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OMB No 1545-0052

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

| F                                  | or ca  | lendar year 2008, or                            | r tax year beg        | inning      | 0                                     | 7/0   | , 2008,      | and endi                  | ng |   | 06/3       | 30, <b>20</b> 09     |
|------------------------------------|--|---|-----------------------|-------------|---------------------------------------|-------|--------------|---------------------------|----|---|------------|----------------------|
| _                                  |  | eck all that apply                              | Initial retu          |             | Final return                          |       | Amended      | eturn                     |    | Address change                                | Na         | me change            |
| _                                  |  | Name of found                                   | dation                |             |                                       |       |              |                           |    | A Employer identific                          | ation numb | er                   |
|                                    | Use t  | he IRS  |                       |             |                                       |       |              |                           |    |   |            |                      |
|                                    |  | . 1   | ILY CHARI             | TABLE       | FOUNDATION                            |       |              |                           |    | 20-5  | 490143     | 3                    |
|                                    | Otherwise, Number and street (or P O box number if mail is not delivered to street address) Room/suite |   |                       |             |                                       |       | ite          | B Telephone number (see p |    |   |            |                      |
|                                    | pr   | rint  |                       |             |                                       |       |              |                           |    |   |            |                      |
|                                    |  | ype. 1010 WEST                                  | MAPLE                 |             |                                       |       |              |                           |    | (405  | ) 842-     | -7977                |
|                                    |  | City or town                                    | state, and ZIP co     | de          | · · · · · · · · · · · · · · · · · · · |       |              |                           |    | C If exemption applicati                      | on is      | ▶                    |
| •                                  | iistiu   | ctions.   |                       |             |                                       |       |              |                           |    | pending, check here  D 1 Foreign organization |            | . ▶                  |
|                                    |  | ENID, OK  | 73703                 |             |                                       |       |              |                           |    | 2 Foreign organization                        |            |                      |
| H                                  | Che  | eck type of organization                        |                       | on 501      | (c)(3) exempt priva                   | te fo | undation     |                           |    | 85% test check he computation                 |            |                      |
| Ĩ                                  | _  | Section 4947(a)(1) none                         |                       |             | Other taxable                         |       |              | ion                       |    | '   |            |                      |
| 1                                  |  | market value of all a                           |                       |             | ounting method X                      |       |              |                           |    | E If private foundation under section 507(b)( |            | _ 1 1                |
| •                                  |  | ear (from Part II, col                          |                       |             | Other (specify)                       |       |              |                           |    | F If the foundation is in                     |            |                      |
|                                    | -  |   | 5,876.                | (Part I     | , column (d) must be                  | on e  | cash basis ) |                           |    | under section 507(b)(                         |            | - 1 1                |
| i i                                |  | Analysis of Reven                               |                       | ses (The    |                                       |       |              |                           |    |   |            | ursements            |
|                                    |  | total of amounts in col                         | umns (b), (c), an     | id (d)      | (a) Revenue and expenses per          |       | (b) Net inve |                           | (  | c) Adjusted net income                        |            | naritable            |
|                                    |  | may not necessarily e<br>column (a) (see page   |                       |             | books                                 |       | incom        |                           |    | moome   |            | poses<br>pasis only) |
| _                                  | 1  | Contributions, gifts, grants, etc               |                       |             | 105,00                                | 0.    |              |                           |    |   | 1          |                      |
|                                    | 2  | if the for                                      | indation is not req   | uired to    | 200,00                                | **    |              |                           |    |   |            |                      |
|                                    | 3  | Interest on savings and te                      | ch B                  |             | 1,16                                  | 4.    | <u></u>      | 1,164.                    |    |   |            | STMT 1               |
|                                    | 4  | Dividends and interest                          |                       |             | 1                                     |       |              | 8,974.                    |    | -   |            | STMT 2               |
|                                    | '  | Gross rents                                     |                       |             |                                       |       |              |                           |    |   |            |                      |
|                                    | ı  | Net rental income or (loss                      |                       |             |                                       |       |              |                           |    |   |            |                      |
| a                                  | 1  | Net gain or (loss) from sa                      |                       |             | 6,92                                  | 7.    |              |                           |    |   |            |                      |
| Ž                                  | Ь  | Gross sales price for all                       |                       | 5,927       |                                       |       |              |                           |    |   |            |                      |
| Revenue                            | 7  | assets on line 6a — Capital gain net incom      |                       |             |                                       |       |              | 6,927.                    |    |   |            | <u> </u>             |
| ď                                  | 8  | Net short-term capital                          |                       |             | 1                                     |       |              |                           |    |   |            |                      |
|                                    | 9  | Income modifications                            | -                     |             |                                       |       |              |                           |    |   |            |                      |
|                                    | 10 a   | Gross sales less returns and allowances · · · · |                       |             |                                       |       | ,            |                           |    |   |            |                      |
|                                    | b  | Less Cost of goods sold                         |                       |             |                                       |       |              |                           |    |   |            |                      |
|                                    | c  | Gross profit or (loss) (a                       | attach schedule)      |             |                                       |       |              |                           |    |   |            |                      |
|                                    | 11   | Other income (attach s                          |                       |             | J                                     |       |              |                           |    |   |            |                      |
| _                                  | 12   | Total. Add lines 1 thro                         |                       |             |                                       | 5.    | 1            | 7,065.                    |    |   |            |                      |
|                                    | 13   | Compensation of officers,                       | directors, trustees   | , etc       |                                       |       |              |                           |    |   |            |                      |
| @s                                 | 14   | Other employee salarie                          |                       |             |                                       |       |              |                           |    |   |            |                      |
|                                    | 15   | Pension plans, employ                           | ee benefits           |             |                                       |       |              |                           |    |   |            |                      |
|                                    | 16a  | Legal fees (attach sche                         | edule)                |             |                                       |       |              |                           |    | DECEN   | <u>-n</u>  | 1                    |
| 1 9 201<br>e Expenses              | ь  | Accounting fees (attac                          |                       |             |                                       |       |              |                           |    | RECEIV  |            |                      |
| \\                                 | c  | Other professional fee                          |                       |             |                                       |       |              |                           | 1  |   | 16         |                      |
| A                                  | 17   | Interest  |                       |             |                                       |       |              |                           | 15 | B MAY 17                                      | טוט ן      | <u></u>              |
| ≅t                                 | 18   | Taxes (attach schedule) (s                      | ee page 14 of the ins | structions) |                                       |       |              |                           | 15 | 5  '''' -                                     |            | <u> </u>             |
|                                    | 19   | Depreciation (attach s                          | chedule) and de       | pletion.    |                                       |       |              |                           | _1 | OGDEN,  | IIT        |                      |
| 影り                                 | 20   | Occupancy                                       |                       |             |                                       |       |              |                           |    | UGDEN,  |            |                      |
| 图点                                 | 21   | Travel, conferences, ar                         | nd meetings           |             |                                       |       |              |                           |    |   |            |                      |
| SCANNED MAY ing and Administrative | 22   | Printing and publication                        | ons                   |             |                                       |       |              |                           |    |   |            |                      |
| jg<br>Ji                           | 23   | Other expenses (attach                          | h schedule) STM       | MT.3.       | 5,21                                  | 8.    |              | 3,827.                    |    |   |            |                      |
| rat                                | 24   | Total operating and a                           | idministrative ex     | penses      |                                       |       |              |                           |    |   |            |                      |
| SC<br>Operating                    |  | Add lines 13 through 2                          | 23                    |             | 5,21                                  | 8.    |              | 3,827.                    |    |   |            | <del></del>          |
| J                                  | 25   | Contributions, gifts, gr                        | rants paid            |             | 116,41                                | 5.    |              |                           |    |   |            | 116,415.             |
| _                                  | 26   | Total expenses and disburse                     | ments Add lines 2     | 24 and 25   | 121,63                                | 3.    |              | 3,827.                    |    |   |            | 116,415.             |
|                                    | 27   | Subtract line 26 from t                         | line 12               |             |                                       |       |              |                           |    |   |            |                      |
|                                    | a  | Excess of revenue over expe                     | nses and disbursem    | ents        | 43                                    | 32.   |              |                           |    |   |            |                      |
|                                    | b  | Net investment incom                            | ne (if negative, ei   | nter -0-)   |                                       | _     | 1            | 3,238.                    |    |   |            |                      |
|                                    | C  | Adjusted net income (                           | (if negative, ente    | r -0-)      |                                       |       |              | _                         |    | <u>-0-</u>                                    | _          |                      |

