

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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

OMB No 1545-0052

F	or ca	alendar	year 2009,	or ta	x year beg	inning	0 /	701 , 2009	, and end	ng			730, 2010
G	Che	eck all t	hat apply		Initial retu	rn	lnıtıal returr	n of a former	public ch <u>a</u> i	ıty		Final r	eturn
					Amended	return_	Addr	ess change		Na	ame change		
			Name of fou	undatio	on					- /	A Employer identi	fication nur	nber
ı	Jse t	he IRS								i			
		bel	ALLEN FA	AMII	LY CHARI	ITABLE	FOUNDATION				20	-54901	43
		rwise,	Number and	stree	et (or PO box	number if	mail is not delivered to stre	et address)	Room/su	ite	B Telephone number (s	ee page 10 of t	he instructions)
		rınt type.											
5		pecific	1010 WES	ST 1	MAPLE						()	
		ctions	City or town	, state	e, and ZIP co	de				l'	If exemption applied pending, check here		>
					.) 1 Foreign organiz	ations check	here 🕨 🔙
_			ENID, O	K 7.							2 Foreign organiz 85% test check		
H	$\overline{}$		e of organiza				c)(3) exempt private				computation .		··· • [
1			1947(a)(1) no				Other taxable			į	If private foundati	on status was	terminated
I			et value of all				unting method X	Cash Ac	crual	1	under section 507	(b)(1)(A) chec	k here . 🕨 🛄
		•	m Part II, coi				ther (specify)			i	If the foundation i		
-		▶ \$			685.	1	column (d) must be o	on cash basis j	<i>'</i>		under section 507(1 // /-	
	'art		sis of Reve				(a) Revenue and	(b) Net inv	estment	(c)	Adjusted net	1 1 7	sbursements charitable
		may n	ot necessarily	equa equa	al the amount	's in	expenses per books	incor	me		ıncome		urposes
_			n (a) (see pag				34,500	N TO CIT	7			(cash	h basis only)
	1		tions gifts, grants,		ceived (attach so		34,300	ATCH	Τ			 	
Ξ	2	Check	attach	Sch E	3 '		257		257.			ATC	H 2
7	3		on savings and		· ·		6,934		6,934.			ATC	
LĆ.			nds and intere				0,003	1	0,001.			AIC	11 5
e			ents						- ,				
Z	g		tal income or (lo				-10,803						
enc.	, ba b	Gross s	or (loss) from ales price for all			, 628.							
ANN Revenue N	7		on line 6a gain net inco	(f						Г	DECE	V /E G	
Ke	7 8	•	ort-term capita	•	·	iiile 2)				1	RECE	IVED	
Ž	9		e modifications	•	' · ·					lc			S
Ķ	10 a	Gross sa	les less returns							17		2011	0
ĭ	b		wances · · · ost of goods sold	,		_				\top	j		18
			profit or (loss)	_	ch schedule)		·			i	OCDE	I I todar	元
	11		ncome (attach							<u> </u>	OGDEI	<u> </u>	trong.
	12	Total A	Add lines 1 thi	rough	11 .		30,888		7,191.			"	
	13	Comper	nsation of officer	rs dire	ctors trustees	, etc							
	14		- employee sala				. =::=						
ses	15	Pensio	n plans, empl	oyee b	penefits								
Expenses	16a	Legal f	ees (attach sc	hedule	e)		· - · · · · · · · · · · · · · · · · · ·						
EX	b	Accour	nting fees (atta	ach so	chedule) .								
S S	С	Other p	orofessional fe	ees (al	ttach schedu	le).	<u> </u>						
rati	17	Interes	t										
Administrative	18	Taxes (a	ittach schedule)	(see pa	age 14 of the ins	tructions)							
٤	19	Deprec	iation (attach	sche	dule) and de	pletion							
Αd	20	Occupa	ancy .										
	21		conferences		neetings								
	22		g and publicat		ייי א	· /	3 060		2 025				
Ē	23		expenses (atta				3,969	<u> </u>	3,925.				
perating	24		perating and		ınıstratıve ex	penses	3,969		3 025				
5			es 13 through		•		62,671		3,925		_		62,671
-	25		utions gifts	•	•		66,640		3,925			 	62,671
\dashv	26		enses and disbur		•	4 and 25	00,040	-	2,263			+	02,011
	27		ct line 26 from				-35,752		ŀ				
			f revenue over exp	-			30,702	1	3,266.			 	
			estment inco		•	' '		<u> </u>	2,290.		-0-	+	
	С	Adjusti	ed net income	e (II ne	egative_entei	r -U-)		1			0		

Part I	Attac	ched schedules and amounts in the ription column should be for end-of-year	Beginning of year	End of	year
	amor	unts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing .				
2	Savings and temporary cash	investments	73,386.	27,824.	27,824
3	Accounts receivable ►				
		accounts >			
4					
	Less allowance for doubtful a	accounts ►			
5					
6		s, directors, trustees, and other			
		hedule) (see page 16 of the instructions)			
7		able (attach schedule)			
′		accounts •			
8 8				<u> </u>	
8 9 10 a		ed charges		-	
7		ernment obligations (attach schedule)	592,490.	686,861.	686,861
1		(attach schedule)	392,490.	000,001.	000,001
11 °	Investments - land, buildings,	ds (attach schedule)			
	(attach schedule)				
12	Investments - mortgage loans				
13	Land, buildings and	bhedule)			
	(attach schedule)				
15	Other assets (describe				
16	Total assets (to be completed		5.55 0.75	74.4.605	71. 605
_	instructions Also, see page 1	, item I)	665,876.	714,685.	714,685
17	Accounts payable and accrue	ed expenses			
18	Grants payable				
ន្ត 19	Deferred revenue				
 20					
19 20 21		oughle (ottoch achedule)			
22)			
23	Total liabilities (add lines 17	through 22)			
		SFAS 117, check here ► X	_		
		rough 26 and lines 30 and 31.			
ν Β 2.4	Llarostructed	Š ,			
E 25	Tomporarily restricted		665,876.	714,685.	
25	Temporarily restricted		· ·		
5 20	Permanently restricted				
5	Foundations that do not to check here and complete				
	Castal start trust assault				
0 21	Capital stock, trust principal,				
28	Paid-in or capital surplus or land			· -	
ii 29	Retained earnings, accumulated i	income endowment or other funds			
S 30	Total net assets or fund bala	nces (see page 17 of the	CCE 07C	714 (05	
z	Unrestricted		665,876.	714,685.	
31	Total liabilities and net asse	ts/fund balances (see page 17	00- 0	Pa : 22 -	
	of the instructions).	<u> </u>	665,876.	714,685	
		es in Net Assets or Fund B			
Total	net assets or fund balance	es at beginning of year - Part II, o	column (a), line 30 (must a	agree with	
end-d	of-year figure reported on p	prior year's return)		. 1	665,876
Ente	r amount from Part I, line 2	7a		2	-35,752
		line 2 (itemize) ▶ATTACHN	MENT 5	. 3	84,561
	lines 1, 2, and 3	·		4	714,685
	eases not included in line 2	2 (itemize) ▶	•	5	
		es at end of year (line 4 minus lin	ne 5) - Part II. column (h)	· 	714,685

