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For calendar year 2010, or tax year beginning

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

12/31, **20**10

Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements 12/14 , 2010, and ending

G Check all that apply X Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer identification number THE MCLAUGHLIN DOTY FOUNDATION 27-4319466 Room/suite Number and street (or P O box number if mail is not delivered to street address) B. Telephone number (see page 10 of the instructions) PO BOX 769 (830) 238-3575 If exemption application is City or town, state, and ZIP code 1 Foreign organizations, check here HUNT, TX 78024 2 Foreign organizations meeting the 85% test check here and attach | X | Section 501(c)(3) exempt private foundation H Check type of organization computation Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust F. If private foundation status was terminated I Fair market value of all assets at end J Accounting method | X Cash | under section 507(b)(1)(A) check here . Other (specify) of year (from Part II, col (c), line If the foundation is in a 60-month termination 4,000,865. (Part I, column (d) must be on cash basis) *16)* ▶ \$ under section 507(b)(1)(B) check here . > (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per income income purposes may not necessarily equal the amounts in books column (a) (see page 11 of the instructions) (cash basis only) 3,-997=, 204 Contributions=gifts=grants=etc=received (attach schedule)= attach Sch B 3 Interest on savings and temporary cash investments 3,232. 3,232 4 Dividends and interest from securities 5 a Gross rents b Net rental income or (loss) _ 796 6 a Net gain or (loss) from sale of assets not on line 10 Gross sales once for all 54,125 assets on line 6a 796 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances · · · b Less Cost of goods sold . c Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 4,001,232 4,028. Total Add lines 1 through 11 Ω. Ď 13 Compensation of officers directors trustees, etc 0 กท 14 Other employee salaries and wages Expenses ch 15 Pension plans, employee benefits 16a Legal fees (attach schedule) OGDEN. b Accounting fees (attach schedule) Administrative c Other professional fees (attach schedule). . . 367 367 18 Taxes (attach schedule) (see page 14 of the instructions) 19 Depreciation (attach schedule) and depletion. 20 Occupancy Travel conferences, and meetings 22 Printing and publications . 23 Other expenses (attach schedule) . . Total operating and administrative expenses 367 367 Add lines 13 through 23 Ō. n 25 Contributions, gifts, grants paid . . 367. 367. ō. 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 27 4,000,865 a Excess of revenue over expenses and disbursements . 3,661 b Net investment income (if negative enter -0-) c Adjusted net income (if negative, enter -0-). .

For Paperwork Reduction Act Notice, see page 30 of the instructions

ATCH 1

Form 990-PF (2010)

| Ð | art II | Balance Sheets description column should be for end-of-year | Beginning of year | End of | year |
|-------------|----------|--|------------------------------|----------------|-----------------------|
| | للقمد | amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 0. | 3,150,173. | 3,150,173. |
| - 1 | 2 | Savings and temporary cash investments | | | |
| - [| 3 | Accounts receivable | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | | Pledges receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| - | | Grants receivable | | | |
| - 1 | | | | | |
| İ | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see page 15 of the instructions) | | | |
| | | Other notes and loans receivable (attach schedule) ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| ts | 8 | Inventories for sale or use | | | |
| sets | 9 | Prepaid expenses and deferred charges | | | |
| As | 10 a | Investments - U S and state government obligations (attach schedule) | | | |
| | b | Investments - corporate stock (attach schedule) | 0. | 850,692. | 850,692. |
| | 11 | Investments - corporate bonds (attach schedule) | | | |
| | 12 | (attach schedule) | | | |
| | | Investments - other (attach schedule) | | | |
| | 14 | Land, buildings, and | | | |
| | | equipment basis Less accumulated depreciation | | | |
| | | | | | |
| | | Other assets (describe) Total assets (to be completed by all filers - see the | | | |
| | 16 | instructions Also, see page 1, item I) | 0. | 4,000,865. | 4,000,865. |
| \dashv | | | | 1,000,003. | |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| Sel | | Deferred revenue | | | |
| 틜 | 20 | Loans from officers, directors, trustees, and other disqualified persons . | | | |
| Liabilities | 21 | Mortgages and other notes payable (attach schedule) | | | |
| - | 22 | Other liabilities (describe | | | |
| | | | | _ | |
| \dashv | 23 | Total liabilities (add lines 17 through 22) | | 0. | |
| , | | Foundations that follow SFAS 117, check here X and complete lines 24 through 26 and lines 30 and 31. | | 4 000 005 | |
| Ses | 24 | Unrestricted | | 4,000,865. | |
| a | 25 | Temporarily restricted | | | |
| Ba | 26 | Permanently restricted | | | |
| pun | 25 26 | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | | | |
| | | | | | |
| | 27 | Capital stock, trust principal, or current funds | | | |
| Net Assets | 28 | Paid-in or capital surplus or land bldg and equipment fund | | | |
| AS | 29 | Retained earnings accumulated income, endowment or other funds | | | |
| t l | 30 | Total net assets or fund balances (see page 17 of the | | 4,000,865. | |
| Z | | instructions) | | 4,000,003. | |
| | 31 | Total liabilities and net assets/fund balances (see page 17 | _ | 4 000 005 | |
| ╛ | | of the instructions) | 0. | 4,000,865. | |
| | | Analysis of Changes in Net Assets or Fund E | | | |
| 1 | | I net assets or fund balances at beginning of year - Part I | | - | |
| | end- | of-year figure reported on prior year's return) | | 1 | |
| 2 | Ente | r amount from Part I, line 27a | | 2 | 4,000,865 |
| 3 | Othe | er increases not included in line 2 (itemize) ▶ | | 3 | |
| 4 | Add | lines 1, 2, and 3 | | | 4,000,865 |
| _ | _ | | | 1 - 1 | |
| 6 | Tota | eases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus li | ine 5) - Part II, column (b) |), line 30 6 | 4,000,865 |