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of the  $\underline{\mathsf{inst}}$  ructions) .  $\underline{\ldots\ldots\ldots\ldots}$ 1,002,750. 665,876 Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 894<u>,</u>8<u>60</u>. 1 2 Enter amount from Part I, line 27a 2 432. 3 Other increases not included in line 2 (itemize) ▶ 3 895,292. 5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 4 229,416. 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 665,876.

Total liabilities and net assets/fund balances (see page 17

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| Part IV Capital Gains                                      | s and Losses for Tax on Ir                      | nvestment Income   | 1-1 3. 7                         | ,                                     |               |
|--|---|--|----------------------------------|---------------------------------------|---------------|
| (a) List an<br>2-story b                                   | (b) How<br>acquired<br>P-Purchase<br>D-Donation | (c) Date<br>acquired<br>(mo , day, yr )                                      | (d) Date sold<br>(mo , day, yr ) |                                       |               |
| 1a SEE PART IV SCHE  | DULE  |  |                                  |                                       |               |
| b  |   |  |                                  |                                       |               |
| С  |   |  |                                  |                                       |               |
| d  |   |  |                                  |                                       |               |
| e  |   |  |                                  |                                       |               |
| (e) Gross sales price                                      | (f) Depreciation allowed (or allowable)         | (g) Cost or other basis<br>plus expense of sale                              |                                  | (h) Gain or (lo<br>(e) plus (f) mini  |               |
| _a   | 72  | <del></del>  |                                  |                                       |               |
| <u>b</u>   | ·   |  |                                  |                                       |               |
| С  |   |  |                                  |                                       |               |
| _d   |   |  |                                  |                                       |               |
| <u>e</u>   |   |  |                                  |                                       |               |
| Complete only for assets s                                 | howing gain in column (h) and o                 | wned by the foundation on 12/31/69   | -, 17                            | Gains (Col (h) g                      |               |
| (i) F M V as of 12/31/69                                   | (j) Adjusted basis<br>as of 12/31/69            | (k) Excess of col (i)<br>over col (j), if any                                | col                              | (k), but not less<br>Losses (from co  | •             |
| а  |   |  |                                  |                                       |               |
| b  |   |  |                                  |                                       |               |
| С  |   |  |                                  |                                       |               |
| d  |   |  |                                  |                                       |               |
| е  |   |  |                                  |                                       |               |
| 2 Capital gain net income or                               | (net capital loss) {                            | If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 | 2                                |                                       | 6,927.        |
| 3 Net short-term capital gair                              | or (loss) as defined in sections                | · · ·  |                                  | ,                                     | -,            |
|  | , line 8, column (c) (see pages 1               |  |                                  |                                       |               |
| •  | line 8  | •  | 3                                |                                       |               |
| Part V Qualification III                                   | nder Section 4940(e) for Re                     | duced Tax on Net Investment In   |                                  |                                       |               |
|  |   | the section 4940(a) tax on net invest  |                                  | mo \                                  |               |
|  |   | ributable amount of any year in the b  | ase perio                        | d? [                                  | Yes X No      |
|  |   | ear, see page 18 of the instructions b                                       | efore mak                        | uno any entries                       |               |
| (a)  |   |  |                                  | (d)                                   |               |
| Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions           | (c)  Net value of nonchantable-use assets                                    |                                  | Distribution r<br>(col (b) divided by |               |
| 2007   | 123,385.  | 966,129.   |                                  | (cor (b) divided b                    | 0.127711      |
| 2006   | 2,699.  | -   -:   |                                  |                                       | 0.003718      |
| 2005   | 2,099.  | 123, 920.  |                                  |                                       | 0.003710      |
| 2004   |   |  |                                  |                                       |               |
| 2003   |   |  |                                  |                                       |               |
| 2000   |   |  |                                  |                                       |               |
| 2 Total of line 1, column (d)                              | 1   |  | 2                                |                                       | 0.131429      |
|  |   |  | -                                | <del></del>                           | 0.131429      |
| ě .  | •   | ess than 5 years   | 3                                |                                       | 0.065715      |
| 4 Enter the net value of nor                               | ncharitable-use assets for 2008                 | from Part X, line 5  | 4                                |                                       | 737,881.      |
| 5 Multiply line 4 by line 3                                |   |  | 5                                |                                       | 48,490.       |
| 6 Enter 1% of net investme                                 | nt income (1% of Part I, line 27b)              |  | 6                                |                                       | 132.          |
| 7 Add lines 5 and 6  |   |  | 7                                |                                       | 48,622.       |
| 8 Enter qualifying distribution                            | ons from Part XII, line 4                       | oox in Part VI, line 1b, and comple  | 8                                |                                       | 116,415.      |
| the Part VI instructions on                                | reater than line 7, check the t<br>page 18      | pox in Part VI, line 1b, and comple  | te that p                        |                                       |               |
| JSA<br>8E 1430 1 000                                       |   |  |                                  | Form                                  | 990-PF (2008) |

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8b

SEE STATEMENT 5

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Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

3a Did the foundation hold more than a 2% direct or indirect interest in any business

charitable purpose that had not been removed from jeopardy before the first day of the lax year beginning in 2008? . . . . .

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . .

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

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2b

3 b

4a

4h

|     | 990-PF (2Q08)  |   | 20-54                       |  |             | Page (                 |
|-----|--|---|-----------------------------|--|-------------|------------------------|
| Pa  | t VII-B Statements Regarding Activities for  | or Which Form 4   | 720 May Be Requ             | ired (continued)   | 1           |                        |
| 5 a | During the year did the foundation pay or incur any amout 1) Carry on propaganda, or otherwise attempt to influe (2) leftwage the outcome of any specific public election.                                 | nce legislation (section  |                             | Yes X No   | ,           |                        |
|     | <ul> <li>(2) Influence the outcome of any specific public election directly or indirectly, any voter registration drive?</li> <li>(3) Provide a grant to an individual for travel, study, or ot</li> </ul> |   |                             | Yes X No   |             |                        |
|     | (4) Provide a grant to an organization other than a char   | itable, etc., organization                                      | n described in              |  |             |                        |
|     | section 509(a)(1), (2), or (3), or section 4940(d)(2)?   | ` . •   |                             | . Yes X No   | <b>'</b>    |                        |
|     | (5) Provide for any purpose other than religious, chantal<br>educational purposes, or for the prevention of cruelty  | •   |                             | Yes X No   | ,           |                        |
| h   | If any answer is "Yes" to 5a(1)-(5), did any of the transact   |   |                             | . — —  |             |                        |
| b   | Regulations section 53 4945 or in a current notice regar   |   | •                           |  | 5b          | N/A                    |
|     | Organizations relying on a current notice regarding disas  | ter assistance check h  | ere                         |  |             |                        |
| С   | If the answer is "Yes" to question 5a(4), does the found   |   |                             |  |             |                        |
|     | because it maintained expenditure responsibility for the g   |   |                             | Yes X No   | ,           |                        |
|     | If "Yes," attach the statement required by Regulations sec   |   |                             | . — —  |             |                        |
| 6 a | Did the foundation, during the year, receive any funds, of   | directly or indirectly, to                                      | pay premiums                |  |             |                        |
|     | on a personal benefit contract?  |   |                             | Yes X No   | <b>&gt;</b> |                        |
| b   | Did the foundation, during the year, pay premiums, direct  | ctly or indirectly, on a  | personal benefit contra     | ct?  | 6b          | Х                      |
|     | If you answered "Yes" to 6b, also file Form 8870   |   |                             |  |             |                        |
| 7 a | At any time during the tax year, was the foundation a pa   | irty to a prohibited tax  | shelter transaction?        | Yes X No   | ·           |                        |
| b   | If yes, did the foundation receive any proceeds or have  |   |                             |  |             | x                      |
|     | Information About Officers, Directors and Contractors  |   |                             |  |             |                        |
| 1_  | List all officers, directors, trustees, foundation m   | (b) Title, and average  | (c) Compensation            | (d) Contributions to   |             | se account,            |
|     | (a) Name and address   | hours per week devoted to position                              | (If not paid, enter<br>-0-) | employee benefit plans and deferred compensation                               |             | owances                |
|     |  |   |                             |  |             |                        |
| SEE | STATEMENT 6  |   | NONE                        | NONE_  | N           | ONE                    |
|     |  |   |                             |  |             |                        |
|     |  |   | · · ·                       |  |             |                        |
|     |  |   |                             |  |             |                        |
|     | Compensation of five highest-paid employees (ot f none, enter "NONE."  | her than those inc  | luded on line 1 - se        | e page 23 of the ins   | tructions). |                        |
| (a  | Name and address of each employee paid more than \$50,000  | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation            | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation |             | se account,<br>owances |
|     | NONE   |   |                             |  |             |                        |
|     |  |   |                             |  |             |                        |

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Total number of other employees paid over \$50,000

| and Contractors (continued)   | nagers, riigiliy Falu Ellipio  | yees,            |
|---|--------------------------------|------------------|
| 3 Five highest-paid independent contractors for professional services (see page 23  | of the instructions). If none, | enter "NONE."    |
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service            | (c) Compensation |
| NONE  |                                |                  |
|   |                                |                  |
|   |                                |                  |
|   |                                |                  |
|   |                                |                  |
|   |                                |                  |
| Total number of others receiving over \$50,000 for professional services  | <u> </u>                       | ▶ NONE           |
| Part IX-A Summary of Direct Charitable Activities   |                                |                  |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info of organizations and other beneficianes served, conferences convened, research papers produced, etc. | rmation such as the number     | Expenses         |
| 1_ <u>N/A</u>   |                                |                  |
|   |                                |                  |
| 2   | <u></u> v <u>.</u>             |                  |
|   |                                |                  |
| 3   |                                |                  |
| ·   |                                |                  |
|   |                                |                  |
| 4   |                                |                  |
|   |                                |                  |
| Part IX-B Summary of Program-Related Investments (see page 23 of the ins  |                                |                  |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 at   | nd 2                           | Amount           |
| 1 NONE  |                                |                  |
|   |                                |                  |
| 2   |                                |                  |
|   |                                |                  |
| All other program-related investments See page 24 of the instructions   |                                |                  |
| 3 <u>NONE</u>   |                                |                  |
|   |                                |                  |
| Total. Add lines 1 through 3  |                                |                  |

| Pa  | rt X    | Minimum Investment Return (All domestic foundations must complete this part. Forei see page 24 of the instructions.)   | gn foundations,        | i age <b>o</b> |
|-----|---------|--|------------------------|----------------|
| 1   | Fair    | narket value of assets not used (or held for use) directly in carrying out charitable, etc.  |                        |                |
|     | purpo   |  |                        |                |
| а   | Avera   | age monthly fair market value of securities  | 1a                     | 748,925.       |
| b   | Avera   | ige of monthly cash balances   | 1b                     | 193.           |
| С   | Fair n  | narket value of all other assets (see page 24 of the instructions)   | 1c                     | NONE           |
| đ   | Total   | (add lines 1a, b, and c)   | 1d                     | 749,118.       |
| е   | Redu    | ction claimed for blockage or other factors reported on lines 1a and   |                        |                |
|     | 1c (at  | tach detailed explanation)   |                        |                |
| 2   | Acqui   | sition indebtedness applicable to line 1 assets  | _2                     | NONE           |
| -2  | Cubir   | act line 2 tram line 1d  | 3                      | 749,118.       |
| 4   | Cash    | deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25   |                        |                |
|     | of the  | instructions)  | 4                      | 11,237.        |
| 5   | Net v   | alue of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.   | 5                      | 737,881.       |
| 6   | Minin   | num investment return. Enter 5% of line 5  | 6                      | 36,894.        |
| Pa  | rt XI   | Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ▶ ☐ and do not complete this privation of the instructions. | ite operating<br>part) |                |
| 1   | Mınım   | num investment return from Part X, line 6  | 1                      | 36,894.        |
|     |         | n investment income for 2008 from Part VI, line 5  |                        |                |
| b   | Incom   | ne tax for 2008 (This does not include the tax from Part VI) 2b  |                        |                |
| С   | Add Iı  | nes 2a and 2b  | 2c                     | 132.           |
| 3   | Distrib | outable amount before adjustments Subtract line 2c from line 1   | 3                      | 36,762.        |
| 4   | Recov   | veries of amounts treated as qualifying distributions  | 4                      |                |
| 5   | Add li  | nes 3 and 4  | 5                      | 36,762.        |
| 6   | Dedu    | ction from distributable amount (see page 25 of the instructions)  | 6                      |                |
| 7   | Distri  | butable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,  |                        | · ·            |
|     | line 1  |  | 7                      | 36,762.        |
| Pai | t XII   | Qualifying Distributions (see page 25 of the instructions)   |                        |                |
| 1   | Amo     | unts paid (including administrative expenses) to accomplish charitable, etc., purposes   |                        |                |
| а   |         | nses, contributions, gifts, etc - total from Part I, column (d), line 26   | 1a                     | 116,415.       |
| b   | Prog    | ram-related investments - total from Part IX-B   | 1b                     | NONE           |
| 2   | Amoi    | ram-related investments - total from Part IX-B<br>unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,  |                        | NONE           |
|     | purpo   | oses   | 2                      | NONE           |
| 3   | Amoi    | unts set aside for specific charitable projects that satisfy the   |                        | NONE           |
| а   | Suita   | bility test (prior IRS approval required)  | 3a                     | NONE           |
| b   | Cash    | distribution test (attach the required schedule)   | 3b                     | NONE           |
| 4   |         | fying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4   | 4                      | 116,415.       |
| 5   |         | dations that qualify under section 4940(e) for the reduced rate of tax on net investment income  | -                      | 110,313.       |
|     |         | 1% of Part I, line 27b (see page 26 of the instructions)   | 5                      | 132.           |
| 6   | Adju    | sted qualifying distributions. Subtract line 5 from line 4   | 6                      | 116,283.       |
|     | Note    | The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w  |                        |                |
|     |         | qualifies for the section 4940(e) reduction of tax in those years  |                        |                |