E	Part IV Capital Gains	and Losses for Tax on Inv	estment Income			
	• •	d describe the kind(s) of property sold (9 .	(b) How acquired P-Purchase	(c) Date acquired	(d) Date sold (mo , day yr)
_	CEE DADE TH COLE	rick warehouse, or common stock, 200	shs MLC Co)	D-Donation	(mo , day, yr)	(mo ; day yi /
<u>1</u>	<u> </u>	DOLE		 		
	<u>b</u>					
_	cd			-		
	u e					
`	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
_	a					
_	b					
	C .					
_	d					
-	e					
(Complete only for assets sh	nowing gain in column (h) and own	ned by the foundation on 12/31/69	(I)	Gains (Col (h) ga	ain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
- 6	a					
_t	0					
_(:					
_(d					
_6	<u> </u>			-		
2	Capital gain net income or	(net capital loss) {	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		-10,803.
3		or (loss) as defined in sections 12				
		line 8, column (c) (see pages 13 a				
,	If (loss), enter -0- in Part I, I			3		
			uced Tax on Net Investment Incestion 4940(a) tax on net investi			
lf	section 4940(d)(2) applies,	leave this part blank				
		the section 4942 tax on the distrib not qualify under section 4940(e)	utable amount of any year in the back. Do not complete this part	ase period		Yes X No
1	Enter the appropriate amo	unt in each column for each year,	see page 18 of the instructions be	efore mak	ing any entries	
C	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by	
	2008	116,415.	737,881.	-		0.157769
	2007	123,385	966,129.			0.127711
	2006	2,699.	725,928.			0.003718
	2005					
	2004					
2	Total of line 1, column (d)			2		0.289198
3	Average distribution ratio f	or the 5-year base period - divide	the total on line 2 by 5, or by the			
	number of years the found	ation has been in existence if less	than 5 years	3		0.096399
4	Enter the net value of nonc	charitable-use assets for 2009 from	m Part X, line 5	4		679,927
5	Multiply line 4 by line 3			5		65,544.
5	Enter 1% of net investmen	it income (1% of Part I, line 27b)	•	6		33.
	Add lines 5 and 6		•	7		65,577
В						62,671.
,	Enter qualifying distribution If line 8 is equal to or gre Part VI instructions on page	ater than line 7, check the box in	Part VI, line 1b, and complete t	8 hat part u	using a 1% tax	

Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	ne ins	tructi	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			33.
	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			33.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			33.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 668.			
	Exempt foreign organizations-tax withheld at source 6b 6b			
	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d		6	568.
8	Enter any penalty for underpayment of estimated tax. Check here			
8	Tax due If the total of lynes 5 and 8 is more than line 7, enter amount owed			
16	Overpayment If line is more than the total of lines 5 and 8, enter the amount overpaid		6	535.
<u>11\</u>	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 635. Refunded ▶ 11			_
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1 b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1 c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ►\$(2) On foundation managers ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			1.7
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		
5	Was there a liquidation, termination dissolution, or substantial contraction during the year?	5		Χ
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or	. 1		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	_	Х	
_	conflict with the state law remain in the governing instrument?	6	-X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes " complete Part II, col (c), and Part XV	7		
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ ○K,			
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			! !
	(or designate) of each state as required by General Instruction G? If "No " attach explanation	8 b	X	
9	ls the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	1	ļ	
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page	ļ		
	27)? If "Yes," complete Part XIV	9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses AHachment 1	10	Х	

Form **990-PF** (2009)

Pai	t VII-A . Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			1
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Χ	
	Website address N/A			
14	The books are in care of MANDY M. GARVIE Telephone no 405-842		77	
	Located at ▶211 N ROBINSON AVE, STE 600 OKLAHOMA CITY, OK ZIP+4 ▶ 73102-9	9421		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	· []
	and enter the amount of tax-exempt interest received or accrued during the year			
Par	t;VII-B Statements Regarding Activities for Which Form 4720 May Be Required		,	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u></u>	Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		1	i
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	ĺ		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			ι,,
	were not corrected before the first day of the tax year beginning in 2009?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2009? Yes X No			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			Х
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2 b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	İ		
_				
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
	enterprise at any time during the year.			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	24		Х
4	foundation had excess business holdings in 2009)	3b	\vdash	X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		Χ
	and the first day of the tax year beginning in 2009'	L TU		

employee benefit plans and deferred (a) Name and address of each employee paid more than \$50 000 (c) Compensation hours per week other allowances

	devoted to position	 compensation	<u> </u>	
NONE				
tal number of other employees hald over \$50,000	<u> </u>	 		

Form 990-PF (2009)

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

Pa	Minimum Investment Return (All domestic foundations must complete this part. Forei see page 24 of the instructions.)	gn foundation	S,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	· · · · · · · · · · · · · · · · · · ·	1a	689,938.
b		1b	343.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	690,281.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	690,281.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	10,354.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	679,927.
6	Minimum investment return. Enter 5% of line 5	6	33,996.
Ра	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.		
1	Minimum investment return from Part X, line 6	1	33,996.
2 a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	33.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	33,963.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	33,963.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	33,963.
		 	
