DOUGLAS	NONE	CHARITABLE	TRANSPORTATION VOUCHERS	5,0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

OKLAHOMA CARING FOUNDATION 1400 S BOSTON TULSA, OK 74119	NONE	CHARITABLE	VAN SUPPLIES	5,000
OKLAHOMA PROJECT WOMAN	NONE	CHARITABLE	DIAGNOSTIC EXPENSES	5,000

TULSA, OK 74119				
OKLAHOMA PROJECT WOMAN 2727 E 21ST 602 TULSA, OK 74114	NONE	CHARITABLE	DIAGNOSTIC EXPENSES	5,000
OPERATION AWARE7226 E 41ST TULSA, OK 74145	NONE	CHARITABLE	EDUCATIONAL MATERIALS PRINTING	1,500

428,200

■ 3a

TULSA, OK 74114				
OPERATION AWARE7226 E 41ST TULSA, OK 74145	NONE	CHARITABLE	EDUCATIONAL MATERIALS PRINTING	1,500

Total .

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

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year				
PARENT CHILD CENTER OF TULSA 1420 S BOSTON TULSA, OK 74119	NONE	1	NETSTART ELECTRONIC HEALTH DATA BASE	3,000
				i

'				
PETS HELPING PEOPLE 2234 E 56TH PLACE TULSA, OK 74105	NONE	CHARITABLE	WEBSITE UPGRADES	5,000
PHILBROOK MUSEUM OF ART	NONE	CHARITABLE	EXHIBIT EXPENSES	3,500

2234 E 56TH PLACE TULSA, OK 74105				
PHILBROOK MUSEUM OF ART 2727 S ROCKFORD TULSA, OK 74114	NONE	CHARITABLE	EXHIBIT EXPENSES	3,500

428,200

TULSA, OK 74105				
PHILBROOK MUSEUM OF ART 2727 S ROCKFORD TULSA, OK 74114	NONE	CHARITABLE	EXHIBIT EXPENSES	3,50

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

BASEMENT REPAIRS AND PROGRAM EXPENSE	10,000
	I

TULSA, OK 74119			PROGRAM EXPENSE	
REVITALIZE T-TOWN14 E 7TH TULSA, OK 74119	NONE	CHARITABLE	WRAPAROUNG SIGNAGE FOR TWO VEHICLES	3,000

REVITALIZE T-TOWN14 E 7TH TULSA, OK 74119	NONE	CHARITABLE	WRAPAROUNG SIGNAGE FOR TWO VEHICLES	3,000
SALVATION ARMY924 S HUDSON	NONE	CHARITABLE	PROGRAM EXPENSES	10,000

TULSA, OK 74119			TWO VEHICLES	
SALVATION ARMY924 S HUDSON TULSA, OK 74111	NONE	CHARITABLE	PROGRAM EXPENSES	10,000

SALVATION ARMY924 S HUDSON TULSA, OK 74111	NONE	CHARITABLE	PROGRAM EXPENSES	10,00
---	------	------------	------------------	-------

TULSA, OK 74111	TO NE	CHARLETABLE	THOUSEN TEXT ENGES	10,000
Total			▶ 3a	428,200

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Daid during the year

a Paid during the year				
SOUTH PEORIA NEIGHBORHOOD CONNECTIO 1208 E 58TH TULSA, OK 74105	NONE	CHARITABLE	COMPUTERS, PRINTER AND PROGRAM EXPEN	12,500
STAND IN THE GAP	NONE	CHARITABLE	VIDEO PRODUCTION EXPENSE	10,000

*				
STAND IN THE GAP 3939 S HARVARD 120 TULSA, OK 74135	NONE	CHARITABLE	VIDEO PRODUCTION EXPENSE	10,000
TOWN & COUNTRY SCHOOL 8906 E 34TH TULSA, OK 74145	NONE	CHARITABLE	6 OF 40 PLANNED IWAVE AIR PRUIFIERS	5,500

3939 S HARVARD 120 TULSA, OK 74135				
TOWN & COUNTRY SCHOOL 8906 E 34TH TULSA, OK 74145	NONE	CHARITABLE	6 OF 40 PLANNED IWAVE AIR PRUIFIERS	5,500
Total			▶ 3a	428,200