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| _        | n 990-PF (2008)  |                        | 20-54               | 90143 | Page <b>9</b> |
|----------|--|------------------------|---------------------|-------|---------------|
| Pa       | art XIII Undistributed Income (see page  | e 26 of the instructio | ns)                 |       |               |
|          |  | (a)                    | (b)                 | (c)   | (d)           |
| 1        | Distributable amount for 2008 from Part XI,  | Corpus                 | Years prior to 2007 | 2007  | 2008          |
|          | line 7   |                        |                     |       | 36,762        |
| 2        | Undistributed income, if any, as of the end of 2007  |                        |                     |       |               |
|          | Enter amount for 2007 only   |                        |                     |       |               |
| b        | Total for pnor years 20,20,20  |                        |                     |       |               |
| 3        | Excess distributions carryover, if any, to 2008  |                        |                     |       |               |
|          | From 2003  |                        |                     |       |               |
|          | From 2004  |                        |                     |       |               |
|          | From 2005  |                        |                     |       |               |
| ď        | From 2006  |                        |                     |       |               |
|          | From 2007  |                        |                     |       |               |
|          | Total of lines 3a through e  | 46,343.                |                     | _     |               |
| 4        | Qualifying distributions for 2008 from Part XII,   |                        |                     |       |               |
|          | line 4 ▶ \$ 116,415.   |                        |                     |       |               |
| а        | Applied to 2007, but not more than line 2a   | <u>-</u> -             |                     |       |               |
| b        | Applied to undistributed income of prior years (Election required - see page 26 of the instructions) |                        |                     |       |               |
| С        | Treated as distributions out of corpus (Election required - see page 26 of the instructions)         |                        |                     |       |               |
| d        | Applied to 2008 distributable amount   |                        |                     |       | 36,762.       |
|          | Remaining amount distributed out of corpus   | 79,653.                |                     |       |               |
| 5        | Excess distributions carryover applied to 2008   |                        |                     |       | <del></del>   |
|          | (If an amount appears in column (d), the same amount must be shown in column (a))                    |                        |                     |       |               |
| 6        | Enter the net total of each column as indicated below:   |                        |                     |       |               |
| а        | Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 125,996.               |                     |       |               |
|          | 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 page 27 of the instructions   |                        |                     |       |               |
| е        | Undistributed income for 2007 Subtract line 4a from line 2a Taxable amount - see page                |                        |                     |       |               |
|          | 27 of the instructions   |                        |                     |       |               |
| f        | Undistributed income for 2008 Subtract lines   |                        |                     |       |               |
|          | 4d and 5 from line 1. This amount must be  |                        |                     |       |               |
| 7        | distributed in 2009 Amounts treated as distributions out of corpus                                   |                        |                     |       | <del></del>   |
| '        | to satisfy requirements imposed by section   |                        |                     |       |               |
|          | 170(b)(1)(F) or 4942(g)(3) (see page 27 of the   |                        |                     |       |               |
| 8        | instructions)  | ·-··-                  |                     |       |               |
| •        | applied on line 5 or line 7 (see page 27 of the instructions)  |                        |                     |       |               |
| 9        | Excess distributions carryover to 2009.  | İ                      |                     |       |               |
|          | Subtract lines 7 and 8 from line 6a  | 125,996.               |                     |       |               |
|          | Analysis of line 9   |                        |                     |       |               |
|          | Excess from 2004   |                        |                     |       |               |
|          | Excess from 2005   | ]                      |                     |       |               |
|          | Excess from 2006   |                        |                     |       |               |
|          | Excess from 2007 46,343.   |                        |                     |       |               |
| <u>е</u> | Excess from 2008 79, 653.  |                        |                     |       |               |