| Form 990-PF (2010) | | 27-43194 | 66 | | Page 3 |
|--|--|---|--------------------------|---------------------------------------|-----------------|
| Part IV Capital Gains | s and Losses for Tax on Inv | estment Income | | | |
| (a) List an | nd describe the kind(s) of property sold (| (e g , real estate, | (b) How acquired | (c) Date acquired | (d) Date sold |
| 2-story b | orick warehouse, or common stock, 200 | shs MLC Co) | P-Purchase D-Donation | (mo , day, yr) | (mo , day, yr) |
| 1a SEE PART IV SCHI | EDULE | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | - | |
| | (f) Depreciation allowed | (g) Cost or other basis | | (h) Gain or (lo | oss) |
| (e) Gross sales price | (or allowable) | plus expense of sale | | (e) plus (f) min | |
| 2 | | | | | |
| _a b | | | | | |
| | | | | | · |
| <u>C</u> | | - | | | |
| <u>d</u> | | | | | |
| e Consolate ask for assista | | - d b.: the ferridation on 10/24/00 | | | |
| Complete only for assets | showing gain in column (h) and owne | | | Gains (Col (h) g (k), but not less | |
| (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 | " | Losses (from co | |
| | 4001 1270 7700 | | | | |
| <u>a</u> | | | | | |
| <u>b</u> | | | - | | |
| <u>c</u> | | | <u> </u> | | |
| d | | | | | - |
| е | | | | | |
| 2 Capital gain net income of | r (not canital loce) | f gain, also enter in Part I, line 7 | | | 796. |
| . • | · · · · · · · · · · · · · · · · · · · | f (loss), enter -0- in Part I, line 7 | 2 | | 790. |
| | n or (loss) as defined in sections 12 | | | | |
| - | , line 8, column (c) (see pages 13 | f | | | |
| | line 8 | | 3 | | |
| | · · · · · · · · · · · · · · · · · · · | duced Tax on Net Investment I | | | |
| (For optional use by domesti | c private foundations subject to th | ne section 4940(a) tax on net invest | ment inco | ime) | |
| | NO | | VEND | DEMILIDAD | |
| If section 4940(d)(2) applies | , leave this part blank | T AVAILABLE FOR INITIAL | ILAK | RETURNS | |
| | | | | | ٦., 🗀 |
| | | butable amount of any year in the b | ase perio | q., | Yes [No |
| | not qualify under section 4940(e) | | | | |
| | iount in each column for each yea | r, see page 18 of the instructions b | efore mal | | |
| (a) Base period years | (b) | (c) | | (d) Distribution i | atio |
| Calendar year (or tax year beginning in) | Adjusted qualifying distributions | Net value of noncharitable-use assets | | (col (b) divided b | y col (c)) |
| 2009 | | | | | |
| 2008 | | | | | |
| 2007 | | | ļ | | |
| 2006 | | | | | |
| 2005 | | | | | |
| | | | | | |
| 2 Total of line 1, column (d | 1) | | 2 | | |
| 3 Average distribution ratio | for the 5-year base period - divid | | | | |
| number of years the four | ndation has been in existence if les | s than 5 years | 3 | | |
| • | | | | | |
| 4 Enter the net value of no | ncharitable-use assets for 2010 fro | om Part X, line 5 | 4 | | |
| | | | | | |
| 5 Multiply line 4 by line 3 | | | 5 | | |
| o manapy mile i by mile e | | | | | |
| 6 Enter 1% of net investme | ent income (1% of Part I, line 27b) | | 6 | | |
| Cinter 1/0 of flet investme | sit income (1 % of Fatti, line 270). | | + | · | |
| 7 Add lines 5 and 6 | | | , | | |
| 7 Add lines 5 and 6 | | | 7 | | |
| O Fater evelting the second | and form Dad VIII Lond | | | | |
| 8 Enter qualifying distributi | | in Part VI, line 1b, and complete | that part | USING 2 10/ 4- | y rate See the |
| Part VI instructions on pa | | in rait vi, ine ro, and complete | mat part | using a 170 to | in rate occ the |