Pa	Comparison of the Instructions (see page 25 of the Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	62,671.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		_
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3 b	0.
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	62,671.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	33.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	62,638.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating we qualifies for the section 4940(e) reduction of tax in those years	hether the four	idation

Form **990-PF** (2009)

Pa	art XIII Undistributed Income (see page	e 26 of the instruction			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				33,963.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b					
3	Excess distributions carryover, if any, to 2009				
а	From 2004 .				
b					
С	From 2006				
d					
е	From 2008	105 006			
f	Total of lines 3a through e	125,996.			
4	Qualifying distributions for 2009 from Part XII, line 4 > \$ 62,671.				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)			ļ	
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				33,963.
	Remaining amount distributed out of corpus	28,708.			
5	Excess distributions carryover applied to 2009				
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	154,704.			
	Prior years' undistributed income Subtract				
D	line 4b from line 2b				
С	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 2008 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions				
_					
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)				
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	154,704			
10	Analysis of line 9		-		
а	Excess from 2005				
b	Excess from 2006				
С	Excess from 2007 . 46, 343.				
d	Excess from 2008 . 79, 653.				
е	Excess from 2009 28,708				

Forn	n 990-PF (2009)			20	5490143	<u> </u>		Page 10
Pa	rt XIV Private Oper	ating Foundations (see page 27 of th	e instructions and	l Part VII-A, c	question 9)	NOT A	APPLICABLE
1 a	If the foundation has i	received a ruling or d	etermination letter th	at it is a private	operating			
	foundation, and the ruling	g is effective for 2009, e	nter the date of the rulin	9	▶			
b	Check box to indicate wh	ether the foundation is a	private operating four	idation described in se	ection)(3) or	4942(j)(5)_
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years			((e) Total
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d	2006		
	for the minimum investment return from Part X for each							
	year listed							
b	85% of line 2a			<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 of exempt activities							
е	Qualifying distributions made							
	directly for active conduct of							
	exempt activities Subtract line 2d from line 2c				_			
3	Complete 3a b or c for the		•					
а	"Assets" alternative test - enter							
	(1) Value of all assets				_			
	(2) Value of assets qualifying							
	under section 4942(j)(3)(B)(i)							
b	Endowment afternative test-							
	enter 2/3 of minimum invest- ment return shown in Part X							
	line 6 for each year listed							
С	'Support alternative test - enter							
	(1) Total support other than gross investment income							
	(interest dividends rents						1	
	payments on securities loans (section 512(a)(5))							
	or royalties)							
	(2) Support from general public and 5 or more							
	exempt organizations as provided in section 4942							
	(j)(3)(B)(m)							·
	(3) Largest amount of sup- port from an exempt							
	organization						-	
	(4) Gross investment income	1.5 (0.10)				-l &F 000		- in coosts
Pa		ary Information (Co luring the year - see			ungation na	a \$5,000	or more	e in assets
1	Information Regarding		<u> </u>	130 40010113.7				
	List any managers of t	•		re than 2% of the	total contribu	itions receive	ed by the	e foundation
	before the close of any						,	
	N/A							
	List any managers of	the foundation who d	own 10% or more o	of the stock of a c	corporation (o	r an equally	large po	ortion of the
	ownership of a partners					, ,	J .	
	N/A			.				
2	Information Regarding	•		• • •				
		ne foundation only n						
	unsolicited requests for organizations under other				bage 28 of the	ne instructio	ns) to in	idividuals of
		<u>`</u>			ıld ba addrasa			
	The name, address, ar ATTACHME	INT 7						
b	The form in which appl.	ications should be sub	mitted and informat	ion and materials t	hey should inc	clude		
	_ ATTACHME	NT 8						
С	Any submission deadling							
	•							
		DEADLINES FOR						
d	Any restrictions or lin	mitations on awards,	such as by geogr	aphical areas, cha	arıtable fıelds	, kinds of i	nstitution	is, or other
	factors	IO DECEDIOMIONO	ON CDANIES S	CHOL ADOUT DO	EMC			
ISA	THERE ARE N	O RESTRICTIONS	UN GPANTS, S	CHOLARSHIPS,	ETC.			

Part XV Supplementary Information (cc 3 Grants and Contributions Paid Durin	ontinued)	royed for I	Future Payment	
Recipient	If recipient is an individual,			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a Tala daling the year				
ATTACHMENT 9				
	}			
İ		ļ		
	<u>.</u> <u>.</u> .		<u></u> <u></u> ▶ 3a	62,671.
b Approved for future payment				
				` . ,
Total			▶ 3b	

