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Form	. 990-T		xempt Orgai				axi	Return	\ \	ОМВ	No 1545-0047	
			•	nd proxy tax und	Jei Se		19	12		2	2019	
	R	For car	endar year 2019 or other tax yea		notruoti.	, and ending ons and the latest inforr	notion		— i	Z	.U 13	
	rtment of the Treasury aal Revesûe Service		Do not enter SSN number	•				a 501(c)(3)	<u> </u>	Open to (501(c)(3)	Public Inspection for Organizations Only	
A [Check box if address changed		Name of organization (Check box if name	changed	and see instructions.)		-	Emp)	oyer ident loyees' tri ctions)	tification number ust, see	
BE	xempt under section	Print	DAVID WEEKL	EY FAMILY F	OUN	OATION			7	76-0324538		
. 🗀] 501()(1) 7)	or	Number, street, and room						E Unrei	Unrelated business activity code (See instructions)		
<u> </u>	408(e)220(e)	Туре	1111 NORTH 1	POST OAK RO	AD					100 00 1101	13)	
1	408A 530(a) 529(a)		City or town, state or prov HOUSTON, TX		or foreig	n postal code			900	099		
C Bo	ok value of all secute		E Casua augustica august	(Coo	>							
	118,581,4	15.	G Check organization type	■ X 501(c) co	rporatio	n 501(c) trust		401(a)	trust		Other trust	
H Er	nter the number of the (organiza	tion's unrelated trades or b	usinesses.	_1	Describ	e the only	/ (or first) un	related			
	•		RTNERSHIP IN					te Parts I-V			ıe,	
			ce at the end of the previou	is sentence, complete P	arts I an	d II, complete a Schedul	e M for e	ach addition	al trade	or		
	isiness, then complete			"				<u> </u>			<u>~</u>	
			oration a subsidiary in an a ifying number of the paren		ent-subs	idiary controlled group?		▶ L	Ye	S L∡	X No	
	ne books are in care of		ATTY DETTLO			Telen	hone nun	nber ▶ 7	13-	316-	-3470	
			le or Business Inc			(A) Income	1	B) Expenses		<u> </u>	(C) Net	
 1a	Gross receipts or sale	es .			Т		† · · · · ·	., .				
•	Less returns and allow			c Balance	1c						_	
2	Cost of goods sold (S	chedule	A, line 7)		2							
2 3	Gross profit, Subtract	line 2 fr	om line 1c		3							
: 4 a	Capital gain net incom	ne (attac	h Schedule D)		4a	-949.					-949.	
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	4797)	4b		1					
C					4c		<u> </u>					
5	• •		hip or an S corporation (at	tach statement)	5	-83,646 .	R	CEIV	ED	_	<u>-83,646.</u>	
; 6	Rent income (Schedu Unrelated debt-financ	•	as (Cabadula E)		7			13		78		
7			nd rents from a controlled o	raanization (Schedule E)		8		ov € 7) 2	: 020	<u> </u>		
Ś	-		n 501(c)(7), (9), or (17) or	_	1		۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱					
10	Exploited exempt activ			gamzation (concount d	10			GDEN	บา			
11	Advertising income (S				11	L	 					
12	Other income (See ins	struction	s; attach schedule)		12							
13_	Total. Combine lines				13	-84,595.				-	-84,595.	
Pa			t Taken Elsewher)					
			e directly connected with		ness inc	come.)						
14		icers, di	rectors, and trustees (Sche	dule K)					14			
15	Salaries and wages								15			
16 17	Repairs and mainten Bad debts	lance							16 17			
18	Interest (attach sche	dule) (se	e instructions)						18			
19	Taxes and licenses	dulo) (ot	or mod doctions)						19		8.	
20	Depreciation (attach	Form 45	662)			[20]						
21			Schedule A and elsewhere	on return		21a			21b			
22	Depletion					-			22			
23	Contributions to defe	/	mpensation plans						23			
24	Employee benefit pro								24			
25	Excess exempt exper								25	_		
26	Excess readership co								26			
27	Other deductions (at		•						27	<u>.</u>	8.	
28	Total deductions. A		14 through 27 scome before net operating	loce daduction Subtra	et lina as	from line 12			28		-84,603.	
29 30	/		oss arising in tax years beg						29		04,000.	
"/	(see instructions)	viamiy i	Job arrowing in tax yours Dog	,mg on or area oalla	, .,				30		0.	
31		axable ır	ncome. Subtract line 30 from	m line 29					31		-84,603.	
			work Doduction Act Nation								990-T (2010)	