|          | Private Oper   | ating Foundations          | (see page 27 of the         | e instructions and P        | art vii-A, questio | n 9) NOT APPLICA        | <u> 1BLE</u> |
|----------|--|----------------------------|-----------------------------|-----------------------------|--------------------|-------------------------|--------------|
| 1 a      | If the foundation has  | received a ruling or d     | letermination letter tha    | at it is a private ope      | erating            |                         |              |
|          | foundation, and the ruling   | g is effective for 2008, e | nter the date of the ruling | 3                           | •                  |                         |              |
| b        | Check box to indicate wh   | ether the foundation is a  | a private operating foun    | dation described in section | on 4               | 942(j)(3) or 4942(j     | 1)(5)        |
| _        |  | Tax year                   |                             | Prior 3 years               | <del></del>        | 1 10 120                | 1/(0)        |
| 2 a      |  | (a) 2008                   | (b) 2007                    | T                           | (4) 2005           | (e) Total               |              |
|          | justed net income from Part  I or the minimum investment           | (a) 2000                   | (6) 2007                    | (c) 2006                    | (d) 2005           |                         |              |
|          | return from Part X for each  |                            |                             |                             | 1                  |                         |              |
|          | year listed  |                            |                             | <del>-</del>                | <del>-</del>       |                         |              |
| b        | 85% of line 2a   |                            |                             | <del> </del>                | <u> </u>           |                         |              |
| С        | Qualifying distributions from Part                                 |                            |                             |                             |                    |                         |              |
|          | XII, line 4 for each year listed ,                                 |                            |                             |                             |                    |                         |              |
| d        | Amounts included in line 2c not used directly for active conduct   |                            |                             |                             | T                  |                         |              |
|          | of exempt activities   | <del></del>                |                             | <u> </u>                    |                    |                         |              |
| е        | Qualifying distributions made                                      |                            |                             |                             |                    |                         |              |
|          | directly for active conduct of<br>exempt activities. Subtract line |                            |                             |                             |                    |                         |              |
|          | 2d from line 2c  |                            |                             |                             |                    |                         |              |
| 3        | Complete 3a, b or c for the alternative test relied upon           |                            |                             |                             |                    |                         |              |
| а        | "Assets" alternative test - enter                                  |                            |                             |                             |                    |                         |              |
|          | (1) Value of all assets  |                            |                             |                             |                    |                         |              |
|          | (2) Value of assets qualifying                                     | -                          |                             |                             |                    |                         |              |
|          | under section<br>4942(j)(3)(B)(i)                                  |                            |                             |                             | 1                  |                         |              |
| b        | "Endowment" alternative test-                                      |                            |                             | ·-                          |                    |                         |              |
|          | enter 2/3 of minimum invest-                                       |                            |                             |                             |                    |                         |              |
|          | ment return shown in Part X.                                       |                            |                             |                             |                    |                         |              |
|          | Ine 6 for each year listed "Support" alternative test - enter      |                            |                             | <del>-</del>                | <del>  -</del>     |                         |              |
| Ŭ        | (1) Total support other than                                       |                            |                             |                             |                    |                         |              |
|          | gross investment income  |                            |                             |                             |                    |                         |              |
|          | (interest dividends, rents<br>payments on securities               |                            |                             |                             |                    |                         |              |
|          | toans (section 512(a)(5))  |                            |                             |                             |                    |                         |              |
|          | or royalties)  |                            |                             |                             | ļ                  |                         |              |
|          | (2) Support from general public and 5 or more                      |                            |                             |                             |                    |                         |              |
|          | exempt organizations as  |                            |                             |                             |                    |                         |              |
|          | provided in section 4942<br>(j)(3)(B)(iii)                         |                            |                             |                             |                    |                         |              |
|          | (3) Largest amount of sup-   |                            |                             |                             |                    |                         |              |
|          | port from an exempt<br>organization                                |                            |                             |                             |                    |                         |              |
|          | (4) Gross investment income .                                      |                            |                             |                             |                    |                         |              |
| Pa       | rt XV Supplement   | ary Information (Co        | omplete this part           | only if the foundati        | on had \$5,000 o   | r more in assets at a   | any          |
|          | time during  | the year - see page        | 27 of the instructi         | ons.)                       |                    |                         |              |
| 1        | Information Regarding  | g Foundation Manage        | rs:                         |                             |                    |                         |              |
| а        | List any managers of   |                            |                             |                             |                    |                         | tion         |
|          | before the close of any  | tax year (but only if th   | iey have contributed i      | more than \$5,000) (\$      | See section 507(d) | (2))                    |              |
|          | NONE   |                            |                             |                             |                    |                         |              |
| <u> </u> | List any managers of   | the foundation who d       | own 10% or more o           | f the stock of a corr       | oration (or an eq  | ually large portion of  | the          |
| -        | ownership of a partner   |                            |                             |                             |                    | , com, range perment ev |              |
|          | NONE   | ,                          |                             | J                           |                    |                         |              |
|          | HONE   |                            |                             |                             |                    |                         |              |
| 2        | Information Regarding  | Contribution, Grant        | Gift, Loan, Scholars        | hip, etc., Programs:        |                    |                         |              |
|          |  | -                          | •                           |                             | utabla araanizatia | ns and does not acc     | nont.        |
|          | unsolicited requests for   |                            |                             |                             |                    |                         |              |
|          | organizations under oth  |                            |                             |                             | e 20 of the mate   | actions) to maintagais  | 0,           |
|          |  | <u></u>                    |                             | <del></del>                 |                    |                         |              |
| а        | The name, address, ar  | •                          | of the person to who        | m applications should i     | be addressed       |                         |              |
|          | SEE STATEM   |                            |                             |                             |                    |                         |              |
| b        | The form in which appl   | ications should be sub     | omitted and informati       | on and materials they       | should include     |                         |              |
|          |  |                            |                             |                             |                    |                         |              |
|          | SEE STATEM   | ENT 8                      |                             |                             |                    |                         |              |
| С        | Any submission deadling  | nes                        |                             |                             |                    |                         |              |
|          |  |                            |                             |                             |                    |                         |              |
|          | THERE IS N   | O DEADLINES FO             | R APPLICATIONS              | •                           |                    |                         |              |
| d        | Any restrictions or lir  |                            |                             |                             | able fields, kinds | of institutions, or of  | her          |
| -        | factors  |                            | , <u>3-</u> -9              | , == 1.325, 1               |                    |                         | -,           |
|          | тигрг дог  | NO RESTRICTION             | S ON CRANTS S               | CHOLARCHIDS F               | тC                 |                         |              |
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| Part XV Supplementary Information (co  | ontinued)   |                      | 20 3430143                       |          |  |  |
|--|---|----------------------|----------------------------------|----------|--|--|
| 3 Grants and Contributions Paid During the Year or Approved for Future Payment |   |                      |                                  |          |  |  |
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount   |  |  |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor  | recipient            | contribution                     | Amount   |  |  |
| a Paid during the year   |   |                      |                                  |          |  |  |
|  |   |                      |                                  |          |  |  |
| SEE STATEMENT 9  |   |                      |                                  |          |  |  |
|  |   |                      |                                  |          |  |  |
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|  |   |                      |                                  |          |  |  |
|  |   |                      |                                  |          |  |  |
|  |   |                      |                                  |          |  |  |
| Total  | <del> </del>  |                      | N 20                             | 11.6 415 |  |  |
| b Approved for future payment  |   | <del></del>          | ▶ 3a                             | 116,415. |  |  |
| 2 ripprovod for fataro paymont   |   |                      |                                  |          |  |  |
|  |   |                      |                                  |          |  |  |
|  |   |                      |                                  |          |  |  |
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|  |   |                      |                                  |          |  |  |
|  |   |                      |                                  |          |  |  |
| Total  | <u></u>   |                      | ▶ 3b                             |          |  |  |

| nter gross amounts unless otherwise indicated   | Unrel<br>(a)                | ated business income (b)  | Excluded by    | / section 512, 513, or 514<br>(d)     | (e)<br>Related or exempt<br>function income |
|---|-----------------------------|---|----------------|---------------------------------------|---|
| 1 Program service revenue   | Business code               |   | Exclusion code | Amount                                | (See page 28 of<br>the instructions)        |
| a   |                             |   |                |                                       |   |
| b   | <u> </u>                    |   |                | -                                     |   |
| d   |                             |   |                |                                       |   |
| e   | -                           |   |                |                                       |   |
| 1   |                             |   |                |                                       |   |
| g Fees and contracts from government agencies   |                             |   |                | _                                     |   |
| 2 Membership dues and assessments   |                             |   |                | _                                     |   |
| 3 Interest on savings and temporary cash investments  |                             |   | 14             | 1,164.                                |   |
| 4 Dividends and interest from securities  |                             |   | 14             | 8,974.                                |   |
| 5 Net rental income or (loss) from real estate  |                             |   | -              |                                       |   |
| a Debt-financed property  |                             |   |                |                                       |   |
| <b>b</b> Not debt-financed property   |                             |   |                |                                       | <del></del>                                 |
| Net rental income or (loss) from personal property  |                             |   |                |                                       |   |
| 7 Other investment income   |                             |   | 10             | 6,927.                                | <u> </u>                                    |
| B Gain or (loss) from sales of assets other than inventory  |                             |   | 18             | 6,921.                                |   |
| 9 Net income or (loss) from special events  |                             |   |                | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · ·       |
| Offices profit or (loss) from sales of inventory  |                             |   |                |                                       |   |
| 1 Other revenue a   | -                           |   |                |                                       | <del>_</del>                                |
| c   |                             |   |                |                                       | <del></del>                                 |
|   |                             |   |                |                                       | · · · · · · · · · · · · · · · · · · ·       |
|   |                             |   |                |                                       |   |
|   |                             |   |                |                                       |   |
| e   |                             |   |                | 17,065.                               |   |
| e 2 Subtotal Add columns (b), (d), and (e)  |                             |   |                | 17,065.                               | 17,065                                      |
| e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 28 Part XVI-B Relationship of Activities   | to verify calc              | ulations ) ccomplishment of E   | xempt Purp     | oses                                  |   |
| e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)  | to verify calc<br>to the Ac | ulations) ccomplishment of E  | xempt Purp     | oses  (e) of Part XVI-A cont          | tributed importantly                        |
| e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 28 Part XVI-B Relationship of Activities Line No. Explain below how each activities the accomplishment of the form | to verify calc<br>to the Ac | ulations) ccomplishment of E  | xempt Purp     | oses  (e) of Part XVI-A cont          | tributed importantly                        |
| e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 28 Part XVI-B Relationship of Activities Line No. Explain below how each activities the accomplishment of the form | to verify calc<br>to the Ac | ulations) ccomplishment of E  | xempt Purp     | oses  (e) of Part XVI-A cont          | tributed importantly                        |
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| e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 28 Part XVI-B Relationship of Activities Line No. Explain below how each activities the accomplishment of the form | to verify calc<br>to the Ac | ulations) ccomplishment of E  | xempt Purp     | oses  (e) of Part XVI-A cont          | tributed importantly                        |
| e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 28 Part XVI-B Relationship of Activities Line No. Explain below how each activities the accomplishment of the form | to verify calc<br>to the Ac | ulations) ccomplishment of E  | xempt Purp     | oses  (e) of Part XVI-A cont          | tributed importantly                        |
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| e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 28 Part XVI-B Relationship of Activities Line No. Explain below how each activities the accomplishment of the form | to verify calc<br>to the Ac | ulations ) ccomplishment of E ch income is reported exempt purposes ( | xempt Purp     | oses  (e) of Part XVI-A cont          | tributed importantly                        |
| e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 28 Part XVI-B Relationship of Activities Line No. Explain below how each activities the accomplishment of the form | to verify calc<br>to the Ac | ulations) ccomplishment of E  | xempt Purp     | oses  (e) of Part XVI-A cont          | tributed importantly                        |
| e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 28 Part XVI-B Relationship of Activities Line No. Explain below how each activities the accomplishment of the form | to verify calc<br>to the Ac | ulations ) ccomplishment of E ch income is reported exempt purposes ( | xempt Purp     | oses  (e) of Part XVI-A cont          | tributed importantly                        |
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| e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 28 Part XVI-B Relationship of Activities Line No. Explain below how each activities the accomplishment of the form | to verify calc<br>to the Ac | ulations ) ccomplishment of E ch income is reported exempt purposes ( | xempt Purp     | oses  (e) of Part XVI-A cont          | tributed importantly                        |
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| e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 28 Part XVI-B Relationship of Activities Line No. Explain below how each activities the accomplishment of the form | to verify calc<br>to the Ac | ulations ) ccomplishment of E ch income is reported exempt purposes ( | xempt Purp     | oses  (e) of Part XVI-A cont          | tributed importantly                        |
| e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 28 Part XVI-B Relationship of Activities Line No. Explain below how each activities the accomplishment of the form | to verify calc<br>to the Ac | ulations ) ccomplishment of E ch income is reported exempt purposes ( | xempt Purp     | oses  (e) of Part XVI-A cont          | tributed importantly                        |
| e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 28 Part XVI-B Relationship of Activities Line No. Explain below how each activities the accomplishment of the form | to verify calc<br>to the Ac | ulations ) ccomplishment of E ch income is reported exempt purposes ( | xempt Purp     | oses  (e) of Part XVI-A cont          | tributed importantly                        |

