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2020

OMB No. 1545-0052

Form 990-PI

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caler	ndar year 2020, or tax year beginning 01-01-20)20 , ar	nd ending 12-31-	2020	
		Indation		A Employer id	entification number	r
LE	SLIE PU	WELL FOUNDATION INC		73-1190206		
		f street (or P.O. box number if mail is not delivered to street address) KHOUSER CPA 705 W GORE BLVD	Room/suite	B Telephone nu	ımber (see instruction	ns)
C,	0 1 0141	CHOOSEN CLA 703 W CONE BEVB		(580) 357-9526	5	
		, state or province, country, and ZIP or foreign postal code K 73501	1	C If exemption	application is pending	a, check here
	1011, 0					▶ ∟
G Ch	ieck al	I that apply: \square Initial return \square Initial return of a	former public charity	D 1. Foreign or	ganizations, check he	re
		☐ Final return ☐ Amended return			rganizations meeting i k here and attach cor	
		Address change Name change		·	undation status was t	· _
		rpe of organization: Section 501(c)(3) exempt private			on 507(b)(1)(A), checl	
			e private foundation			
of '	/ear (f	xet value of all assets at end from Part II, col. (c), ▶\$ 1,325,108 J Accounting method: □ Other (specify) (Part I, column (d) must			ation is in a 60-month n 507(b)(1)(B), check	
			T		т	Г
Pa	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) (see instructions).)	(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 (attach	64,800			
	2	schedule) Check if the foundation is not required to attach	04,000			
		Sch. B				
Reverate	3	Interest on savings and temporary cash investments	4	4	4	
	4	Dividends and interest from securities	16,826	16,826	16,829	
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10				
	ь -	Gross sales price for all assets on line 6a		20.070		
	7	Capital gain net income (from Part IV, line 2)		38,979		
	8 9	Net short-term capital gain				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold	<u>. </u>			
	С	Gross profit or (loss) (attach schedule)	0			
	11	Other income (attach schedule)	0			
	12	Total. Add lines 1 through 11	81,630	55,809	16,833	
	13	Compensation of officers, directors, trustees, etc.	40,306			
	14	Other employee salaries and wages				
Š	15	Pension plans, employee benefits				
nse	16a	Legal fees (attach schedule)	0			
<u>\$</u>	b	Accounting fees (attach schedule)	965			965
ii o	С	Other professional fees (attach schedule)	0			
⋛	17	Interest				
st ra	18	Taxes (attach schedule) (see instructions)	3,083			
Ē	19	Depreciation (attach schedule) and depletion	24,364			
	20	Occupancy	11,701			11,70
υ Ο	21	Travel, conferences, and meetings	4			4
e	22	Printing and publications	342			342
Operating and Administrative Expenses	23	Other expenses (attach schedule)	13,798			13,797
rat	24	Total operating and administrative expenses.				
<u>ಹ</u>	2-	Add lines 13 through 23	94,563			26,809
_	25	Contributions, gifts, grants paid	650			650
	26	Total expenses and disbursements. Add lines 24 and 25	95,213	0		27,459
	27	Subtract line 26 from line 12:	,			,
	а	Excess of revenue over expenses and	12 502			
	ь	disbursements Net investment income (if negative, enter -0-)	-13,583	55,809		
	c	Adjusted net income (if negative, enter -0-)		33,003	16,833	
	D	work Deduction Act Notice are instructions	İ	C-1 N 44222	10,033	000 DE (2222

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968,324

-13,583

38,979

993,720

993,320 Form **990-PF** (2020)