	0-1(2019) DAVID WEERLEI FAMILII FOUNDATION		70-03	Z4330 Page
Par	Total Unrelated Business Taxable Income			
3 2	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	32	<u>-84,603.</u>
33	Amounts paid for disallowed fringes		33	
34	Charitable contributions (see instructions for limitation rules)		34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines.	mes 32 and 33	35	<u>-84,603.</u>
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see Instructions)		36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	· 1	37	-84,603.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	Q_{j}	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,			
	enter the smaller of zero or line 37	11	39	-84,603.
[Par	Tax Computation			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)		40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:			
	Tax rate schedule or Schedule D (Form 1041)	>	41	
42	Proxy tax. See instructions	•	42	
43	Alternative minimum tax (trusts only)		43	-
44	Tax on Noncompliant Facility Income. See instructions		44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0.
	Tax and Payments		, 10	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a			
b	Other credits (see instructions) 46b			
c	General business credit. Attach Form 3800			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits. Add lines 46a through 46d		46e	
47	Subtract line 46e from line 45		47	0.
48		ittach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	nacii schedule,	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	0.
	Payments: A 2018 overpayment credited to 2019		30	
	2019 estimated tax payments 51b			
		15,000.		
	*	13,000.		
	, , , , , , , , , , , , , , , , , , , ,			
	Backup withholding (see instructions) 51e			
	Credit for small employer health insurance premiums (attach Form 8941) State 2420			
g	Other credits, adjustments, and payments: Form 2439			
50	Form 4136 Other Total payments Add lines 51a through 51g		52	15,000.
52				13,000.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached		53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	105	55 55	15 000
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid			15,000.
56 110 and		unded	\$6 	
Par.		tions)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			İ
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			_ X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	n trust?		Х
	If "Yes," see instructions for other forms the organization may have to file.			
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$!==
Sign	Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the b correct, and complete. Declaration of preparer (other than examined in statements) based on all information of which preparer has any knowledge	est of my knowled	ige and belief, it i	s true,
Here	Y /// H 12 2420 > 2000000000000000000000000000000	Ma	ay the IRS discus	s this return with
11616	TREBIBLIAT		preparer shown	¬
	Signature of Micer Date Title	ins	structions)?	Yes No
		Check if	PTIN	
Paid		self- employed		
Pre	parer LAUREN NOWAKOWSKI Juliu 11/10/20			96934
	Only Firm's name ► RSM US LLP	Firm's EIN	42-0	<u>714325 </u>
	210 PARK AVE, SUITE 1725			
	Firm's address ► OKLAHOMA CITY, OK 73102	Phone no. 4	05 - 239	-7961

Schedule A - Cost of Goods	Sold. Enter	method of invei	ntory v	aluation ► N/A					
1 Inventory at beginning of year	1			Inventory at end of year			6		
2 Purchases	2			Cost of goods sold. St	ubtract l	line 6	,		
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4 a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		_	property produced or a	acquired	for resale) apply to		<u> </u>	_
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income ((see instructions)	From Real	Property and	l Per	sonal Property L	.ease	d With Real Prop	erty)		
1. Description of property									
(1)							-		
(2)									
(3)									
(4)	•								
	2. Rent receiv	ed or accrued							
(a) From personal property (if the percorent for personal property is more 10% but not more than 50%)	entage of than	of rent for	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ai		ted with the income i attach schedule)	ın
(1)								*	
(2)									
(3)									
(4)	•								
Total	0.	Total		•	0.	}			
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column	(A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ctions)		-			
			2	Gross income from		Deductions directly conto debt-finance	nected v ed prop	vith or allocable erty	
1. Description of debt-fin	anced property		:	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)			İ						
(2)									
(3)								· ·	
(4)						. =			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deduc column 6 x total of co 3(a) and 3(b))	olumns
(1)			Î	%		-			
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				.		0	.		0.
Total dividends-received deductions in	cluded in column	18				•			0.