er gross amounts unless otherwise indicated		ated business income		section 512, 513, or 514	(e) Related or exempt function income
Program service revenue	(a) Business code	(b) Amount	(c) - Exclusion code	(d) Amount	(See page 28 of the instructions)
a					
b		-			
·					
d					
e					
g Fees and contracts from government agencies					
Membership dues and assessments			7.4	0.5.7	
Interest on savings and temporary cash investments		<u> </u>	14	257. 6,934.	
Dividends and interest from securities			17	0,004.	
a Debt-financed property			 		
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory			18	-10,803.	
Net income or (loss) from special events			+		
Gross profit or (loss) from sales of inventory			 		
Other revenue a					
b					
i					
~					
9	}	}	1 1		
				-3,612	
e Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e)	,				-3,61
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Relationship of Activities ne No Explain below how each activ	to verify calculate to the Activity for white	ulations) complishment of E	xempt Purpo	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities	to verify calculate to the Activity for white	ulations) complishment of E	xempt Purpo	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Relationship of Activities ne No Explain below how each activities the accomplishment of the form	to verify calculate to the Activity for white	ulations) complishment of E	xempt Purpo	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities the No Explain below how each activities the accomplishment of the form	to verify calculate to the Activity for white	ulations) complishment of E	xempt Purpo	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities the No Explain below how each activities the accomplishment of the form	to verify calculate to the Activity for white	ulations) complishment of E	xempt Purpo	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities the No Explain below how each activities the accomplishment of the form	to verify calculate to the Activity for white	ulations) complishment of E	xempt Purpo	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities the No Explain below how each activities the accomplishment of the form	to verify calculate to the Activity for white	ulations) complishment of E	xempt Purpo	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 TXVI-B Relationship of Activities The No Explain below how each activities the accomplishment of the form	to verify calculate to the Activity for white	ulations) complishment of E	xempt Purpo	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities are No Explain below how each activities the accomplishment of the form	to verify calculate to the Activity for white	ulations) complishment of E	xempt Purpo	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) Worksheet in line 13 instructions on page 28 TXVIB Relationship of Activities e No Explain below how each activities accomplishment of the form	to verify calculate to the Activity for white	ulations) complishment of E	xempt Purpo ed in column other than b	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) worksheet in line 13 instructions on page 28 TXVI-B Relationship of Activities e No Explain below how each activities accomplishment of the form	to verify calculate to the Activity for white	ulations) complishment of E ch income is reporte exempt purposes (xempt Purpo ed in column other than b	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities are No Explain below how each activities the accomplishment of the form	to verify calculate to the Activity for white	ulations) complishment of E ch income is reporte exempt purposes (xempt Purpo ed in column other than b	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities are No Explain below how each activities the accomplishment of the form	to verify calculate to the Activity for white	ulations) complishment of E ch income is reporte exempt purposes (xempt Purpo ed in column other than b	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities are No Explain below how each activities the accomplishment of the form	to verify calculate to the Activity for white	ulations) complishment of E ch income is reporte exempt purposes (xempt Purpo ed in column other than b	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities the No Explain below how each activities the accomplishment of the form	to verify calculate to the Activity for white	ulations) complishment of E ch income is reporte exempt purposes (xempt Purpo ed in column other than b	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 TXVI-B Relationship of Activities The No Explain below how each activities the accomplishment of the form	to verify calculate to the Activity for white	ulations) complishment of E ch income is reporte exempt purposes (xempt Purpo ed in column other than b	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 TXVI-B Relationship of Activities The No Explain below how each activities the accomplishment of the form	to verify calculate to the Activity for white	ulations) complishment of E ch income is reporte exempt purposes (xempt Purpo ed in column other than b	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 TXVI-B Relationship of Activities ne No Explain below how each activities the accomplishment of the form	to verify calculate to the Activity for white	ulations) complishment of E ch income is reporte exempt purposes (xempt Purpo ed in column other than b	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities The No Explain below how each activities the accomplishment of the form	to verify calculate to the Activity for white	ulations) complishment of E ch income is reporte exempt purposes (xempt Purpo ed in column other than b	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities The No Explain below how each activities the accomplishment of the form	to verify calculate to the Activity for white	ulations) complishment of E ch income is reporte exempt purposes (xempt Purpo ed in column other than b	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total Add line 12 columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Relationship of Activities ne No Explain below how each activities the accomplishment of the form	to verify calculate to the Activity for white	ulations) complishment of E ch income is reporte exempt purposes (xempt Purpo ed in column other than b	oses (e) of Part XVI-A con	tributed importantly

P	art XV	II . Information Exempt Orga		ansfers To and	d Transa	ctions	and Relat	tionships	With N	lonc	harit	able
1	Did in se	the organization directi ection 501(c) of the C	ly or indirectly e Code (other than	ngage in any of t section 501(c)(3) o	he followin	g with a	any other or section 527,	ganization de relating to	escribed political		Yes	No
	orgar a Trans	nizations? sfers from the reporting t	foundation to a nor	icharitable exempt org	anization of							
	(1) C	Cash								1a(1)		X
		Other assets								1a(2)		X
İ		r transactions	h							41.74		X
		Sales of assets to a nonc Purchases of assets from								1b(1)		X
	(3) R	Rental of facilities, equipm	ent or other assets	empi organization						1b(2) 1b(3)		X
		Reimbursement arrangem								1b(4)		Х
	(5) L	oans or loan guarantees								1b(5)		Х
		erformance of services of								1b(6)		X
(ng of facilities, equipmen							!	1 c		X
(e answer to any of										
		of the goods, other in any transaction or		• •								
	value	in any transaction of	snaring arrange	inlent, snow in cor	umm (u) ti	ie value	or the good	us other as:	5615, UI :	SEI VICE	55 160	,erveu
(a)	Line no	(b) Amount involved	(c) Name of no	ncharitable exempt orga	nization	(d) Des	cription of trans	fers, transaction	s and shari	ing arra	ngemei	nts
		N/A				N/A						
	_							_				
		_										
	-											
_												
_					-		 					
											-	
					· -							
						.						
_												
2 a	ls the	foundation directly or	indirectly affiliate	d with, or related to	o, one or m	ore tax-e	exempt organi	zations descr	ribed in _			
	sectio	n 501(c) of the Code (oth	er than section 50	1(c)(3)) or in section 5	527?				L	Ye	s X	No
t	If "Ye	s," complete the following				————						
		(a) Name of organization	1	(b) Type of org	ganization			(c) Description	of relationsh	Jib		
		-				-						
_		-										
								-				
	Under belief	penalties of perjury I declar it is true correct and comp	are that I have examplete Declaration of	ined this return includi	ing accompar	iying sched	dules and stater	ments, and to t	the best of	my kn	owledo	ge and
	\ /	CD- H	trill	111	12) na	10		/	1100 011	,	oogo
a	S	gnature of officer or trustee	· ~ 7		10	Date	1-70	Title	e rei	` Y_		
ler	- 01	griatore or officer or trustee			Data	Date			reparer's i	entify	<u></u>	
Sign Here	'n -	Branararia N M	, , , ,	,	Date	. 1	Check if self-employ	nu	umber (See age 30 of th	e Signá	ture on	
Sig	Paid Preparer's Use Only	Preparer's signature	indix M	Dare	11211:	410	3en-employ		008354		, c (10) (5)	
	Paid repare Jse On	Firm s name (or yours if	EXD, LI	P		') '	,	EIN ▶ 44	-01602	60		
	م ۲	self-employed) address,		OBINSON AVE,	STE 60							
		and ZIP code	OKLAHOM	A CITY, OK		73	102-9421	Phone no	405-84	. 2 – 7 9	977	