| Par | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the | ne ins | tructio | ons) |
|-----|--|-------------|---------|------------------|
| 1 a | 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 | | | 73 <u>.</u> |
| | here 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 3 | | | 73. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 | | | 0. |
| 5 | Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0 | | | 73. |
| 6 | Credits/Payments | | | |
| а | 2010 estimated tax payments and 2009 overpayment credited to 2010 6a | | | |
| b | Exempt foreign organizations-tax withheld at source | | | |
| С | Tax paid with application for extension of time to file (Form 8868). | | | |
| d | Backup withholding erroneously withheld | | 2 0 | |
| 7 | Total credits and payments Add lines 6a through 6d | | 2,8 | 00. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | | | |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | | 2 7 | 27 |
| 10 | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. | | 2,1 | 27. |
| 11 | Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 2,727 · Refunded ▶ 11 | | | |
| | t VII-A Statements Regarding Activities | | · · | |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | Yes | <u>No</u> -X- |
| | -participate-or-intervene in-any political campaign? | -1a | | |
| ь | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 | | | Х |
| | of the instructions for definition)? | 1b | | |
| | 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 | | | х |
| | Did the foundation file Form 1120-POL for this year? | 1 c | | |
| đ | 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 | | | |
| 2 | on foundation managers \$ Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | Х |
| 2 | 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 | | | |
| 3 | incorporation, or bylaws, or other similar instruments? If "Yes" attach a conformed copy of the changes | 3 | | Х |
| 4 a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | Х |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | · |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | Х |
| 3 | 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 | | | |
| Ū | By language in the governing instrument, or | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | |
| | 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 | X | |
| 8 a | Enter the states to which the foundation reports or with which it is registered (see page 19 of the | | | |
| | instructions) ► TX, | | | |
| b | 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 | 8b_ | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | |
| | 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page | | | |
| | 27)? If "Yes " complete Part XIV | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | |
| | names and addresses | 10 | X | <u> </u> |
| | | | | |

| <u>Par</u> | t VII-A | Statements Regarding Activities (continued) | | | |
|------------|-----------|--|---------------|-----|----------|
| 11 | At any t | me during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
| | meahing | g of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) | 11 | | X |
| 12 | Did the | foundation acquire a direct or indirect interest in any applicable insurance contract before | | | |
| | August | 17, 2008? | 12 | | X_ |
| 13 | Did the | foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website | address • N/A | | | |
| 14 | The boo | ks are in care of ► MANDY_GARVIE Telephone no ►405-84 | 2-79 | 77 | |
| | Located | ks are in care of MANDY GARVIE to all P211 N ROBINSON AVE SUITE 600 OKLAHOMA CITY, OK 405-84 ZIP+4 73102 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | | |
| 15 | Section | | | ▶ | |
| | and ente | er the amount of tax-exempt interest received or accrued during the year | | , | |
| 16 | At any | time during calendar year 2010, did the foundation have an interest in or a signature or other authority | 1 | Yes | No |
| | over a b | ank, securities, or other financial account in a foreign country? | 16 | | X |
| | See pa | ge 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter | | | |
| | the nam | e of the foreign country 🕨 | | | <u> </u> |
| Par | t VII-B | Statements Regarding Activities for Which Form 4720 May Be Required | | т— | |
| | File Fo | rm 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1 a | During t | he year did the foundation (either directly or indirectly) | ŀ | | |
| | (1) Eng | age in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | | |
| | (2) Borr | ow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | |
| | dısq | ualified person? Yes X No | | | |
| | (3) Furr | hish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay | compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | | |
| | (5) Train | nsfer 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 | | | |
| | . , . | ee to pay money or property to a government official? (Exception Check "No" if the | | | |
| | | idation agreed to make a grant to or to employ the official for a period after | | | |
| | | unation of government service, if terminating within 90 days) Yes X No | | | |
| b | | inswer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | ١ | | |
| | section | 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? | . <u> 1b</u> | | |
| | - | ations relying on a current notice regarding disaster assistance check here | | { | |
| С | | foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | 4. | | x |
| | | t corrected before the first day of the tax year beginning in 2010? | . 1c | | <u> </u> |
| 2 | | on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| | • | g foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| а | | nd of tax year 2010, did the foundation have any undistributed income (lines 6d and Yes X No | | | } |
| | | All) for tax year(s) beginning before 2010 | | | |
| | | list the years | | | |
| D | | re any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | | |
| | ` - | | 2 b | | X |
| _ | | listed, answer "No" and attach statement - see page 22 of the instructions) | | | |
| · | | ovisions of Section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| 3 2 | | foundation hold more than a 2% direct or indirect interest in any business enterprise | | | |
| Ja | | me during the year? | | | |
| ь | | " did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or | | | |
| · | • | fied persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the | 1 | 1 | |
| | | signer under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of | | 1 | |
| | | -, 15-, or 20-year first phase holding period? (Use Schedule C Form 4720 to determine if the | | | |
| | | on had excess business holdings in 2010) | 3ь | | |
| 4 a | | foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | . 4a | | X |
| b | | foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | | |
| | charitat | le purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? | 4 b | | X |