400

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		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	15,074	18,226	18,226
	2	Savings and temporary cash investments	28,551	17,164	171,647
	3	Accounts receivable ▶			
		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)		0	
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶		0	
ا ي	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
¥ :	L0a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	348,870	369,206	544,731
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶		0	
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	17,722	17,722	17,722
	14	Land, buildings, and equipment: basis ►			
		Less: accumulated depreciation (attach schedule) ▶ 418,681	559,247	572,782	572,782
	15	Other assets (describe >)	0	0	0
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	969,464	995,100	1,325,108
\top	17	Accounts payable and accrued expenses	1,140	1,780	
	18	Grants payable			
es	19	Deferred revenue			
┋╽	20	Loans from officers, directors, trustees, and other disqualified persons		0	
<u> </u>	21	Mortgages and other notes payable (attach schedule)		0	
-	22	Other liabilities (describe	0	0	
	23	Total liabilities(add lines 17 through 22)	1,140	1,780	
9		Foundations that follow FASB ASC 958, check here			
≣		and complete lines 24, 25, 29 and 30.			
교	24	Net assets without donor restrictions			
힐	25	Net assets with donor restrictions			
Fund Balances		Foundations that do not follow FASB ASC 958, check here			
2		and complete lines 26 through 30.			
Assets or	26	Capital stock, trust principal, or current funds	392,496	404,596	
Se	27	Paid-in or capital surplus, or land, bldg., and equipment fund	575,828	588,724	
	28	Retained earnings, accumulated income, endowment, or other funds			
Set	29	Total net assets or fund balances (see instructions)	968,324	993,320	
	30	Total liabilities and net assets/fund balances (see instructions) .	969,464	995,100	
Par	t III	Analysis of Changes in Net Assets or Fund Balances			

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

2

3

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Page 3

			ind(s) of property sold (e.g., e; or common stock, 200 shs			(b) How acqu P—Purcha D—Donat	ase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a II	NVESTMENT CAPITAL G	AIN DIS	TRIBUTIONS			Р		2010-12-31	2020-12-31
bС	APITAL WORLD STOCK	2576.8	13			Р		2010-12-31	2020-06-16
С									
d									
e									
	(e) Gross sales price		(f) Depreciation allowed (or allowable)		Cost or	(g) other basis ense of sale		Gain ò	1) r (loss)) minus (g)
а		4,542		0			0		4,542
b	12	25,290		0		g	0,853		34,437
С									
d									
е									
		•							
	Complete only for assets	s showin	ng gain in column (h) and ow	ned by	the foundation	on 12/31/69		(I)
	(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		Excess	(k) of col. (i) . (j), if any		Gains (Col. (col. (k), but not	n) gain minus less than -0-) or om col.(h))
а		0		0			0		4,542
b		0		0			0		34,437
С									
d									
е									
3	If gain, also enter in Pa in Part I, line 8	gain or (art I, line	(loss) as defined in sections : e 8, column (c) (see instructi	If (los 1222(5 ons). I	f (loss), enter -0	Part İ, line 7	. }[3	38,979
Part			Section 4940(e) for Re				nt Inc	ome	
		LED O	N DECEMBER 20, 2019	- DO	NOT COMPLI	ETE			
1 K	Reserved	1	(1)	ı				/ IN	
	(a) Reserved		(b) Reserved		(c) Reserved			(d) Reserved	
							<u> </u>		
2 R	eserved						2		
3 R	eserved						3		
4 R	eserved						4		
5 R	eserved						5		
6 R	eserved						6		
	eserved						7		
							 		
8 K	eservea ,						8		

(b)

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Yes No

t VII-B	Statements Regarding	Activities for	Which	Form 472	20 May	Be F	Required	(continue	d)
During the	year did the foundation pay or	r incur any amou	nt to:						