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

- Daid during the year

a Faid during the year				
TSHA INC8740 E 11TH SUITE A TULSA, OK 74112	NONE	CHARITABLE	IPADS, LAPTOPS, LAPEL AND MICS	5,000
TULSA AIR & SPACE MUSEUM	NONE	CHARITABLE	SECURITY SYSTEM	7,500

3624 N 74TH E AVE TULSA, OK 74115	NONE	CHARITABLE	SECURITY STSTEM	7,500
TULSA AREA UNITED WAY 1430 S BOULDER	NONE	CHARITABLE	GENERAL PROGRAM SUPPORT	5,000

1025/1, 01( 7 1115				
TULSA AREA UNITED WAY 1430 S BOULDER TULSA, OK 74119	NONE	CHARITABLE	GENERAL PROGRAM SUPPORT	5,000
Total			▶ 3a	428,200

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

a Paid during the year				
TULSA BALET THEATRE1212 E 45TH PL TULSA, OK 74105	NONE	CHARITABLE	PRODUCTION EXPENSES	5,500

ULSA CHILDREN'S MUSEUM 660 N MAYBELLE ULSA, OK 74127	NONE	CHARITABLE	CHILDREN'S EDUCAITONAL PROGRAMMING	
ULSA COMMUNITY FDN DBA	NONE	CHARITABLE	EQUIPMENT FOR REFURBISHING	

TULSA, OK 74127				
TULSA COMMUNITY FDN DBA 501TECHNET 7020 S YALE 400 TULSA OK 74136	NONE	CHARITABLE	EQUIPMENT FOR REFURBISHING PROGRAMS	7,500

5,000

428,200

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
TULSA GLOBAL ALLIANCE 600 S COLLEGE TULSA, OK 74104	NONE	CHARITABLE	EVENT EXPENSES	1,000

TULSA COUNTY HISTORICAL SOCIETY 2445 S PEORIA TULSA, OK 74114	NONE	CHARITABLE	EXHIBIT SUPPORT	7,500
TULSA, OK 74104				

2445 S PEORIA TULSA, OK 74114			·
TULSA HUB SYNDICATE601 W 3RD TULSA, OK 74127	NONE	BIKE REPAIR PROGRAM EXPENSES/SUPPLIE	5,000

▶ 3a

428,200

TULSA, OK 74114				
TULSA HUB SYNDICATE601 W 3RD TULSA, OK 74127	NONE	CHARITABLE	BIKE REPAIR PROGRAM EXPENSES/SUPPLIE	5,0

Total .

Recipient Foundation Purpose of grant or If recipient is an individual, Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
TULSA OPERA1610 S BOULDER TULSA, OK 74119	NONE	CHARITABLE	SCHOOL OUTREACH PROGRAMS	6,000

TULSA ORATORIO CHORUS111 E 1ST TULSA, OK 74103	NONE	CHARITABLE	PRODUCTION EXPENSES	3,000
THI SA SPCAP O BOY 581898	NONE	CHARITARIE	SAMMY FUND EXPENSES FOR	2 500

TULSA, UK 74103				
TULSA SPCAP O BOX 581898 TULSA, OK 74158	NONE	CHARITABLE	SAMMY FUND EXPENSES FOR MEDICAL PET	2,500

428,200

TULSA SPCAP O BOX 581898	NONE	CHARITABLE	SAMMY FUND EXPENSES FOR	2,500
TULSA,OK 74158			MEDICAL PET	

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
TULSA SYMPHONY ORCHESTRA 117 N BOSTON TULSA, OK 74119	NONE	CHARITABLE	SCHOOL OUTREACH PROGRAMS	3,500

6421 E 36TH S NORTH	TULSA, OK 74119				
	TULSA ZOO FRIENDS 6421 E 36TH S NORTH TULSA, OK 74115	NONE	CHARITABLE	EXHIBIT EXPENSES	10,00