Form 990-PF (2008) Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section Yes No 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of Х **b** Other transactions Х Х X Х Х If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A N/A

| _          |                             |  |                    |  |   |                |                                 |  |  |
|------------|-----------------------------|--|--------------------|--|---|----------------|---------------------------------|--|--|
|            | sectio                      | e foundation directly or on 501(c) of the Code (oth  | er than section 5  |  |   |                | kempt organiz                   |  | ccribed in Yes X No  |
| _ <u>b</u> | II "Ye                      | s," complete the following   |                    |  | <u></u>                                 |                |                                 |  |  |
|            |                             | (a) Name of organization   |                    | <b>(b)</b> Typ                             | e of organization                       |                |                                 | c) Description   | on of relationship   |
|            |                             | <del></del>  |                    | -  |   |                |                                 |  |  |
|            |                             |  |                    |  |   |                |                                 |  |  |
|            |                             |  |                    |  |   |                |                                 |  |  |
| -          |                             |  |                    |  |   |                |                                 | ,  |  |
|            |                             |  |                    |  |   |                |                                 |  |  |
| е          | belief,                     | penalties of perjuly, I declar it is true, correct, and compared the penalties of officer of trustee | re that I have exa | amined this return<br>of preparer (other t | including accomp<br>han taxpayer or fic | ducian) is bas | ules and statemed on all inform | nents, and the mation of what the mation of what the mation of what the mation of what the mation of the mation of what the mation of what the mation of what the mation of what the mation of the mation of what the mation of the | the best of my knowledge and preparer has any knowledge                                |
| əign ner   | Pard<br>eparer's<br>se Only |  | ndo M              | Don.                                       | Date 51                                 | 1110           | Check if self-employe           | ed ►   | Preparer's identifying number (See Signature on page 30 of the instructions) P00835432 |
|            | Pa<br>Prepa<br>Use          | Firm's name (or yours if   | BKD, I             | LP   |   | 11             | ,                               |  | 4-0160260  |
|            |                             | self-employed), address, and ZIP code  |                    | ROBINSON A                                 | VE, STE 60                              | 00             |                                 |  | <del> </del>   |
|            |                             | and zir code   | OKLAHO             | MA CITY,                                   | OK                                      | 731            | 02-9421                         | Phone no   | 405-842-7977   |
|            |                             |  |                    |  |   |                |                                 |  | 5 OOO DE (0000)  |

Form **990-PF** (2008)

## Schedule B

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

Department of the Treasury
Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2008

| Name of the organization   |   | Employer identification number   |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| ALLEN FAMILY CHARITABLE FOUNDATION 20-549  |   |  |  |  |  |  |  |
| Organization type (check one)  |   |  |  |  |  |  |  |
| Organization type (check one)  |   |  |  |  |  |  |  |
| Filers of:   | Section:  |  |  |  |  |  |  |
| Form 990 or 990-EZ   | 501(c)( ) (enter number) organization   |  |  |  |  |  |  |
| !  | 4947(a)(1) nonexempt charitable trust not treated as a private fou  | ndation  |  |  |  |  |  |
|  | 527 political organization  |  |  |  |  |  |  |
| Form 990-PF  | x 501(c)(3) exempt private foundation   |  |  |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust treated as a private foundat  | cion   |  |  |  |  |  |
| [  | 501(c)(3) taxable private foundation  |  |  |  |  |  |  |
| organization can check boxes for  General Rule  X For organizations filing I                                 | red by the <b>General Rule</b> or a <b>Special Rule</b> . ( <b>Note</b> . Only a section 501(c)(both the General Rule and a Special Rule See instructions)  Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or  |  |  |  |  |  |  |
| property) from any one   | contributor Complete Parts I and II   |  |  |  |  |  |  |
| Special Rules  |   |  |  |  |  |  |  |
| under sections 509(a)(1  | organization filing Form 990, or Form 990-EZ, that met the 331/3% supp<br>)/170(b)(1)(A)(vi), and received from any one contributor, during the ye<br>(2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amoull  | ar, a contribution of the  |  |  |  |  |  |
| during the year, aggregation   | (8), or (10) organization filing Form 990, or Form 990-EZ, that received ate contributions or bequests of more than \$1,000 for use exclusively for ucational purposes, or the prevention of cruelty to children or animals.  | religious, charitable,   |  |  |  |  |  |
| during the year, some c<br>not aggregate to more t<br>the year for an exclusive<br>applies to this organizat | (8), or (10) organization filing Form 990, or Form 990-EZ, that received ontributions for use <i>exclusively</i> for religious, charitable, etc., purposes, than \$1,000. (If this box is checked, enter here the total contributions the straightful of the parts upon because it received nonexclusively religious, charitable, etc., contributions to the complete and the parts upon because it received nonexclusively religious, charitable, etc., contributions. | out these contributions did<br>at were received during<br>inless the <b>General Rule</b><br>outions of \$5,000 or more |  |  |  |  |  |
| 990-EZ, or 990-PF), but they must  | ot covered by the General Rule and/or the Special Rules do not file Sche<br>answer "No" on Part IV, line 2 of their Form 990, or check the box in the<br>Form 990-PF, to certify that they do not meet the filing requirements of   | he heading of their  |  |  |  |  |  |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