	(1) Carry on propaganda, or otherv	vise attempt to influence legis	lation (section 4945(e))?	☐ Yes ☑	No No		
	(2) Influence the outcome of any s	' '	,,	L les C	3 140		
	on, directly or indirectly, any vo	=		· · 🗌 Yes 🔽	No		
	(3) Provide a grant to an individual	• • • • • • • • • • • • • • • • • • • •		☐ Yes 🗸	No No		
	(4) Provide a grant to an organizati in section 4945(d)(4)(A)? See it		· -		a		
	(5) Provide for any purpose other t educational purposes, or for the	- · · · · · · · · · · · · · · · · · · ·	* **				
b	If any answer is "Yes" to $5a(1)-(5)$,			⊔ Yes 💌	No		
	Regulations section 53.4945 or in a				5 b		
	Organizations relying on a current r	notice regarding disaster assist	tance check here	▶ ┌	1		
C	If the answer is "Yes" to question 5	a(4), does the foundation clair	m exemption from the	_	_		
	tax because it maintained expenditu	· · · · · · · · · · · · · · · · · · ·		· · □ Yes □] No		
	If "Yes," attach the statement requi	· -					
6a	Did the foundation, during the year,	, , ,					
L	a personal benefit contract?			⊔ Yes 💌	No 6b		No.
b	Did the foundation, during the year, If "Yes" to 6b, file Form 8870.	, pay premiums, directly or mo	directly, on a personal ber	ient contract?	- 61	<u>'</u>	No
7a	At any time during the tax year, wa	s the foundation a party to a i	prohibited tax shelter tran	saction?	a		
b	If "Yes", did the foundation receive			∟ res 💌	No 7b		
8	Is the foundation subject to the sec	• • • • • • • • • • • • • • • • • • • •					
	excess parachute payment during t	he year?		· · □ Yes □] _{No}		
	Information About (Officers, Directors, Trus	tees, Foundation Ma			s,	
Ра	and Contractors						
1	List all officers, directors, truste	es, foundation managers a	nd their compensation.	See instructions			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans an	d (e) Exp	ense acc	ount,
	(a) Name and address	devoted to position	-0-)	deferred compensation	other	allowan	ces
SEE A	TTACHED LIST	1 0.00	0		0		(
	TTACHED LIST ON, OK 73501	0.00					
	HEW HUGHES	EXEC DIRECTOR	40,306		0		(
	NW 82ND ST 406	40.00	,				
	ON, OK 73505 Compensation of five highest-pa	id ampleyees (ather than t	hose included on line 1	_coo instructions) If n	one enter	"NONE	71
	Compensation of five highest-pa	did employees (other than t		(d) Contributions to	lie, enter	NONE	•
(a)	Name and address of each employee more than \$50,000	· nours per week	(c) Compensation	employee benefit plans and deferred	(e) Expe	nse acco	
	more than \$50,000						
	more than \$50,000	devoted to position		compensation			
NON		devoted to position					
NON		devoted to position					
NON		devoted to position					
NON		devoted to position					
NON		devoted to position					
NON		devoted to position					
NON		devoted to position					
NON		devoted to position					
NON		devoted to position					
							(

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No	ONE".
(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	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 THE LESLIE POWELL FOUNDATION, INC. OPERATES AN ART GALLERY THAT SERVES AS A DISPLAY FOR ART WORKS	LAPENSES
OF VARIOUS ARTISTS, WHICH INCLUDES HIGH SCHOOL AND COLLEGE STUDENTS, AS WELL AS A MEETING PLACE	
FOR ART GROUPS WITHIN THE LAWTON-FT SILL COMMUNITY.	95,211
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	_
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NA	0
2	
All other program-related investments. See instructions. 3	
<u> </u>	
Total. Add lines 1 through 3	0
	Form 990-PF (2020)

3

4

5 6

7

1a

1b

2

3a 3b

4

5

27,459

27,459

27,459

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Distributable amount before adjustments. Subtract line 2c from line 1.

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.

3

4 5

6

1

2

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4

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b

Part XII

c From 2017. . . d From 2018.

e From 2019.

XII, line 4: ▶ \$ a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). **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

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

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2021.

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. .