TULSA ZOO FRIENDS 6421 E 36TH S NORTH TULSA, OK 74115	NONE	CHARITABLE	EXHIBIT EXPENSES	10,000
UNIVERSITY OF OKLAHOMA FOUNDATION	NONE	CHARITABLE	MEDICAL PROGRAM EXPENSES	5,000

TULSA, OK 74115				
UNIVERSITY OF OKLAHOMA FOUNDATION 4502 E 41ST TULSA, OK 74135	NONE	CHARITABLE	MEDICAL PROGRAM EXPENSES	5,000

TULSA, OK 74115				
UNIVERSITY OF OKLAHOMA FOUNDATION 4502 E 41ST TULSA, OK 74135	NONE	CHARITABLE	MEDICAL PROGRAM EXPENSES	5,000
Total			▶ 3a	428,200

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

or substantial contributor

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
AMERICAN RED CROSS NE OKLA 10151 E 11TH TULSA, OK 74128	NONE	CHARITABLE	EQUIPMENT FOR BIOMEDICAL LAB	5,000

1020.401.71220				
ASCENSION ST JOHN FOUNDATION 1923 S UTICA TULSA, OK 74104	NONE	CHARITABLE	ROTAPRO ATHERECTOMY EQUIPMENT	20,000
BARTHELMES CONSERVATORY INC	NONE	CHARITABLE	EQUIPMENT FOR RECORDING	2,500

1923 S UTICA TULSA, OK 74104	IVONE	CHARTABLE	EQUIPMENT	20,000
BARTHELMES CONSERVATORY INC 1717 S CHEYENNE TULSA, OK 74119	NONE	CHARITABLE	EQUIPMENT FOR RECORDING ARTS PROGREA	2,500

428,200

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

·	or substantial contributor			
a Paid during the year				
BRIDGES FOUNDATION1345 N LEWIS	NONE	CHARITABLE	AIR COMPRESSOR FOR	2,400

CATHOLIC CHARITIES OF EASTERN OKLAH 2450 N HARVARD	NONE	CHARITABLE	FORKLIFT AND PROGRAM EXPENSES	

CATHOLIC CHARITIES OF EASTERN OKLAH 2450 N HARVARD TULSA, OK 74115	NONE	CHARITABLE	FORKLIFT AND PROGRAM EXPENSES	13,000
CLARKE YOUTH THEATRE	NONE	CHARITABLE	SOUND EQUIPMENT	2,500

TULSA, OK 74115				
CLARKE YOUTH THEATRE 4825 S QUAKER	NONE	CHARITABLE	SOUND EQUIPMENT	2,5

10201 y 011 7 1220				
CLARKE YOUTH THEATRE 4825 S QUAKER TULSA, OK 74105	NONE	CHARITABLE	SOUND EQUIPMENT	2,500

Total		▶ 3a	428 200
TULSA, OK 74105			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year DAY CENTER FOR THE HOMELESS. NONE CHARTTABLE PROGRAM EXPENSES 10.000

415 W ARCHER TULSA, OK 74103		0, 11 11 (12 )		20,000
GARDEN INC DBA TULSA BOTANIC GARD 3900 TULSA BOTANIC DR	NONE	CHARITABLE	LIGHTING FOR VISITORS' CENTER	3,000

GARDEN INC DBA TULSA BOTANIC GARD 3900 TULSA BOTANIC DR TULSA, OK 74127	NONE	CHARITABLE	LIGHTING FOR VISITORS' CENTER	3,000
HEALTHY COMMUNITY STORE INITIATIVE P O BOX 1373 TULSA, OK 74101	NONE	CHARITABLE	FREEZER-R&G MICRO MARKET PYTHIAN MAN	2,500

Total			▶ 3a	428,200
HEALTHY COMMUNITY STORE INITIATIVE P O BOX 1373 TULSA, OK 74101	NONE	CHARITABLE	FREEZER-R&G MICRO MARKET PYTHIAN MAN	2,500
TULSA, OK 74127				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year KENDAL WHITTIER INCP O BOX 4165 NONE CHARITABLE PRIVACY FENCE, STORAGE 5,500