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number

ALLEN FAMILY CHARITABLE FOUNDATION 20-5490143 Organization type (check one) Filers of. Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule $\overline{|X|}$ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and 11 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . Caution An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Schedule B (Form 990 990-EZ, or 990-PF) (2009)

200	of	of Part
aae	OI	OFFAIL

Name of organization ALLEN FAMILY CHARITABLE FOUNDATION

Employer identification number 20-5490143

Part I	Contributors	(see	instructions
--------	--------------	------	--------------

(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	MARK ALLEN 15708 FAIRVIEW FARM BLVD EDMOND OK 73013	\$34,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c) Aggregate contributions	(d)
No	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

	(MS199653L) 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, Enid, OK 73703, within 180 days of the notice on this publication.	,	
	Joan Allen Foundation Manager (12-13-10)		
	A	 	•

	·	 	· · · · · · · · · · · · · · · · · · ·

Allen Family Charitable Foundation 6/30/2010 EIN 20-5490143 Form 990-PF Page 2 Part II Line 10b

	Market Value 6/30/2010
Oakmark Equity & Income Fund - I T Rowe Rice Growth Stock Fund BB&T Funds Equity Income Fund Heartland Select Value Fund Oakmark Equity & Income Fund - I Kohls Corporation Sysco Corporation T Rowe Rice Growth Stock Fund BB&T Funds Equity Income Fund Heartland Select Value Fund Oakmark Equity & Income Fund - I T Rowe Rice Growth Stock Fund BB&T Funds Equity Income Fund Heartland Select Value Fund Oakmark Equity & Income Fund Heartland Select Value Fund T Rowe Rice Growth Stock Fund Fidelity Contra Fund T Rowe Rice Growth Stock Fund BB&T Funds Equity Income Fund Heartland Select Value Fund	221,294 16 126,471 61 95,985 56 71,964 25 26,820 96 19,000 00 2,857 00 7,669 55 18,075 83 7,921 44 16,529 43 9,273 10 9,569 57 5,504 75 16,421 76 2,094 63 5,001 83 6,469 29 13,255 48 4,680 80

686,861 00

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

Kınd of P	Property		Desc	ription		or	Date	Date sold
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of	D	acquired Gain	
price less	allowed/	ost or other	as of	as of	FMV over		Or	
price less penses of sale	allowable	basis	12/31/69	12/31/69	adı basıs	Ш	or (loss)	
'AL GAIN(LO	oss)						-10,803.	
						'		
	1							
							İ	
						H		
	}							
	1							
	1							
							1	
							1	
						1	-	
	ļ							
							+	
							1	
	1							
						1		

Form **8868**

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue S		► File a separate application for each return						
	• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
 If you are f 	filing for a	n Additional (Not Automatic) 3-Month Extension, complete only Part II (on p Inless you have already been granted an automatic 3-month extension on a p						
Part I Auto	matic 3	Month Extension of Time. Only submit original (no copies needed)						
		o file Form 990-T and requesting an automatic 6-month extension - check thi	s box and co	mplete				
Part I only				▶ 📋				
All other corp		including 1120-C filers), partnerships, REMICs, and trusts must use Form eturns	7004 to re	equest an extension of				
one of the re electronically i returns, or a co	turns not f (1) you omposite	Generally, you can electronically file Form 8868 if you want a 3-month a ged below (6 months for a corporation required to file Form 990-T). How want the additional (not automatic) 3-month extension or (2) you file Form or consolidated From 990-T. Instead, you must submit the fully completed a continuous filing of this form, visit www.irs.gov/efile.and.click.on.e-file.form.	ever, you c ns 990-BL, l and signed p	annot file Form 8868 6069, or 8870, group page 2 (Part II) of Form				
Type or		Exempt Organization		r identification number				
print		LEN FAMILY CHARITABLE FOUNDATION	20-	5490143				
File by the	Number,	street, and room or suite no. If a P.O. box, see instructions						
due date for		O WEST MAPLE						
filing your return See instructions		n or post office, state, and ZIP code. For a foreign address, see instructions. D, OK 73703						
Check type o	f return t	be filed (file a separate application for each return)						
Form 990)	Form 990-T (corporation)	Form 4720					
Form 990			orm 5227					
Form 990		F-1	Form 6069					
X Form 990-	-PF	Form 1041-A	Form 8870					
		care of ► MANDY M. GARVIE W&1-FIELD ASSIS 105 842-7977 FAX NOW, AHOM & CITY, OR	SERVICE TANCE K 73102					
for the whole g	roup, che	nes not have an office or place of business in the United States, check this box. Return, enter the organization's four digit Group Exemption Jumpler (GEN)— ck this box . If it is for part of the group, check this box is made and the property of the group.	—	if this is a list with the				
until		tomatic 3-month (6 months for a corporation required to file Form $02/15$, 2011 , to file the exempt organization return for the organization for	orm 990-T) on named a	extension of time above The extension is				
F	calendar tax year t	year or 07/01, 2009, and ending	06/30	D, <u>2010</u>				
2 If this tax	year is fo	r less than 12 months, check reason Initial return Final return	Change	e in accounting period				
		s for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tails. See instructions	x, less any	3a \$ 668				
	b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments							
		prior year overpayment allowed as a credit	· •	3b s - 668				
c Balance D	Due Subt	ract line 3b from line 3a. Include your payment with this form, or, if require	ed, deposit					
with FTD	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See							
instruction	ns			3c \$				
Caution If you	are going	to make an electronic fund withdrawal with this Form 8868, see Form 8453-	EO and Forr	n 8879-EO				
for payment ins	tructions							
For Privacy Ac	t and Pap	perwork Reduction Act Notice, see Instructions		Form 8868 (Rev 4-2009)				