6 Enter the net total of each column as

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

indicated below:

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

1 Distributable amount for 2020 from Part XI, line 7

(d)

2020

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Form 990-PF (2	020)
Part XIII	Un

Form 990-PF (2	020)	
Part XIII	Undistributed Income (see instruction	ons)

- 2 Undistributed income, if any, as of the end of 2020: a Enter amount for 2019 only.
- Excess distributions carryover, if any, to 2020: a From 2015. **b** From 2016.
 - 48.975 58,217

 - - 49 537 45.231
- 39,041 f Total of lines 3a through e.
- 4 Qualifying distributions for 2020 from Part

58.217 49,537

45.231

39.041

27.459

(a)

Corpus

- 241.001

27.459

268,460

48.975

219,485

(b)

Years prior to 2019

(c)

2019

factors:

	Private Operating Found	acions (see mstruc	Lions and Part V.	II-A, question 3)		
1a	If the foundation has received a ruling or det foundation, and the ruling is effective for 20			rating		
b	Check box to indicate whether the organizati	ion is a private operat	ing foundation desc	cribed in section 🗹	4942(j)(3) or	d942(j)(5)
	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	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Iotai
	year listed	0	0	0	0	0
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed	27,459	39,041	45,231	49,537	161,268
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	27,459	39,041	45,231	49,537	161,268
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets(2) Value of assets qualifying				1,174,510	1,174,510
	under section 4942(j)(3)(B)(i)				1,174,510	1,174,510
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
C	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments					
	on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
D	Supplementary Information			oundation had \$	55,000 or more i	in
1	assets at any time during the Information Regarding Foundation Mana		uctions.)			
a	List any managers of the foundation who hav before the close of any tax year (but only if NA	e contributed more th				n
b	List any managers of the foundation who own ownership of a partnership or other entity) of				rge portion of the	
2	NA Information Regarding Contribution, Gra	ant, Gift, Loan, Scho	olarship, etc., Pro	grams:		
	Check here ▶ ☐ if the foundation only mak unsolicited requests for funds. If the foundar other conditions, complete items 2a, b, c, ar	tion makes gifts, gran	ts, etc. to individua			
а	The name, address, and telephone number of	or e-mail address of th	ne person to whom	applications should	be addressed:	
	MATTHEW HUGHES 620 SW D AVENUE LAWTON, OK 73501 (580) 357-9526					
b	The form in which applications should be sub APPLICATION FOUND ON ORGANIZATION'S			ey should include:		
	: Any submission deadlines:	***LDSITE AT YV VV VV.LI	CALLENT.ONG			
	SEPTEMBER 30TH OF EACH YEAR					

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

AWARDS ARE LIMITED TO THE REGION SURROUNDING LAWTON, OKLAHOMA & ARE GIVEN ONLY FOR ARTS/HUMANITIES PROGRAMS

a Paid during the year

CAMERON UNIVERSITY FOUNDATION

b Approved for future payment

Total .

Amount

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650

650

Form **990-PF** (2020)

or substantial contributor

PAID

ART PROGRAMING

▶ 3b

2800 W GORE BLVD	
LAWTON, OK 73505	_

nter gross	s amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exemp
1 Progran	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.
е						
						
_	and contracts from government agencies ership dues and assessments.					
	st on savings and temporary cash			1.4	1	
	nds and interest from securities			14	16,826	
	ntal income or (loss) from real estate:					
	financed property					
	lebt-financed property					
	nvestment income					
	r (loss) from sales of assets other than					
invento	ory					
	profit or (loss) from sales of inventory					
L Other	revenue: a					
b						
2 Subtot	al. Add columns (b), (d), and (e).				16,830	
T-4-1	A L L P			1	3	16,830
S rotal.	Add line 12, columns (b), (d), and (e).	lations \				10,03
(See w	orksheet in line 13 instructions to verify calcu	lations.)				10,000
(See w	orksheet in line 13 instructions to verify calcu Relationship of Activities to th	lations.) ie Accomplish	nment of Exem	pt Purposes		
(See w Part XV	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how expla	lations.) IE Accomplish income is report	nment of Exem	pt Purposes	uted importantly to	
(See work (See work) Sine No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	
(See work (See work) Sine No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how expla	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	
(See work and XV) ine No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	•
(See work (See work) Sine No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	•
(See work and XV) ine No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	·
(See work and XV) ine No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	·
(See work and XV) ine No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	·
(See work (See work) Sine No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	•
(See work (See work) Sine No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	•
(See work (See work) Sine No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	•
(See work (See work) Sine No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	•
(See work and XV) Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	
(See work and XV) Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	
(See work and XV) Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	
(See work and XV) Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	
(See work and XV) Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	
(See w Part XV Line No. ▼	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	,
(See w Part XV Line No. ▼	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	,
(See work and XV) ine No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	,
(See w Part XV Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.) IE Accomplish Income is report Income purposes (nment of Exem	pt Purposes	uted importantly to	,

Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations	
Did the same	-in-time discrete and in-the course in the course for the fellowing with the order of the course of the discrete for	Т

	art XVI.	Exempt Organi	zations									
1	Did the o (c) (other	rganization directly or in r than section 501(c)(3)	directly engag	ge in any of the	he following with a n 527, relating to p	ny other o political org	rganizatio ganization	n described in secti s?	on 501	Π,	Yes	No
а	Transfers	from the reporting foun	dation to a no	oncharitable e	exempt organizatio	n of:				\top		
	(1) Cash	1							. 1a(1)		No
	(2) Othe	er assets							. 1a(2)		No
b		nsactions:										
		s of assets to a nonchar	· · · · · · · · · · · · · · · · · · ·	-					<u>1b(</u>			No
		thases of assets from a r							1b(No
		tal of facilities, equipmer	•						1b(_	No
		nbursement arrangemen							. 1b(_	No No
		ns or loan guarantees. Irmance of services or m							. 1b(-+	No
	` '	of facilities, equipment, n	•	_					. 1	\neg		No
	_	swer to any of the above		•						_		-110
	of the go	ods, other assets, or ser ansaction or sharing arra	vices given by	the reportin	g foundation. If the	e foundatio	on receive	d less than fair mar	ket value			
(-)	Line No.	(b) Amount involved	(a) Name of r	aoncharitable e	xempt organization	(d) Do	scription of	transfers, transactions	and charing	rranc	omant	
(a)	Line No.	(b) Amount involved	(C) Name on	ionchantable e	xempt organization	(d) De	scription of	transfers, transactions	, and snaring o	ITally	jement	.5
	-											
_												
2a		undation directly or indire	•	*	•							
		I in section 501(c) (other		501(c)(3)) o	r in section 52/?.			LIY	es 🗹 No			
b	If "Yes,"	complete the following so (a) Name of organization			(h) Tuna of augustina	bi		(a) Danawinskian				
		(a) Name or organization	л		(b) Type of organiza	LIOII		(c) Description	i or relationsiii			
	of r	der penalties of perjury, ny knowledge and belief ich preparer has any kno	, it is true, co									
	gn	*****	-		2021-05-15		*****		May the IR	5 disc	uss thi	is
H€	ere 👠				2021-05-15	\			return with the pr	epare	r show	'n
		Signature of officer or t	rustee		Date		Title	_	below	_		
		Signature of officer of t	rustee		Date		Title		(see instr.)	<u>V</u>	Yes 🗆	No
		Print/Type preparer's	name	Preparer's Si	anature	Date			PTIN			
		, ., ,			<u></u>	Date		Check if self-		7449	16	
		Lorna D Funkhouse	er CPA					employed ▶ ☐	P00	/449	10	
Pa	nid	25.11d D I dilkiloust	S.A			1						
	epare	I IIII 3 Hailie F Loili	a D Funkhous	er CPA PC		<u> </u>			Firm's EIN ▶			
Us	se Only		E M Cara B'	<u>ا</u>					S LIN P			
		Firm's address ► 70	5 W Gore Blv	u					Dhone no /	:80)	357- <i>6</i>	060
Lawton, OK 73501					Phone no. (5	.ou) .	٥-/-٥	צטכי				