| Page C |
|--------|
|--------|

| Pat | VIII Statements Regarding Activities for | or Which Form 4 | 720 May Be Requ | red (continued) | | |
|-----------|--|---------------------------------------|---|---|----------------------------|-----------|
| 5 a | During the year did the foundation pay or incur any amou | nt to | | | | |
| | (1) Carry on propaganda, or otherwise attempt to influer | ice legislation (section | 4945(e))? | Yes X No | | |
| | (2) Influence the outcome of any specific public election | (see section 4955), o | r to carry on, | | | |
| | directly or indirectly, any voter registration drive? | | | | | Ì |
| | (3) Provide a grant to an individual for travel, study, or off | ner sımılar purposes? | | Yes X No | | |
| | (4) Provide a grant to an organization other than a chari | table, etc , organizatio | n described in | | | |
| | section 509(a)(1), (2), or (3), or section 4940(d)(2)? (| , • | | Yes X No | | |
| | (5) Provide for any purpose other than religious, charital | | or educational * | | | |
| | purposes, or for the prevention of cruelty to children o | | | | | |
| b | , | | | | | |
| | | • | | | 5b | - A |
| | Organizations relying on a current notice regarding disast | | | | | 1 |
| С | If the answer is "Yes" to question 5a(4), does the foundate | • | | Yes No | | |
| | because it maintained expenditure responsibility for the gi | | | . Tes No | | |
| ٠. | If "Yes," attach the statement required by Regulations sect | • • | | | | |
| ба | Did the foundation, during the year, receive any funds, don a personal benefit contract? | | | Yes X No | | |
| b | Did the foundation, during the year, pay premiums, direct | | | | 6ь | Х |
| | If "Yes" to 6b, file Form 8870 | my or maneomy, on a p | soroonar bonem contrac | | | |
| 7 a | At any time during the tax year, was the foundation a pai | rty to a prohibited tax | shelter transaction? | Yes X No | | |
| | If "Yes," did the foundation receive any proceeds or have | | | | | |
| Par | t VIII Information About Officers, Directors | , Trustees, Foun | dation Managers, | Highly Paid Emplo | yees, | |
| 1 | and Contractors List all officers, directors, trustees, foundation m | anagers and their | compensation (see | page 22 of the instru | uctions). | |
| | (a) Name and address | (b) Title, and average hours per week | (c) Compensation (If not paid, enter | (d) Contributions to employee benefit plans | (e) Expense | |
| | | devoted to position | -0-) | and deferred compensation | other allow | ances |
| 7\ TP | TACHMENT 2 | | 0. | 0. | | 0 |
| AI | IACHMENI Z | | | 0. | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Compensation of five highest-paid employees (ot | her than those inc | luded on line 1 - se | e page 23 of the inst | ructions). | |
| | f none, enter "NONE." | r | | (d) Contributions to | | |
| (a | Name and address of each employee paid more than \$50 000 | (b) Title and average hours per week | (c) Compensation | employee benefit plans and deferred | (e) Expense other allov | |
| | | devoted to position | | compensation | | |
| | NONE | | |] | | |
| | NONE | | | | | |
| | | | | | | |
| - | | | | | - | |
| | | | | | | |
| | | | <u> </u> | | | |
| | | | | | | |
| | | | | | | - |
| | | | | | | |
| Tota | I number of other employees paid over \$50,000 | | | | | |
| | | | | | 5 000 | DE (2010) |

| Pa | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued) | ees, |
|------|---|-------------------|
| 3 | Five highest-paid independent contractors for professional services (see page 23 of the instructions). If no | ne, enter "NONE." |
| | (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| | | |
| | NONE | |
| | | |
| | | |
| | | |
| | | |
| | | |
| - | | |
| | | |
| Tota | I number of others receiving over \$50,000 for professional services | NONE |
| Рa | t IX-A Summary of Direct Charitable Activities | |
| | | |
| | the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficianes served, conferences convened research papers produced etc. | Expenses |
| | N/A | |
| ٠. | | |
| | | |
| 2- | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| Pa | t IX-B Summary of Program-Related Investments (see page 24 of the instructions) | |
| | scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| 1 | NONE | |
| | | |
| | | |
| 2 | | |
| | | |
| | other program-related investments. See page 24 of the instructions | |
| | NONE | |
| J | · | |
| | | |
| | | |