Form **8868**

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue S		► File a separate application for each return	İ					
	• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
		n Additional (Not Automatic) 3-Month Extension, complete only Part II (on pagi Inless you have already been granted an automatic 3-month extension on a prev						
Part I Auto	Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)							
		to file Form 990-T and requesting an automatic 6-month extension - check this b	ox and co	mplete				
Part I only	Part I only							
All other corp		funcluding 1120-C filers), partnerships, REMICs, and trusts must use Form 70 eturns)04 to re	equest an extensio	on of			
one of the re electronically i returns, or a co	turns not if (1) you omposite	Generally, you can electronically file Form 8868 if you want a 3-month autoed below (6 months for a corporation required to file Form 990-T). However, want the additional (not automatic) 3-month extension or (2) you file Forms or consolidated From 990-T. Instead, you must submit the fully completed and on the electronic filing of this form, visit www.irs.gov/efile.and.click.on.e-file.for.C.	er, you c 990-BL, l I signed p	annot file Form 8 6069, or 8870, g page 2 (Part II) of F	868 roup			
Type or	Name of	Exempt Organization	Employe	r identification numb	ber			
print	ALI	LEN FAMILY CHARITABLE FOUNDATION	20-	5490143				
File by the	Number	street, and room or suite no. If a P.O. box, see instructions						
due date for filing your		10 WEST MAPLE						
return See Instructions		n or post office, state and ZIP code. For a foreign address, see instructions. ID, OK 73703						
Check type o	f return t	o be filed (file a separate application for each return)						
Form 990		F (************************************	m 4720					
Form 990			m 5227					
X Form 990			m 6069					
X Form 990	-PF		m 8870					
The books	are in the	care of ► MANDY M. GARVIE INTERNAL REVENUE S	ERVICE	, EG-				
		W & I - PIELD ASSISTA	NCE					
Telephone	No ▶ _4	105 842-7977 FAX NO LAHUMA 1,117, UK	73102	_ 				
 If this is for 	a Group f	these not have an office or place of business in the United States, check his box. Return, enter the organization's four digit Group Exemption Number (GEN). Lick this box. If it is for part of the group, check this box.		► If this is				
for the whole g		ck this box If it is for part of the group, check this by 2009 and	d attach	a list with the				
		stomatic 3-month (6 months for a corporation required to file Form 02/15 2011 to file the example property and property for the engaging tion	n 990-T) extension of	tıme			
untıl		$\frac{02/15}{2011}$, to file the exempt organization return for the organization	named a	above The extensi	on is			
for the or	ganization	r's return for						
▶ □	calendar	vear or						
X		peginning 07/01, 2009, and ending	06/30	0, 2010				
,	, , , , , , ,			· 				
2 If this tax	year is fo	r less than 12 months, check reason Initial return Final return	Change	e in accounting per	riod			
3a If this ap	plication	s for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, I	ess any	((8	2			
nonrefundable credits. See instructions.								
	b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments							
	made Include any prior year overpayment allowed as a credit C. Balance Due, Subtract line 3b from line 3a, Include your payment with this form, or if required deposit.							
	c Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See							
instruction		or, in required, by using the into the controller receipt tax rayment system	, 066	3c s				
		to make an electronic fund withdrawal with this Form 8868, see Form 8453-EC	and For					
for payment ins		to make an electronic rand wandrawar with this rount electronic 1433-LC	1 011	50,0 20				
		perwork Reduction Act Notice, see Instructions		Form 8868 (Rev 4-	2009)			

RECEIVED	
GRANTS	
AND	
GIFTS	
CONTRIBUTIONS,	
1	
PART	
990PF,	
FORM 99	

DIRECT PUBLIC SUPPORT	34,500.
DATE	12/22/2009
WAME AND ADDRESS	MARK ALLEN 15708 FAIRVIEW FARM BLVD EDMOND OK 73013

34,500.

TOTAL CONTRIBUTION AMOUNTS

REVENUE	AND	EXPENSES	PER BOOKS	257.
				MANAGEMENT FUNDS
			DESCRIPTION	CENTRAL NATIONAL MANAGEMENT FUNDS

NET INVESTMENT INCOME	2.5	2
AND EXPENSES PER BOOKS	257.	770

257.

257.

TOTAL

ATTACHMENT 2

	NET INVESTMENT INCOME	6,93
SECURITIES	REVENUE AND EXPENSES PER BOOKS	6,934.
FROM		
INTEREST		
S AND		SOND
T I - DIVIDENDS AND INTEREST FROM SECURITIES		MANAGEMENT FUNDS
ART I		П
FORM 990PF, PAR	Z C	CENTRAL NATIONA
000 %	NOT HAL MUSEU	TRAL
FORI	C	CEN

6,934.	6,934.		
	TOTAL		

6,934.

6,934.

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION
ADMINSTRATIVE FEES
TAXES

EXPENSES
PER BOOKS
3,925. REVENUE AND

NET INVESTMENT INCOME 3,925.

3,925.

3,969.

TOTALS

22282

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

<u>DESCRIPTION</u> <u>AMOUNT</u>

UNREALIZED GAINS 84,561.

TOTAL 84,561.

ဖ

ATTACHMENT

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

TITLE AND AVERAGE HOURS PER

NAME AND ADDRESS

WEEK DEVOTED TO POSITION

301 W BROADWAY ENID, OK 73701 JOAN ALLEN

PRESIDENT

ONLAHOMA CITY, ON 73134 13800 WIRELESS WAY MARK ALLEN

VICE PRESIDENT

301 W BROADWAY ENID, Oh 73701 GREG ALLEN

TREASURER

SECRETARY

ENID, ON 73702 JOHN WINNE 1010 W MAPLE

DIRECTOR

301 W BROADWAY ENID, OK 73701

PAUL ALLEN

GRAND TOTALS

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.