Schedule F - Interest, F	Annuitie	s, Royal	ties, an		· · · · · ·			tion	s (see in:	structio	ons)
				Exempt	Controlled O	rganızatı	ons				
Name of controlled organization	ion	2. Em identifi num	cation		related income e instructions)	4. Tot payr	tal of specified ments made	includ	rt of column 4 led in the cont zation's gross	rolling	Deductions directly connected with income in column 5
(1)		-		<u> </u>							
(1)											·
(2)										 	
(3)											
(4)						L		<u> </u>			
Nonexempt Controlled Organiz	zations										
7. Taxable Income		nrelated incom see instructions		9. Total of specified payments made			10 Part of column 9 that is included in the controlling organization's gross income				Deductions directly connected with income in column 10
(1)											
(2)											
(3)											
							·			 	· · · · · · · · · · · · · · · · · · ·
_(4)	<u> </u>										
							Add colun Enter here and line 8, c		1, Part I,		Add columns 6 and 11 r here and on page 1, Part I, line 8, column (B)
Totals									0.		0.
Schedule G - Investme	nt Incon	ne of a S	Section	501(c)(7	7) (9) or (17) Ord	anization				
		ile oi a c	CUOII	301(0)(7), (3), Oi (17,019	janization				
(see instructions) 1. Description of income					2. Amount of income 3. Deductions directly connected (attach schedule)			4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)					 		(4114011 001104				(60) 6 piec 60) 4)
					 		-				
(2)					 						
(3)											
(4)									<u> </u>		
					Enter here and o Part I line 9, co						Enter here and on page 1 Part I, line 9, column (8)
Totals				•		0.	ì				0.
Schedule I - Exploited	Exempt	Activity	Income	, Other	Than Adv	ertisin	g Income				
(see instru	-	•		•							
					4. Net incom	no (topp)					T_
Description of exploited activity	unrelated	e from	directly c	duction elated	from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cots 5	 Gross inco from activity t is not unrelate business inco 	hat ed	6 . Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)									 		
(2)									†	-	
(3)											
					 						
(4)	P		F.4. 5.		_	1			L		
	Enter her page 1 line 10,	, Part I, col (A)	Enter her page 1 line 10,	, Part I col (B)							Enter here and on page 1, Part II, line 25
Totals -		0.		0.	L						0.
Schedule J - Advertisir											
Part I' Income From F	Periodic	als Repo	orted or	n a Cons	solidated	Basis					
1 Name of soundings		2. Gross		3. Direct	4. Advert or (loss) (co	ol 2 minus	5. Circulat	ion	6. Read		7. Excess readership costs (column 6 minus
1. Name of periodical		income	adve	rtising costs	col 3) If a ga cols 5 th		e income		cost	s	column 5 but not more than column 4)
(1)											
(2)					1				ĺ		7
(3)					7						1
(4)					┥				·		Ⅎ
VII			\dashv		+		+		 		
											-

Totals (carry to Part II, line (5))

Part II	Income From	n Periodicals Reporte	ed on a Separate Basis	(For each periodical listed in Part II, fill in
	columns 2 through	oh 7 on a line-by-line basis)		

1 Name of periodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through /	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minu column 5, but not mor than column 4)	
(1)		_		i i				
(2)				1				
(3)				Ì				
(4)								
Totals from Part I	▶	0.	0.				0	
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1 Part I, line 11, col (B)				Enter here and on page 1 Part II, line 26	
Totals, Part II (lines 1-5)	•	0.	0.		_		0	

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

➤ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
☐ Go to www irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

DAVID WEEKLEY FAMI:	LY FOUNDATION			76-	0324538		
Did the corporation dispose of any investment	1, 1, 1,	,			Yes X No		
If "Yes," attach Form 8949 and see its instru	ctions for additional require	ements for reporting your	gain or loss				
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)					
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gain	1	(h) Gain or (loss) Subtract		
This form may be easier to complete if you round off cents to whole dollars.	Proceéds (sales price)	Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		column (e) from column (d) and combine the result with column (g)		
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b							
1b Totals for all transactions reported on					_		
Form(s) 8949 with Box A checked			<u> </u>		6.		
2 Totals for all transactions reported on							
Form(s) 8949 with Box B checked							
3 Totals for all transactions reported on							
Form(s) 8949 with Box C checked							
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4			
5 Short-term capital gain or (loss) from like-kind	· ·		-	5			
, , , ,	6 Unused capital loss carryover (attach computation)						
7 Net short-term capital gain or (loss). Combin				_7_	6.		
Part II Long-Term Capital Gai	ns and Losses (See I	nstructions.)					
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain	ı	(h) Gain or (loss) Subtract		
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949 Part II, line 2, column (g)) ,	column (e) from column (d) and combine the result with column (g)		
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
8b Totals for all transactions reported on							
Form(s) 8949 with Box D checked							
9 Totals for all transactions reported on							
Form(s) 8949 with Box E checked							
10 Totals for all transactions reported on							
Form(s) 8949 with Box F checked					-955.		
11 Enter gain from Form 4797, line 7 or 9				11			
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	,		12			
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13			
14 Capital gain distributions				14			
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in column	ı h		15	-955.		
Part III Summary of Parts I and	d II						
16 Enter excess of net short-term capital gain (lin			Ļ	16_			
17 Net capital gain. Enter excess of net long-term	n capital gain (line 15) over net	short-term capital loss (line	÷7)	17			
18 Add lines 16 and 17. Enter here and on Form		per line on other returns	Ĺ	18	0.		
Note: If losses exceed gains, see Capital Los	ses in the instructions.						