| Pa | Minimum Investment Return (All domestic foundations must complete this part. Foreign 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 | Average monthly fair market value of securities | 1a | 471,056. |
| b | Average of monthly cash balances | 1b | 1,575,087. |
| С | Fair market value of all other assets (see page 25 of the instructions) | 1c | 0. |
| d | Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and | 1d | 2,046,143. |
| е | | | |
| | 1c (attach detailed explanation) 1e | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Cultiva at the Office time and | 3 | 2,046,143. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of | | |
| | | 4 | 30,692. |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 2,015,451. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 4,970. |
| Pa | Tt 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. | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 4,970. |
| 2 a | Tax on investment income for 2010 from Part VI, line 5 2a 73. | | |
| b | Income tax for 2010 (This does not include the tax from Part VI) 2b | i | |
| | Add lines 2a and 2b | 2c | 73. |
| | -Distributable-amount before adjustments Subtract line 2c.from line 1 | 3 | 4,897. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 4,897. |
| 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 | 4,897. |
| Pa | rt XII Qualifying Distributions (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 | 0. |
| b | | 1b | 0. |
| 2 | Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | DUITDOSES | 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) | 3b | 0. |
| 4 | Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 0. |
| 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 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 0. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca | culating whet | her the foundation |
| | qualifies for the section 4940(e) reduction of tax in those years | | |

| Pa | The Undistributed Income (see page | 26 of the instruction | 115) | | |
|----|--|-----------------------|--|------|-------------|
| | | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2010 from Part XI, | Corpus | Years prior to 2009 | 2009 | 2010 |
| | line 7 | | | | 4,897. |
| • | Undistributed income, if any, as of the end of 2010 | | | | |
| 2 | , | | | | |
| a | Enter amount for 2009 only | | | | |
| | Total for pnor years 20 08 20 07 ,20 06 | | | | |
| 3 | Excess distributions carryover, if any, to 2010 | | | | |
| | From 2005 | | | | |
| b | From 2006 | | | | |
| С | From 2007 | | | | |
| d | From 2008 | | | | |
| | From 2009 | | | | |
| | Total of lines 3a through e | | | | |
| 4 | Qualifying distributions for 2010 from Part XII, | | | | |
| 7 | line 4 ▶ \$ 0. | | | | |
| _ | | | | | |
| | Applied to 2009, but not more than line 2a | | | | |
| þ | Applied to undistributed income of prior years (Election | | | | |
| | required - see page 26 of the instructions) | | <u>. </u> | | |
| С | Treated as distributions out of corpus (Election | | | | |
| | required - see page 26 of the instructions) | | | | |
| d- | -Applied to 2010 distributable amount— | | | | |
| е | Remaining amount distributed out of corpus | 0. | | | |
| 5 | Excess distributions carryover applied to 2010 | | | | |
| | (If an amount appears in column (d), the same | | | | |
| 6 | amount must be shown in column (a)) Enter the net total of each column as | | | | |
| • | indicated below: | | | | |
| • | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| | , and the second | | | | |
| D | Prior years' undistributed income Subtract 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 2009 Subtract line 4a from line 2a Taxable amount - see page | | | | |
| | 27 of the instructions | | | | |
| f | Undistributed income for 2010 Subtract lines | | | | |
| ' | 4d and 5 from line 1. This amount must be | | | ļ | |
| | distributed in 2011 | | | | 4,897. |
| 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 2005 not | | | | |
| | applied on line 5 or line 7 (see page 27 of the | | | | |
| | instructions) | | | | |
| 9 | Excess distributions carryover to 2011. | 0. | | | |
| | Subtract lines 7 and 8 from line 6a | | | | - |
| | Analysis of line 9 | | | | |
| | Excess from 2006 | | • | | |
| | Excess from 2007 | | | | |
| С | Excess from 2008 | | 1 | | |
| d | Excess from 2009 | | | | |
| _е | Excess from 2010 0. | | | | |