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

TY 2020 Depreciation Schedule

Name: LESLIE POWELL FOUNDATION INC

EIN: 73-1190206

Depreciation 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
BUILDING	2000-11-01	585,808	280,126	SL	40.000000000000	14,645			
BUILDING 620 SW D AVE	2001-01-01	34,414	16,309	SL	40.000000000000	860			
FURNITURE AND FIXTURES	1997-12-31	21,906	21,906	SL	5.00000000000	0			
FURNITURE AND FIXTURES	1995-12-31	1,494	1,494	SL	5.00000000000	0			
FURNITURE AND FIXTURES	2000-11-01	40,793	40,793	SL	10.000000000000	0			
FURNITURE AND FIXTURES	2001-01-31	1,632	1,564	SL	10.000000000000	0			
2 CHAIR CARRIERS	2003-03-07	650	629	SL	10.000000000000	0			
FOOD PROCESSOR	2006-10-04	87	87	SL	5.00000000000	0			
200 WINE GLASSES	2006-10-20	146	146	SL	5.000000000000	0			
AWNING	2007-10-04	1,801	1,769	SL	7.000000000000	0			
LAND 620 SW D	1999-01-07	30,000	0	LAND	0.000000000000	0			
CEMETERY LOT	1995-12-31	800	0	LAND	0.000000000000	0			
COMPUTER EQUIPMENT	1998-02-12	3,889	3,889	SL	5.000000000000	0			
COMPUTER	2000-09-26	802	802	SL	5.000000000000	0			
DELL COMPUTER	2004-03-26	960	960	SL	5.000000000000	0			
PRINTER	2005-03-30	380	380	SL	5.000000000000	0			
SOFTWARE	2005-08-24	137	137	SL	3.000000000000	0			
FAX MACHINE	2005-09-06	218	218	SL	5.00000000000	0			
SOFTWARE	2005-10-07	300	300	SL	3.000000000000	0			
DIGITAL PROJECTOR	2006-09-18	920	920	SL	5.000000000000	0			

Description of Date Cost or Other Property Acquired Basis

2011-04-19

2012-07-02

2018-09-28

2019-07-31

2020-02-26

2020-06-19

COMPUTER

CONSTRUCTION

SCULPTURE GARDEN

ROOF REPLACEMENT

PROJECT 2018

SCULPTURE GARDEN

AC UNIT

2020

Depreciation Schedule

Prior Years'

Depreciation

544 SL

6,308 SL

5,796 SL

1,071 SL

SL

SL

544

12,616

175,000

15,000

10,000

27,900

						Expense		Included
HP PRINTER	2007-08-10	173	172	SL	5.000000000000	0		
ART RACK FOR GALLERY	2008-09-05	345	345	SL	7.000000000000	0		
SLIDE COPIER	2008-06-01	150	150	SL	7.00000000000	0		
CAMERA	2008-04-02	237	237	SL	7.000000000000	0		
OFFICE CAMERA	2009-10-02	2,053	2,053	SL	3.000000000000	0		
FRAMING	2002-03-20	3,847	3,752	SL	10.000000000000	0		
DELL COMPUTER	2005-05-31	1,461	1,461	SL	5.00000000000	0		

Rate /

Life (# of years)

5.000000000000

15.000000000000

39.000000000000

7.0000000000000

5.000000000000

39.000000000000

Current Year's

Depreciation

Expense

0

841

4,487

2,143

1,000 388 Adjusted Net

Income

Net Investment

Income

Cost of Goods

Sold Not

Included

Computation Method

Description	Amount
EIN: 73-1190206	4
Name: LESLIE POWELL FOUNDATION INC	
TY 2020 Other Decreases Schedule	
efile GRAPHIC print - DO NOT PROCESS As Filed Data -	DLN: 93491244006191

FEDERAL TAX

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491244006191					
TY 2020 Other Expenses Schedule									
Name	LECUTE DOWELL		10						
Name:	LESLIE POWELL	FOUNDATION IN	IC .						
EIN:	73-1190206								
Other Expenses Schedule				,					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes					

Other Expenses Schedule									
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Dis					