| aoe | of | of Part I |
|-----|----|-----------|

| Name of o  | rganization ALLEN FAMILY CHARITABLE FOUNDA | ATION                          | Employer identification number 20-5490143  |
|------------|--|--------------------------------|--|
| Part I     | Contributors (see instructions)            |                                |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4          | (c) Aggregate contributions    | (d)<br>Type of contribution  |
| 1_         | PAUL ALLEN  38 WOODLANDS, ENID, OK 73703   | \$                             | Person X Payroll Noncash  (Complete Part II if there is a noncash contribution ) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4          | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|            |  | \$                             | Person Payroll Noncash  (Complete Part II if there is a noncash contribution )   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4          | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|            |  | \$                             | Person Payroll Noncash  (Complete Part II if there is a noncash contribution )   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4          | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|            |  |                                | Person Payroll Noncash (Complete Part II if there is a noncash contribution)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4          | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|            |  |                                | Person Payroll Noncash  (Complete Part II if there is a noncash contribution)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4          | (c) Aggregate contributions    | (d)<br>Type of contribution  |
|            |  | \$                             | Person Payroll Noncash (Complete Part II if there is                             |

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| Kınd of                        | APITAL GAIN Property  |                | Desc              | ription                               |                       | or      | Date<br>acquired | Date sold |
|--------------------------------|-----------------------|----------------|-------------------|---------------------------------------|-----------------------|---------|------------------|-----------|
| Gross sale                     | Depreciation          | Cost or        | FMV               | Adj basis                             | Excess of             | D       | Gain             |           |
| price less<br>expenses of sale | allowed/<br>allowable | other<br>basis | as of<br>12/31/69 | as of<br>12/31/69                     | FMV over<br>adj basis | $\perp$ | or<br>(loss)     |           |
|                                | T                     |                | <del></del>       | · · · · · · · · · · · · · · · · · · · |                       |         |                  |           |
|                                |                       |                |                   |                                       |                       |         |                  |           |
|                                | İ                     |                |                   |                                       | !                     |         |                  |           |
| TAI. GAINI                     | oss)                  |                |                   |                                       |                       | -       | 6,927.           |           |
| ALL GAIN(I                     | 30337                 |                |                   |                                       | • • • • • • •         | =       | 0,327.           |           |
|                                |                       |                |                   |                                       |                       |         |                  |           |
|                                |                       |                |                   |                                       |                       |         |                  |           |
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|                                |                       |                |                   |                                       |                       |         |                  |           |

JSA 8E1730 1 000 Allen Family Charitable Foundation 6/30/2009 EIN. 20-5490143 Form 990-PF Page 2 Part II Line 10b

|   | Market Value<br>6/30/2009   |
|---|---|
| Oakmark Equity & Income Fund - I T Rowe Rice Growth Stock Fund Hancock Horizon Value-Trust Heartland Select Value Fund Oakmark Equity & Income Fund - I T Rowe Rice Growth Stock Fund Hancock Horizon Value-Trust Heartland Select Value Fund Oakmark Equity & Income Fund - I Sysco Corporation Kohls Corporation T Rowe Rice Growth Stock Fund Hancock Horizon Value-Trust Heartland Select Value Fund Oakmark Equity & Income Fund - I T Rowe Rice Growth Stock Fund Hancock Horizon Value-Trust Heartland Select Value Fund | 16,429 83<br>6,264 72<br>3,377 76<br>4,282 41<br>14,851 88<br>8,100 36<br>8,521 22<br>4,502 02<br>24,098 92<br>2,248.00<br>17,100 00<br>6,699 62<br>16,086.76<br>6,478 52<br>198,835 12<br>110,477 11<br>85,280 09<br>58,855 70 |
|   | 592,490 04  |

(MS187258G)

NOTICE

Upon request, the annual return for the Allen Family Foundation is available for public inspection, by any citizen during regular business hours. If you would like to inspect such annual return, make your request to: Joan Allen at 1010 W. Maple, End. OK 73703, within 180 days of the notice on this publication. Joan Allen foundation Manager.

Foundation Manager.

Dated May 6, 2010

(5-6-10)

| Form     | m 8868 (Rev 4-2009)  |                             |                   | Page 2                                |
|----------|--|-----------------------------|-------------------|---------------------------------------|
| • 15     | If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Pa  | rt II and check this box    | ·                 | <b>▶</b> [x]                          |
| Not      | ote. Only complete Part II if you have already been granted an automatic 3-month extens  | ion on a previously file    | d Form            | 1 8868                                |
| • If     | If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)   |                             |                   |                                       |
|          | art II Additional (Not Automatic) 3-Month Extension of Time. Only file   | the original (no co         | pies r            | needed).                              |
|          | Name of Evernt Organization  | Employer identif            |                   |                                       |
| prir     | pe or ALLEN FAMILY CHARITABLE FOUNDATION   | 20-549014                   | 13                |                                       |
| •        | Number, street, and room or suite no. If a P.O. box, see instructions  | For IRS use only            |                   |                                       |
| exter    | ended 1010 WEST MARIE  | · · ·                       |                   |                                       |
|          | e date for githe City, town or post office, state, and ZIP code For a foreign address, see instructions                                | Ly.                         | <del></del>       |                                       |
|          | Im See tructions ENID, OK 73703  |                             |                   | · · · · · · · · · · · · · · · · · · · |
|          | eck type of return to be filed (File a separate application for each return)   |                             |                   |                                       |
| Ĭ        | Form 990 X Form 990-PF   | Form 1041-A                 |                   | Form 6069                             |
|          | Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)  | Form 4720                   |                   | Form 8870                             |
| -        | Form 990-EZ Form 990-T (trust other than above)  | Form 5227                   | <u> </u>          |                                       |
| STO      | OP! Do not complete Part II if you were not already granted an automatic 3-month of  |                             | usly f            | iled Form 8868.                       |
|          | The books are in the care of ▶   | extension on a provid       | doily .           | 1100 1 01111 00001                    |
|          |  | <del></del>                 |                   | -                                     |
|          | · · · · · · · · · · · · · · · · · · ·  | this hav                    |                   |                                       |
|          | If the organization does not have an office or place of business in the United States, check   |                             |                   | 🟲 🗀                                   |
|          | If this is for a Group Return, enter the organization's four digit Group Exemption Number (C   |                             | this is           |                                       |
|          | the whole group, check this box L. If it is for part of the group, check this box  | ▶ and atta                  | JII a             |                                       |
|          | with the names and EINs of all members the extension is for  |                             |                   |                                       |
| 4        |  | dd 0.C / 2.O / C            |                   |                                       |
| 5        |  | d ending <u>06/30/2</u>     | -                 |                                       |
| 6        | ,  | I return Chang              | e in a            | ccounting period                      |
| 7        |  | \                           |                   |                                       |
|          | ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION  | NECESSARY TO                |                   | -                                     |
|          | FILE A COMPLETE AND ACCURATE RETURN.   |                             |                   |                                       |
|          | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the ten  | totue toy loop ony          | $\overline{\Box}$ |                                       |
| оa       | nonrefundable credits. See instructions.   | tative tax, less any        | 0.                | NONE                                  |
| <b>L</b> |  | dita and astimated          | 8a \$             | NONE                                  |
| b        | ,,,,,,,  |                             | 44 Sept.          |                                       |
|          | tax payments made Include any prior year overpayment allowed as a credit and   | any amount paid             |                   | · NOVE                                |
| _        | previously with Form 8868  | if required deposit         | 8b \$             | NONE                                  |
| С        | ,  |                             |                   | · MONE                                |
|          | with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System   | n) See instructions         | 8c \$             | NONE_                                 |
| IInde    | Signature and Verification er penalties of perjury, I declare that I have examined this form, including accompanying schedules and sta | tomoste and to the best s   | of move ke        | nowledge and belief                   |
|          | true, correct, and complete, and that I am authorized to prepare this form   | ternents, and to the best t | i iliy ki         | nowledge and belief,                  |
|          | W STANIOR  |                             |                   |                                       |
| Ciana    | nature Mandy Mondy   | D-14                        | )                 | 112010                                |
| Signa    | adule Pro 116  | Date                        | <u>- 00</u>       | 969 (5 4 2000)                        |
|          | BKD, LLE  211 N ROBINSON AVE, STENAGE & LONG OKLAHOMA CITY, OK 73102-94 AHOMA  FEB 12 2010   |                             | rom C             | 000 (Rev 4-2009)                      |
|          | OKLAHOMA CITY, OK 73102-94 AHOMIN FEB 2213   |                             |                   |                                       |
|          | OKLAHOMA CITY, OK /3102-9421 ATT   |                             |                   |                                       |
|          | FEB  |                             |                   |                                       |
|          |  |                             |                   |                                       |
|          | REY513   |                             |                   |                                       |
|          | ALL "  |                             |                   |                                       |