| Pa | rt XIV Private Oper | ating Foundations (| see page 27 of the | instructions an | id Part VII-A, que | estion 9) | NOT A | PPLICABLE |
|------------|--|----------------------------|-----------------------------|----------------------|----------------------|------------|--------------|-------------|
| 1 a | If the foundation has | received a ruling or d | etermination letter that | t it is a private | operating | | | |
| | foundation, and the ruling | g is effective for 2010, e | nter the date of the ruling | | ▶ | | | |
| b | Check box to indicate wh | ether the foundation is a | private operating found | ation described in s | section | 4942() |)(3) or | 4942(j)(5) |
| 2 - | | Tax year | | Prior 3 years | <u> </u> | | (-) | Tatal |
| 2 a | Enter the lesser of the ad- justed net income from Part | (a) 2010 | (b) 2009 | (c) 2008 | (d) 20 | 07 | (e) | Total |
| | I or the minimum investment | | , , | | | | | |
| | return from Part X for each | | | | | | | |
| | year listed | | | | | | · | |
| D | 85% of line 2a | | | | | | | |
| С | Qualifying distributions from Part | | | | | | ŀ | |
| 4 | XII line 4 for each year listed . Amounts included in line 2c not | | | | | | - | |
| d | used directly for active conduct | | | | | | | |
| e | of exempt activities | | | | | | | |
| - | directly for active conduct of | | | | | | | |
| | exempt activities. Subtract line | | | | | | | |
| 3 | 2d from line 2c | | | | | | 1 | |
| | alternative test relied upon | | | | | | | |
| а | Assets" alternative test - enter | 1 | | | | | | |
| | (1) Value of all assets (2) Value of assets qualifying | | | | | | | |
| | under section | | | | | | | |
| b | 4942(j)(3)(B)(i) "Endowment" alternative 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 | | | | |
| | (1) Total support other than gross investment income | | | | | | | |
| | (interest, dividends rents | | | | | | | |
| | payments on securities loans (section 512(a)(5)), | | | | • | | | |
| | or royalties) | | | | | | | |
| | (2) Support from general public and 5 or more | | | | | | | |
| | exempt organizations as | | | | | | | |
| | provided in section 4942 (j)(3)(B)(iii) | | | | | | | |
| | (3) Largest amount of sup- | | | | | | | |
| | port from an exempt organization | | | | | | | |
| | (4) Gross investment income. | | | | | | | |
| Pa | | | omplete this part | | oundation had | \$5,000 | or more | in assets |
| | | | e page 28 of the in | structions.) | | | | |
| 1 | Information Regardin | | | | | | | |
| а | List any managers of | the foundation who h | nave contributed more | e than 2% of th | e total contribution | ons receiv | ed by the | foundation |
| | before the close of any | tax year (but only if the | ney nave contributed r | nore than \$5,00 | iu) (See Section 5 | 07(0)(2)) | • | |
| | ATTACHM | ENT 3 | | | | | | |
| b | List any managers of | the foundation who | own 10% or more of | f the stock of a | corporation (or | an equally | y large por | tion of the |
| | ownership of a partner | rship or other entity) o | f which the foundation | n has a 10% or g | reater interest | | | |
| | | | | | | | | |
| | N/A | | | | | | | |
| 2 | Information Regardin | g Contribution, Grant | , Gift, Loan, ScholarsI | hip, etc., Progran | ms: | | | |
| | Check here ▶ If t | he foundation only | makes contributions | to preselected | charitable organ | izations a | and does | not accept |
| | unsolicited requests t | | | | | | | |
| | organizations under of | her conditions, compl | ete items 2a, b, c, and | ld | | | | |
| а | The name, address, a | nd telephone number | of the person to whor | m applications sh | ould be addressed | ļ | | |
| | ATTACHM | | , | ., | | | | |
| | The form in which app | | bmitted and information | on and materials | s they should inclu | ide | | |
| - | орр | | | | , | | | |
| | ATTACHM | ENT 5 | | | | | - | |
| С | Any submission deadl | ines | | | | | | |
| | THERE ARE | NOT DEADLINES | FOR APPLICATION | NS. | | | | |
| d | Any restrictions or I factors | imitations on awards | , such as by geogr | aphical areas, o | charitable fields, | kinds of | institutions | s, or other |
| | | NO RESCRICTION | S ON GRANTS, S | CHOLARSHIPS | S. ETC. | | | |
| | 1110110 11111 | | | | ., | | | _ |

| art XV Supplementary Information 3 Grants and Contributions Paid Du | (continued) | roved for F | uture Payment | |
|---|---|------------------------|----------------------------------|--------------|
| Recipient | If recipient is an individual, | Foundation status of | | |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | or substantial contributor | - I GOI PIGIN | | |
| a Faid during the year | | } | | |
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| Total | | | , , , ▶ 3a | |
| b Approved for future payment | · · · · · · · · · · · · · · · · · · · | | | |
| b Approved for future payment | | 1 | | |
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| Total | | | ▶ 3b | |

| Form 990-PF | (2010) | | | 27- | -4319466 | Page 12 |
|--------------|---|----------------------|----------------------|-----------------------|----------------------------|---|
| Part XVI | <u> </u> | icing Activ | vities | | | |
| | amounts unless otherwise indicated | | ated business income | Excluded by | y section 512, 513, or 514 | (e) |
| J | | (a) Business code | (b) Amount | (c) Exclusion code | (d) | Related or exempt function income (See page 28 of the instructions) |
| - | service revenue | | | | | the instructions) |
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| f | | | | | | |
| | and contracts from government agencies | | | | | |
| - | ship dues and assessments | | | | | |
| | on savings and temporary cash investments | | | | | |
| | ds and interest from securities | | | 14 | 3,232. | |
| | al income or (loss) from real estate | | | | | |
| a Debt | -financed property | | | | | |
| | debt-financed property | | | | | |
| 6 Net renta | Il income or (loss) from personal property | | | | | |
| 7 Other in | vestment income | | | | | |
| 8 Gain or (| loss) from sales of assets other than inventory | | | 18 | 261. | |
| 9 Net inco | ome or (loss) from special events | | | | | |
| | rofit or (loss) from sales of inventory | | | | | |
| 1-1-Other re | venue -a | | | | | |
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| | | <u> </u> | | <u> </u> | | |
| е | | | | | 4,028. | |
| | Add columns (b), (d), and (e) | | J | | <u> </u> | |
| | dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 | | | | | · · · · · · · · · · · · · · · · · · · |
| Part XVI | | | | Exempt Purp | oses | |
| Line No | Explain below how each activit | | - | | | uted importantly to the |
| | accomplishment of the foundation | | | | | |
| | instructions) | | | | | |
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Part XVII