- GPANTS FIR COMPREDUTIONS PAID DURING THE LEAR 181 / 1000 Burn

	АМОИМТ	625	2,500	150	12,500	1,000	250
. 11	PURPOSE OF GRAINT OF COMTRIBUTION	COMTRIBUTION	CONTRIBUTION	CONTRIBUTIONS	CONTRIBUTIONS	CONTRIBUTION	CONTRIBUTION
PELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	NONF SC HOOL	NONE	NOME SCHOOL	MONE FUBLIC CHARITY	MOME FUBLIC CHAFITY	NONE School
	ALCTIVERY HAND AND AIDPESS	UK.C. PYMUDATION 10n HORTH HITVEFATTE PRIVE FG. 133 LIMONE, CK 73034	HIVITAGE HELL 1900 IM ZEHL GTREET ONLEHOMA CITT, ON 73120	05U FOUIDATION 400 COUTH HOUROE EV. 80 1719 **ITLAMATEE, OK 7407***-1749	ON COUNCIL OF PUBLIC AFFAIRS 1401 IF BLMCOM BLAP OFLIPORA CTT, ON 73104	74 F. L. L. A. P. P. C. L. A. L. A. L. A. L. A. L. A. A. A. A. B. A. A. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. B. B. A. B. B. B. B. B. B. B. B. B. B. B. B. B.	\$1 FIUS STATHOLIC HIGH SCHOOL FILE STATH E SWEDUR FULSE, OK TALL

ATTACHMENT 9

IORN 950PT, TAPT 'V - GRAHIS AND CONTRIBUTIONS PEID DURING THE LEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	
PLOTITION MAD ADDRESS	COUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION
liga50a i Todiga - chi	HOITE	CONTRIBUTION
101-W 3CND STEPEN	PUBLIC CHARITY	
AHRPSOH, IN AROLI		
VELLBERS OF FOREFGN WARS	NONE	CONTRIBUTION
10.5 W - 34114 STABLET	PUBLIC CHARITY	
Laber of CM (100 September 1		
THE ENCOPE CLUB	NONE	CONTRIBUTION
37.7.1 (EAHO) 1 1 10 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	PUBLIC CHARITY	
M1 (ULILT, TN 7122		
LITE CHURCH	MONE	CONTPIBUTION
אינונו לאן אינון אינוני ואס בו מואיזי	СНИЯСН	

200

35

AMOUNT

ATIACHMENT 9 (CONT D)

100

7,500

55

CONTRIBUTION

SCHOOL

ANT CONDCOLUTELITS OSU ALUMITI CENTER

SIELLWAFER, ON 74078

OCH ALUMNI ASSOLIALION

EPHYOUP, OK 73034

AND LATE OF FILLOW IN LATER

NON

115	
CONTRIBUTION	
NONE	CHAFITY

ATTACHMENT 9

FORT 1990FL, EATT 9 - GINANIS, AND CONTRIBUTIONS PAID DURING THE YEAR

			ATTACHMENT 9 (CONT'D)
	RELATIONSHIF TO SUBSTANTIAL CONTRIBUTOR AND		
PCTFLDH HIME AND ADDRESS	FOUNDATION STAIUS OF RECIPIENT	PURPOSE OF GRAIT OR CONTRIBUTION	AMOUNT
5,117 25,1805 - MURLL, 5 17) 190 - 930 1876415, 140 65615-0130	NONE FUBLIC CHAPITY	CONTRIBUTION	2,100
JMA 10 710 WOOLE: STREET 7.F1G.10, 18 28374-3237	NO.IE SCHOOL	CONTRIBUTION	250
FERT PERCHANTER PLACE FORMALLY ON 1903A-7220	NOME PUBLIC CHARIT,	CONTRIBUTION	1,000
940) 0.1-1 20.0Z L20.0E [4.14.65, T 7.5.09]	HONE	CONTRIBUTION	100
HIS WELL FAITH, THE OF EMIP HIS WELLFOLDE HILL, OK 73701	NOILE PUBLIC CHARIT:	CONTFIBUTION	1,000
() F C C C C C C C C C	NOUE FUBLIC CHARIT'	CONTRIBUTION	3 3

ATTACHMEN1 9

ATTACHMENT 9 (CONT'D)

FORM CLOPE, EAPT . V - GRAUTS SIND CONTRIBUTIONS PAID DURING THE YEAR

	AMOUNT	35	5,000	1,000	4 0 0	10, 121	18,000
	PURFOSE OF GRANT OR CONTRIBUTION	CONTRIBUTION	CONTRIBUTIO!!	CONTRIBUTIOM	CONTRIBUTION	CONTRIBUTION	CONTRIBUTION
RELATIONSHIF TO SUBSTANTIAL CONTRIBUTOR	FOUNDATION STATUS OF RECIPIENT	MONE FUBLIC CHARIT)	HONE PUBLIC CHAPIT:	MONE CHURCH	NOILE FUBLIC CHARIT:	NOIE PUBLIC CHARIT:	NONE FUBLIC CHARITY
	אפאמומק מנוכ בוואון זיינוניון ויינוניון אין	FULLUARDITY CAMBER & DEUNEMIA RELIEF FA CYTHERPAL TURCE, SOLTE 107 FATMI FORUSTIUE, TO 72084	THE MEETER FOR HUMBHILL THE WEST PANDOLH VENUE THE ON 73701-3528	I HATHEWS EPISCOPAL CHURCH CLA W MAUFOLFIL Latte On 73701	LECTON-C OKLAHOLA FOOD BANK N.C., TUFFOCE STABENT OFFICIAL CLEE, ON, 73137	1111 S MEBON 301 C. PROMIWA: SVE BA 1111U, ON 73701-3137	UNTILL WAN OF BHID THAT IN THE STORY OF THE STORY OF THE STORY THE

ATTACHMENT 9

2
1
0210110
70
OKITO LOTO LOTO
75777
000
1.10.13

TOWN TOWN IN THE CONTINUE CONTINUE CONTINUE TOWN IN THE TOWN	יייי אורט זות בייייי אורט זות ביייייי אורט זות ביייייייייייייייייייייייייייייייייייי		ATTACHNENT 9 (CONT'D)
	RELATIONSHIF TO SUBSTANTIAL CONTRIBUTOR AND		•
ILCILILMI MANE AMI ANARESS	FOUNDATION STATUS OF RECIPIENT	FURPOSE OF GRAIT OR CONTRIBUTION	AMOUNT
HI ANDERSON	NONE PUBLIC CHARITY	COMTRIBUTION	100
H0U510at, 1 22030			
AMERICANS FOR PROSPERTIT	NONE	CONTRIBUTION	2,500
111 W1ESON SEVE	PUBLIC CHARIT:		
AUTE 350			
FPTHM4.04, 7A _201			
PRIVED TON ELVELLOR ILER	MONE	CONTRIBUTION	1,000
LILLA FARF' DRIVE	PUBLIC CHARITÍ		
APLINGION, IN 2.203			