MISCELLANEOUS OPERATING

POSTAGE AND MAILING

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AWARDS	100			100
BOOKS AND OFFICE	211			211
CONTRACT SERVICES	870			870

DUES 288 288 GALLERY SUPPLIES 1,284 1,284 **INSURANCE** 9,631 9,630

211

1,203

211

1,203

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491244006191
TY 2020 Other Increases Sche	edule		_
Name:	LESLIE POWEL	L FOUNDATION INC	
EIN:	73-1190206		
Other Increases Schedule			4
De	escription		Amount
NET CAPITAL GAIN			38,979

efile GRAPHIC print - DO NOT PRO	CESS As Filed Data	-	DLI	N: 93491244006191					
TY 2020 Taxes Schedule									
N	Name: LESLIE POWELL FOUNDATION INC								
	EIN: 73-1190206	;							
Taxes Schedule		,		-					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes					
PAYROLL TAX	3,083								

efile GRAPHIC print - DO	NOT PROCESS As Filed Data	-		DLN: 93491244006191			
Schedule B	Sche	dule of Contributors		OMB No. 1545-0047			
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF. .gov/Form990 for the latest infor	mation.	2020			
Name of the organization LESLIE POWELL FOUNDATI	ON INC		Employer i	dentification number			
Organization type (chec	k one):		73-1190206				
Organization type (oneo	K Offe).						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt ch	naritable trust not treated as a _l	orivate foundation				
	☐ 527 political organization						
Form 990-PF	✓ 501(c)(3) exempt private	foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
money or other contributions.	cion filing Form 990, 990-EZ, or 990 property) from any one contributor.						
under sections 50 received from any	on described in section 501(c)(3) fil 9(a)(1) and 170(b)(1)(A)(vi), that c one contributor, during the year, t 1h, or (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 otal contributions of the greate	or 990-EZ), Part II, line 13,	, 16a, or 16b, and that			
during the year, to	on described in section 501(c)(7), (otal contributions of more than \$1,0 ne prevention of cruelty to children	000 exclusively for religious, ch	aritable, scientific, literary, d				
during the year, c If this box is chec purpose. Don't co	on described in section 501(c)(7), (ontributions exclusively for religiou ked, enter here the total contribution mplete any of the parts unless the le, etc., contributions totaling \$5,00	s, charitable, etc., purposes, but ons that were received during the General Rule applies to this o	ut no such contributions tota ne year for an <i>exclusively</i> re rganization because it rece	aled more than \$1,000. eligious, charitable, etc., ived <i>nonexclusively</i>			
990-EZ, or 990-PF), but i	that isn't covered by the General t must answer "No" on Part IV, line rt I, line 2, to certify that it doesn't i	e 2, of its Form 990; or check th	ne box on line H of its Form				
For Paperwork Reduction Ac	t Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 990), 990-EZ, or 990-PF) (2020)			

for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page 2 Name of organization Employer identification number LESLIE POWELL FOUNDATION INC 73-1190206 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (a) (b) (c) (d) **Total contributions** No. Type of contribution Name, address, and ZIP + 4 LESLIE POWELL TRUST Person 620 SW D AVENUE Payroll \$ 64,800 Noncash LAWTON, OK 73501 (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash

Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)			Page 4
	rganization WELL FOUNDATION INC			oloyer identification number
Part III	Exclusively religious, charitable, etc., contril than \$1,000 for the year from any one contril organizations completing Part III, enter the to the year. (Enter this information once. See in Use duplicate copies of Part III if additional space.)	outor. Complete colun otal of exclusively reli structions.)	nns (a) through (d	e) and the following line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
	Transferee's name, address, and Zli	(e) Transfel	•	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
	Transferee's name, address, and ZII	(e) Transfer		hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
	Transferee's name, address, and Zli	(e) Transfel		hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
	Transferee's name, address, and ZII	(e) Transfel		hip of transferor to transferee
			Sched	lule B (Form 990, 990-EZ, or 990-PF) (2020)