LHA

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification no.

DAVID_WEEKLEY	FAMILY FO	DOLLAGINO	N			76-0	324538
Before you check Box A, B, or C bek statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 109 box to check	you received any 99-B Either will	/ Form(s) 1099-B o show whether you	or substitute staten r basis (usually you	nent(s) from r cost) was	your broker A su reported to the IF	ibstitute RS by your
Part I Short-Term. Transactions, see page 2	ons involving capit						
Note: You may aggregate all codes are required. Enter the	short-term transac totals directly on S	tions reported on I Schedule D, line 1a	Form(s) 1099-B show i, you aren't required	ving basis was reporte I to report these trans	ed to the IRS actions on Fo	and for which no ac orm 8949 (see instru	djustments or actions)
You must check Box A, B, or C below. (Check only one bo	x. If more than one b	ox applies for your shor	t-term transactions, comp	olete a separate	Form 8949, page 1, for	
X (A) Short-term transactions trial will	. •		•		•		
(B) Short-term transactions rep			-	•	,,,,,,	,	
(C) Short-term transactions no	· ·	•	•				
1 (a)	(b)	(c)	(d)	(e)	Adjustment	t, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other	in column	u enter an amount (g), enter a code in	Gain or (loss).
(Example 100 sh. XYZ Co.)	(Mo., day, yr)	disposed of	(sales price)	Note below and	column (f).	. See instructions	Subtract column (e from column (d) &
		(Mo., day, yr.)		see Column (e) in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
APOLLO GLOBAL							
MANAGEMENT LLC							6.
				_	<u> </u>		
				 			
				 		· · ·	
	_			 			
			-				
		-					
		_					
				-			
	-						
				 			
				· · · · · · · · · · · · · · · · · · ·			
					1		
2 Totals. Add the amounts in colum	ana (d) (a) (a) ==	ad (b) (authtrast		-			
negative amounts). Enter each total Schedule D. line 1b (if Box A abo	tal here and inclu	ide on your					

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

above is checked), or line 3 (if Box C above is checked)

Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

	DAVID WEEKLEY							324538
Be sta	efore you check Box D, E, or F belo atement will have the same informa oker and may even tell you which b	ow, see whether sation as Form 105	you received any 99-B Either will :	r Form(s) 1099-B o show whether you	r substitute statem r basis (usually you	ent(s) from r cost) was	your broker A substreeported to the IF	bstitute IS by your
F	Part II Long-Term. Transaction	ons involving capita	al assets you held r	more than 1 year are	generally long-term (s	ee instruction	ons) For short-term to	ransactions.
	see page 1 Note. You may aggregate all							
	codes are required. Enter the							
	ou must check Box D, E, or F below. C							each applicable box
۳,	(D) Long-term transactions rep					•		
ř	(E) Long-term transactions rep	•		-	•	Note au	Sve,	
r	(F) Long-term transactions not			-	ported to the INS			
_	1 1 7				1 7-1	Adjustmen	nt, if any, to gain or	(1-)
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If y	ou enter an amount	(h) Gaın or (loss).
	(Example 100 sh XYZ Co)	(Mo., day, yr)	disposed of	(sales price)	basis. See the	in column	(g), enter a code in). See instructions.	Subtract column (e)
	(Example 188 ch XII 88)	(, aay, y.)	(Mo., day, yr)		Note below and	(f)	(g)	from column (d) &
			(, , , , , , , , , , , , , , , , , , ,		see Column (e) In the instructions	Code(s)	Amount of	combine the result with column (g)
_	T11 01 17				the instructions	0000(0)	adjustment	with column (g)
_	IN OAK							
_	LTERNATIVE INCOME			<u></u>	-			255
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2	Totals. Add the amounts in colun	nns (d), (e), (g), a	nd (h) (subtract					
	negative amounts). Enter each tot	tal here and inclu	ide on your					
	Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (ıf Box E					
	above is checked), or line 10 (if B	ox F above is ch	necked)					<u> </u>