SCHEDULE D . (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

Employer identification number

2009

_ ALLEN FAMILY CHARITABLE FOUN	DATION			20-54901	. 4 3	
Note: Form 5227 filers need to complete only P	arts I and II					
Part I Short-Term Capital Gains and L	osses - Assets	Held One Ye	ar or Less			
(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see page 4 of instructions	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a						
				 		
		<u> </u>				
	(()				41-	
b Enter the short-term gain or (loss), if any,	from Schedule D	-1, line 1b			1b	
2 Short-term capital gain or (loss) from Fore	ms 4684, 6252,	6781, and 882	4		2	
3 Net short-term gain or (loss) from partner					3	
4 Short-term capital loss carryover Enter th Carryover Worksheet	·	, from line 9 of	the 2008 Capital Los	s 	4	()
5 Net short-term gain or (loss) Combine lin column (3) on the back	es 1a through 4	• •			5	
Part II Long-Term Capital Gains and Loss	es - Assets Held	More Than Or	e Year			
(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day yr)	(c) Date sold (mo , day yr)	(d) Sales price	(e) Cost or other (see page 4 of instructions)	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a						
	 					
b Enter the long-term gain or (loss), if any, f	rom Schedule D-	1 line 6b			6b	-10,803.
		•				
7 Long-term capital gain or (loss) from Form	ns 2439, 4684, t	5252, 6781, ar	id 8824		7	
8 Net long-term gain or (loss) from partners	hips, S corporati	ons, and other	estates or trusts		8	
9 Capital gain distributions .		•			9	
0 Gain from Form 4797, Part I					10	
 Long-term capital loss carryover Enter th Carryover Worksheet 	e amount, if any	, from line 14 o	f the 2008 Capital Lo	ss	11	()
2 Net long-term gain or (loss). Combine line column (3) on the back	es 6a through 11	•		ne 14a,	12	-10,803
For Paperwork Reduction Act Notice, see the Instr	uctions for Form 1		<u></u>	901		D (Form 1041) 2009

Sche	dule D (Form 1041) 2009					
Pa	Summary of Parts I and II	nort	(1) Beneficiaries (see page 5)	' (2) Es	i i	(3) Total
4.2	Caution: Read the instructions before completing this		(see page 3)	01 110	151.5	
13 14	Net short-term gain or (loss)	13				
	Net long-term gain or (loss)	14a				-10,803.
a h	Total for year	_				10,000.
	28% rate gain	-				
	Total net gain or (loss). Combine lines 13 and 14a					-10,803.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fo		-T. Part I. line 4a) If I	 ines 14a and :	15. column :	· — — — — — — — — — — — — — — — — — — —
to Pa	art V, and do not complete Part IV. It line 15, column (3), is a net loss-complete F	Part IV a	and the Capital Loss C	arryover Worl	k sheet, as n	necessary
Pa	t IV Capital Loss Limitation					
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T,	Part I, III	ne 4c, if a trust), the	smaller of		
а	The loss on line 15, column (3) or b \$3,000 c: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page				16 (3,000)
Note	e: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pag v <mark>over Worksheet</mark> on page 7 of the instructions to figure your capital loss carryove	ge 1, lin	e 22 (or Form 990-T	, line 34), is a	loss, comp	lete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rate					 .
	n 1041 filers. Complete this part only if both lines 14a and 15 in column) are dains or an a	amount is er	ntered in F	Part Lor Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mo				110100 1177	
Cau	tion: Skip this part and complete the worksheet on page 8 of the instru					
	other line 14b, col (2) or line 14c, col (2) is more than zero, or					
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero					David
	n 990-T trusts. Complete this part only if both lines 14a and 15 al orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa					
	er line 14b, col (2) or line 14c, col (2) is more than zero	ait ailu	complete the wor	valleer out	Jage 0 01	the instructions in
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34)	17			
18	Enter the smaller of line 14a or 15 in column (2)	J-)	• • • • • • • • • • • • • • • • • • • •		1	
	hut and loss than and					
19	Enter the estate's or trust's qualified dividends		_			
. •	from Form 1041, line 2b(2) (or enter the qualified					
	dividends included in income in Part I of Form 990-T) 19		į į			
20	Add lines 18 and 19					
21	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g, otherwise, enter -0- ▶ 21					
22	Subtract line 21 from line 20 If zero or less, enter -0		22]	
23	Subtract line 22 from line 17 If zero or less, enter -0		23			
) }	
24	Enter the smaller of the amount on line 17 or \$2,300		. 24			
25	Is the amount on line 23 equal to or more than the amount on line 24					
	Yes Skip lines 25 and 26, go to line 27 and check the "No" box	K				
	No. Enter the amount from line 23		25		-	
26 27	Subtract line 25 from line 24	•	26		-	
27	Are the amounts on lines 22 and 26 the same? Yes. Skip lines 27 thru 30 go to line 31 No Enter the smaller of line 17 or line 17	••	27			
	Yes. Skip lines 27 thru 30 go to line 31 No Enter the smaller of line 17 or li	ine 22	21		-	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28			
20	Little the amount from time 20 (if time 20 is blank, enter -0-)		20		 	
29	Subtract line 28 from line 27		29			
30	Multiply line 29 by 15% (15)	•			30	
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rat	e Sche	edule for Estates	and Trusts		
	(see the Schedule Ginstructions in the instructions for Form 1041)				31	
32	Add lines 30 and 31				32	
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rat	e Sche	edule for Estates	and Trusts		
	(see the Schedule Ginstructions in the instructions for Form 1041)				33	
34	Tax on all taxable income Enter the smaller of line 32 or line 33	here a	nd on Form 1041	, Schedule		
	G. line 1a (or Form 990-T, line 36)	·	· <u>· · · </u>	<u>. </u>	34	
					Schedule	e D (Form 1041) 2009

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side ALLEN FAMILY CHARITABLE FOUNDATION

Employer identification number 20-5490143

art II	Long-Term Capital Gains and Losses - Assets Held More Than One Year					
(a	a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (c
VAR	TOUS			134,628.	145,431.	-10,80
VAR.	1003			134,020.	140,401.	10,80
·						
-						
_						
	-					
_						
_						
_						·
			-			
_						
						
		$\overline{}$				-
			····			