TULSA, OK 74159			SHED FOR COMM	
NEIGHBOR FOR NEIGHBOR 505 E 36TH ST N TULSA, OK 74106	NONE	CHARITABLE	COMPUTER, SOFTWARE AND PROGRAM EXPEN	14,000
PARKINSON FOUNDATION OF OKLA 720 WILSHIRE BLVD 109	NONE	CHARITABLE	LOUD CROWN VOICE THERAPY PROGRAM	2,700

428,200

■ 3a

OKLAHOMA CITY, OK 73116

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

POETIC JUSTICE INCP O BOX 4117 TULSA, OK 74159	NONE	CHARITABLE	PRINTING OF ANNUAL ANTHOLOGY	2,500
TULSA CAMPAIGN TO PREVEN TEEN PREGN	NONE	CHARITABLE	COMPUTERS AND PRINTING EXPENSES	4,000

PREGN 1601 S MAIN 200 TULSA, OK 74119	NONE	CHARTABLE	EXPENSES	4,0
TULSA CHAUTAUOUAP O BOX 52344	NONE	CHARITABLE	TENT EXPENSESS	2.5

1601 S MAIN 200 TULSA, OK 74119				
TULSA CHAUTAUQUAP O BOX 52344 TULSA, OK 74152	NONE	CHARITABLE	TENT EXPENSESS	2,500

TULSA CHAUTAUQUAP O BOX 52344 TULSA, OK 74152	NONE	CHARITABLE	TENT EXPENSESS	2,50

Total .

428,200

Recipient If recipient is an individual, show any relationship to any foundation manager and address (house an house of any foundation manager)

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

	or substantial contributor			
a Paid during the year				
TULSA TOWN HALLP O BOX 52266	NONE	CHARITABLE	PROGRAM EXPENSES	1,500

والمطري والترافي والمرافي والمستوان وأراب والمراور وأرابي

Name and address (home or business)

TULSA TOWN HALLP O BOX 52266 TULSA, OK 74152	NONE	CHARITABLE	PROGRAM EXPENSES	1,500
Total			▶ 3a	428,200

efile GRAPHIC print - DO NOT	PROCESS	As Filed Da	ita -		DLN: 93491245008181		
TY 2020 Accounting Fees Schedule							
	Name:	THE GELV	IN FOUNDATION				
	EIN:	73-14196	63				
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
INDIRECT ACCOUNTING FEES		6,975	6,975				

Note: To capture the full content of this document, please select landscape mode (11" $\times$ 8.5") when printing.					
TY 2020 Depreciation Schedule					
Name: THE GELVIN FOUNDATION					

**EIN:** 73-1419663

	Depreci	ation Schedule							
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER	2005-11-08	1,495	1,495	S/L	5.0000				

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2020 Gain/Loss from Sale of Other Assets Schedule

Name: THE GELVIN FOUNDATION

**EIN:** 73-1419663

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Met hod	Sales Expenses	Total (net)	Accumulated Depreciation
CAPITAL WORLD GROWTH	2019-12	PURCHASE	2020-10		8,157	8,130			27	
GROWTH FUND AMERICA	2019-12	PURCHASE	2020-10		80,000	67,541			12,459	
NEW WORLD FUND CLASS A	2019-12	PURCHASE	2020-10		10,000	9,527			473	
SHRT TERM BD FD AMER	2019-11	PURCHASE	2020-04		225,000	221,885			3,115	
SMALLCAP WORLD FD A	2019-12	PURCHASE	2020-10		20,000	17,544			2,456	
CAPITAL ONE BK USA	2016-10	PURCHASE	2020-10		190,000	190,000				
CAPITAL ONE NA	2016-10	PURCHASE	2020-10		250,000	250,000				
CAPITAL WORLKD GROWTH	2017-12	PURCHASE	2020-10		1,843	1,805			38	
JPMORGAN MID CAP VALUE	2012-10	PURCHASE	2020-11		60,000	44,897			15,103	
INTERMEDIATE BOND FD	2014-01	PURCHASE	2020-04		251,945	244,485			7,460	
JPMORGAN FUNDS	2012-10	PURCHASE	2000-11		100,000	69,245			30,755	
NEW WORLD FUND CLASS A	2017-01	PURCHASE	2020-11		80,000	57,868			22,132	
SMALLCAP WORLD FD A	2017-01	PURCHASE	2020-07		100,000	74,282			25,718	
UNDISCOVERED MANAGERS	2012-10	PURCHASE	2020-11		120,000	79,971			40,029	
CAPITAL WORLD GROWTH	2003-05	PURCHASE	2020-11		120,000	51,695			68,305	
GROWTH FUND AMERICA	2003-05	PURCHASE	2020-07		270,000	96,518			173,482	
INTERMEDIATE BOND FD	2011-04	PURCHASE	2020-04		54,054	52,415			1,639	
INVESTMENT CO AMERICA	2007-12	PURCHASE	2020-07		110,000	86,728			23,272	
WASH MUTL INVS FD INC	2008-10	PURCHASE	2020-07		90,000	40,957			49,043	