| Part XVII | Information Regarding Exempt Organizations | Fransfers To and Transaction | s and Relationships With N | oncharitable |
|-------------|--|---|---|-----------------------------------|
| | tion 501(c) of the Code (other than | engage in any of the following with n section 501(c)(3) organizations) or in | · · · · · · · · · · · · · · · · · · · | Yes No |
| a Transfe | ers from the reporting foundation to a n | oncharitable exempt organization of | | |
| (1) Cas | sh | | | 1a(1) X |
| (2) Oth | ner assets | | | 1a(2) X |
| | ransactions | | | |
| | | organization | | 1b(1) X 1b(2) X |
| | | exempt organization | | 10(2) V |
| | | ets | | 1b(3) A 1b(4) X |
| | | | | 1b(5) X |
| | | fundraising solicitations | | 1b(6) X |
| | | ther assets, or paid employees | | 1c X |
| d If the | answer to any of the above is | 'Yes," complete the following schedule | e Column (b) should always show | the fair marke |
| value (| of the goods, other assets, or serv | vices given by the reporting foundation | on If the foundation received less | than fair marke |
| value | | gement, show in column (d) the value | ue of the goods, other assets, or | services received |
| (a) Line no | | | Description of transfers, transactions, and shar | ng arrangements |
| | N/A | N/2 | <u> </u> | |
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| | • | iffiliated with, or related to, one or than section 501(c)(3)) or in section 527? | more tax-exempt organizations | Yes X No |
| b If "Yes | ," complete the following schedule | T | | |
| | (a) Name of organization | (b) Type of organization | (c) Description of relations | hip |
| | | | | |
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| | | | | |
| Sign belie | er penalties of perjury. I declare that I have of, it is true, correct and complete Declaration | examined this return including accompanying of preparer (other than taxpayer or fiduciary) is t | schedules and statements, and to the best obased on all information of which preparer has | of my knowledge and any knowledge |
| Here 5 | Signature of officer or trustee | Date | Title | - '} |
| | Print/Type preparer's name | Preparer's signature | . Date | PTIN |
| Doid | | Marian | LIL al., Check If | |
| Paid | IMandu M Garvie | 2, 41 Venery VV | | P00835432 |
| Preparer | Firm's name BKD, LLP | | Firm's EIN ▶ 44-0 | 160260 |
| Use Only | | | | |
| | OKLAHOMA CI | TY, OK | | 42-7977 |
| | | | F | orm 990-PF (2010 |

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, or 990-PF.

OMB No 1545-0047

2010

Name of the organization Employer identification number THE MCLAUGHLIN DOTY FOUNDATION 27-4319466 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 foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 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 II 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 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)

| lame of organization T | ΉE | MCLAUGHLIN | DOTY | FOUNDATIO | NC |
|------------------------|----|------------|------|-----------|----|

Page of of Part 1
Employer identification number 27-4319466

| Part I | Contributors | (see instructions) |
|--------|--------------|---------------------|
| ганы | CONTINUOUS | (366 11138 4686113) |

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|--------------|-------------------------------------|--------------------------------|---|
| 1_ | BETH DOTY PO BOX 855 HUNT, TX 78024 | \$3,150,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 2 | BETH DOTY PO BOX 855 HUNT, TX 78024 | \$469,576. | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) — No. | Name, address, and ZIP + 4 | Aggregate contributions | (d) Type of contribution |
| 3_ | MARK DOTY PO BOX 855 HUNT, TX 78024 | \$377,628. | Person X Payroll X Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |

Schedule B (Form 990 990-EZ or 990-PF) (2010)

Name of organization THE MCLAUGHLIN DOTY FOUNDATION

Page of of o 27-4319466

| | | | |
|---------|-------------------------------------|-------------|--|
| Part II | Noncash Property (see instructions) | | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | |
|---------------------------|--|--|----------------------|--|
| 2_ | SECURITIES | | 12/22/2010 | |
| | | \$\$ | 12/22/2010 | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | |
| 3 | SECURITIES | | | |
| | | \$\$. | 12/22/2010 | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | |
| | | \ \\$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | |
| | | \$ | | |
| (a) No from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | |
| | | | | |

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

Date Date sold Kind of Property Description acquired Depreciation Gross sale Cost or FMV Adj basis Excess of Gain price less allowed/ other as of as of FMV over or allowable adj basis (loss) 12/31/69 12/31/69 expenses of sale basis TOTAL CAPITAL GAIN DISTRIBUTIONS 535. MORGAN STANLEY: 422-14825-18 07/17/2008 12/29/2010 PROPERTY TYPE: SECURITIES 53,590. 261. 53,329. 796. TOTAL GAIN(LOSS)

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27-4319466

ATTACHMENT 1

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| NET | INVESTMENT | INCOME | 367. | 367. |
|----------------|------------|-------------|-------------|---------|
| REVENUE AND | EXPENSES | PER BOOKS | 367. | 367 |
| | | | | 2.14TOT |
| | | DESCRIPTION | FOREIGN TAX | |