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

| NET<br>INVESTMENT<br>INCOME             | 1,164.                            |
|---|-----------------------------------|
| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | 1,164.                            |
| DESCRIPTION                             | CENTRAL NATIONAL MANAGEMENT FUNDS |

STATEMENT

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

| NET<br>INVESTMENT          | INCOME      |  | 8,974.                            | 8,974. |
|----------------------------|-------------|--|-----------------------------------|--------|
| REVENUE<br>AND<br>EXPENSES | PER BOOKS   |  | 8,974.                            | 8,974. |
|                            | DESCRIPTION |  | CENTRAL NATIONAL MANAGEMENT FUNDS | TOTAL  |

2

| NET<br>INVESTMENT<br>INCOME             | 3,827.                       | 3,827. |
|---|------------------------------|--------|
| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | 3,827.                       | 5,218. |
|   |                              | TOTALS |
| DESCRIPTION                             | ADMINISTRATIVE FEES<br>TAXES |        |

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STATEMENT

| FORM | 990PF, | PART | III | - | OTHER | DECREASES | IN | NET | WORTH | OR | FUND | BALANCES |
|------|--------|------|-----|---|-------|-----------|----|-----|-------|----|------|----------|
|      |        |      |     |   |       |           |    |     |       |    |      |          |

AMOUNT DESCRIPTION

\_\_\_\_\_

UNREALIZED LOSS ON INVESTMENTS 229,416.

TOTAL 229,416. \_\_\_\_\_

# PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS FORM 990PF,

| DIRECT<br>PUBLIC<br>SUPPORT | 1<br>1<br>1<br>1<br>1 | 105,000.                                   |
|-----------------------------|-----------------------|--|
| DATE                        | <br>                  | 12/22/2008                                 |
| NAME AND ADDRESS            |                       | PAUL ALLEN<br>38 WOODLANDS, ENID, OK 73703 |

105,000.

TOTAL CONTRIBUTION AMOUNTS

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

JOAN ALLEN

PRESIDENT

301 W BROADWAY ENID, OK 73701

MARK ALLEN

VICE PRESIDENT

13800 WIRELESS WAY

OKLAHOMA CITY, OK 73134

GREG ALLEN 301 W BROADWAY

TREASURER

SECRETARY

ENID, OK 73701

JOHN WYNNE 1010 W MAPLE

1010 W MAPLE ENID, OK 73702 PAUL ALLEN

DIRECTOR

301 W BROADWAY ENID, OK 73701 GRAND TOTALS

2282

STATEMENT

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# FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

JOHN WYNNE 1010 WEST MAPLE ENID, OK 73703 580-233-4455

### 990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS \_\_\_\_\_\_

THE PRIVATE FOUNDATION DOES NOT REQUIRE A SET FORMAT FOR APPLICATIONS FOR GRANTS, SCHOLARSHIPS, ETC.

|  |  |   |     | PURPOSE OF GRANT OR CONTRIBUTION |  |
|--|--|---|-----|----------------------------------|--|
| TIONS PAID DURING THE YEAR                     |  | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | AND | FOUNDATION STATUS OF RECIPIENT   |  |
| FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS |  |   |     | RECIPIENT NAME AND ADDRESS       |  |

|   | )                              |                                  |        |
|---|--------------------------------|----------------------------------|--------|
| RECIPIENT NAME AND ADDRESS  | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| CHEROKEE STRIP REGIONAL HERITAGE CENTER<br>P.O. BOX 5891<br>ENID, OK 73702            | NONE PUBLIC CHARITY            | CONTRIBUTION                     | .000.  |
| KIDS ACROSS AMERICA<br>P.O. BOX 930<br>BRANSON, MO 65615-0930                         | NONE PUBLIC CHARITY            | CONTRIBUTION                     | 1,800. |
| UCO FOUNDATION<br>100 N UNIVERSITY DR, BOX 133<br>EDMOND, OK 73034                    | NONE<br>SCHOOL                 | CONTRIBUTION                     | 100.   |
| ALL SOULS EPISCOPAL CHURCH<br>6400 N PENNSYLVANIA AVE<br>NICHOLS HILLS, OK 73116-5694 | NONE<br>CHURCH                 | CONTRIBUTION                     | 7,000. |
| SHILOH SUMMER CAMP<br>601 NE 63RD ST<br>OKLAHOMA CITY, OK 73105-6407                  | NONE PUBLIC CHARITY            | CONTRIBUTION                     | 200.   |
| HERITAGE HALL<br>1800 NW 22ND ST<br>OKLAHOMA CITY, OK 73120                           | NONE<br>SCHOOL                 | CONTRIBUTION                     | 115.   |
| PEPPERS RANCH<br>209 FRENCH PARK PLACE<br>EDMOND, OK 73034–7220                       | NONE<br>PUBLIC CHARITY         | CONTRIBUTION                     | 100.   |

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

| RECIPIENT NAME AND ADDRESS  | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT 6,000. |
|---|--|----------------------------------|---------------|
| OKLAHOMA CITY, OK 73106-3430 ST MATTHEWS EPISCOPAL CHURCH 518 W RANDOLPH ENID, OK 73701 | NONE<br>CHURCH   | CONTRIBUTION                     | . 50, 000     |
| ALLIED ARTS<br>1015 N BROADWAY AVE<br>OKLAHOMA CITY, OK 73102-5849                      | NONE<br>PUBLIC CHARITY   | CONTRIBUTION                     | 1,000.        |
| ALS THERAPY DEVELOPMENT<br>STE 238, 215 1ST ST<br>CAMBRIDGE, MA 02142-1236              | NONE<br>PUBLIC CHARITY   | CONTRIBUTION                     | 100.          |

116,415.