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TY 2020 Investments Corporat	e Stock Sched	lule

Name: THE GELVIN FOUNDATION

FTN: 73-1419663

EIN: /3-1419003		
Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
CAPITAL WORLD GROWTH & INCOME	686,982	1,178,977
GROWTH FUND OF AMERICA INC	892,477	1,829,931
INVESTMENT COMPANY OF AMERICA	760,479	1,160,535
WASHINGTON MUTUAL INVESTORS FU	743,341	1,148,296
INTERMEDIATE BOND FUND OF AMER	1,520,587	1,545,950
JPMORGAN MID CAP VALUE	372,295	455,695
JP MORGAN US SMALL COMPANY FUN	322,208	497,250
UNDIS MANAGERS BEHAVIORAL VALU	333,983	498,479
JPMORGAN TR II CORE BD FD	357,664	357,904
SHORT TERM BOND FUND AMERICA	138,194	140,138
SMALL CAP WORLD FUND	302,842	501,681
NEW WORLD FUND CLASS A	300,619	486,095
	•	

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TV 2020 Investments Other	« Cabadula	

### TY 2020 Investments - Other Schedule

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Name: THE GELVIN FOUNDATION

ETNI. 72 1410662

<b>EIN:</b> /3	- 1419663		
Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BARCLAYS BANK CD	AT COST	50,000	50,918
BARCLAYS BANK CD	AT COST	150,000	156,330
CAPITAL ONE BANK CD	AT COST		
CAPITAL ONE BANK CD	AT COST		
CITIBANK NA CD	AT COST	250,000	272,075
COMENITY BANK CD	AT COST	100,000	100,611
CROSSFIRST BANK CD	AT COST	216,702	216,702
DISCOVER BANK CD	AT COST	250,000	254,592
FIRST OKLAHOMA BANK CD	AT COST	116,280	116,280
GOLDMAN SACHS BANK CD	AT COST	150,000	163,515
WELLS FARGO BANK CD	AT COST	250,000	260,895

TY 2020 Land, Etc. Schedule	
Namo	: THE GELVIN FOUNDATION
EII	<b>I:</b> 73-1419663

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Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
	1,495	1,495		

efile GRAPHIC print - DO NOT PROCESS	DLN: 93491245008181					
TY 2020 Other Decreases Schedule						
Name: THE GELVIN FOUNDATION						
<b>EIN:</b> 73-1419663						
Description	Amount					
PRIOR PERIOD PREPAID TAX CORRECTION	23,026					

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TY 2020 Other Expenses Schedule								
Name: THE GELVIN FOUNDATION								
<b>EIN:</b> 73-1419663								
Other Expenses Schedule								
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
EXPENSES								
OFFICE EXPENSE	3,722	3,722						
TELEPHONE	618	618						

UTILITIES

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TY 2020 Other Professional Fees Schedule								
Name: THE GELVIN FOUNDATION EIN: 73-1419663								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
MANAGEMENT FEES	918	918						

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TY 2020 Taxes Schedule							
Name: THE GELVIN FOUNDATION							
<b>EIN:</b> 73-1419663							
Taxes Schedule							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
INCOME TAXES	4,003	4,003					
FOREIGN TAXES PAID	480	480					