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| AND TRUSTEES |
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| DIRECTORS, |
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| LIST OF OFFICERS |
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|---|---|---|--|
| EXPENSE ACCT AND OTHER ALLOWANCES | .0 | Ċ | 0 |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | .0 | 0 | 0 |
| COMPENSATION | | .0 | 0 |
| COMPEN | | | |
| TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | DIRECTOR 1.00 | DIRECTOR 1.00 | GRAND TOTALS |
| NAME AND ADDRESS | BETH DOTY PO BOX 855 HUNT, TX 78024 | MARK DOTY PO BOX 855 HUNT, TX 78024 | STEPHANIE HERMAN 1418 JACKSON RD KERRVILLE, TX 78028 |

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

BETH DOTY MARK DOTY

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

STEPHANIE HERMAN PO BOX 769 HUNT, TX 78024 830-238-3575

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

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

SCHEDULE D (Form 1041)

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

2010

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

THE MCLAUGHLIN DOTY FOUNDATION

Employer identification number

27-4319466

| Note: Form 5227 filers need to complete only in Part I Short-Term Capital Gains and I | | Held One Ye | ar or Less | | | |
|---|--|--------------------------------|------------------------|---------------------------------------|-----|--|
| (a) Description of property (Example 100 shares 7% preferred of "Z" Co) | (a) Description of property (b) Date acquired (c) Date sold (d) Sales area (e) Cost or other | | | | | |
| 1a | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| b Enter the short-term gain or (loss), if any | , from Schedule D | 0-1, line 1b | | | 1 b | |
| –2 -—Short-term-capital-gain-or-(loss)-from-Fo | rms-4684, - 6252 , - | -6781-,~and-882 | 4 | | _2_ | |
| 3 Net short-term gain or (loss) from partner | erships. S corpora | ations, and othe | r estates or trusts | | 3 | |
| 4 Short-term capital loss carryover Enter | the amount, if an | y, from line 9 o | the 2009 Capital Los | s | 4 | () |
| Carryover Worksheet | ines 1a through 4 | I in column (f) | Enter here and on lir | ne 13, | | , |
| column (3) on the back | | | | | 5 | |
| (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 instruction | | (f) Gain or (loss) for the entire year Subtract (e) from (d) |
| 6a | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | I | |
| b Enter the long-term gain or (loss), if any | from Schedule D | -1, line 6b | | | 6 b | 261. |
| 7 Long-term capital gain or (loss) from Fo | rms 2439, 4684, | 6252, 67 81 , a | nd 8824 | | 7 | |
| 8 Net long-term gain or (loss) from partne | rships, S corpora | tions, and other | estates or trusts . | | 8 | |
| 9 Capital gain distributions | | | | | 9 | 535. |
| | | | | | 10 | |
| 11 Long-term capital loss carryover Enter Carryover Worksheet | | | of the 2009 Capital Lo | | 11 | (|
| 12 Net long-term gain or (loss). Combine lincolumn (3) on the back | • | | Enter here and on li | _ | 12 | 796. |

| Schedule D (Form 1041) 2010 | | | | Page 4 |
|---|-----------------|---------------------------------------|------------------------|---------------------------------------|
| Part III Summary of Parts I and II | | (1) Beneficiaries' | (2) Estate's | (3) Total |
| Caution: Read the instructions before completing | this part | (see instr) | or trust's | (3) 10(a) |
| 13 Net short-term gain or (loss) | 13 | | | |
| 14 Net long-term gain or (loss): | | | | |
| a Total for year | 14a | | | 796. |
| b Unrecaptured section 1250 gain (see line 18 of the wrksht) | 14b | | | |
| c 28% rate gain | | | | |
| 15 Total net gain or (loss). Combine lines 13 and 14a | ▶ 15 | | - = | 796. |
| Note: If line 15, column (3) is a net gain, enter the gain on Form 1041, line 4 (| | -T Part I line 4a) If line | s 14a and 15 column | (2) are net gains go |
| to Part V, and do not complete Part IV If line 15 column (3) is a net loss, comp | olete Part IV a | and the Capital Loss Car | ryover Worksheet, as n | necessary |
| Part IV Capital Loss Limitation | | | ., | |
| 16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 99 | 00-T Part I le | ne 4c if a trust) the sn | naller of | |
| | | | | |
| a The loss on line 15, column (3) or b \$3,000 Note: If the loss on line 15, column (3), is more than \$3,000 or if Form 104 | | e 22 (or Form 990-T. II | ne 34), is a loss comp | olete the Capital Loss |
| Carryover Worksheet on page 7 of the instructions to figure your capital loss ca | rryover | | | |
| Part V Tax Computation Using Maximum Capital Gains | Rates | | | |
| Form 1041 filers. Complete this part only if both lines 14a and 15 ir | n column (2 | ?) are gains, or an an | nount is entered in F | Part I or Part II and |
| there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is | | | | |
| Caution: Skip this part and complete the worksheet on page 8 of the i | nstructions | ıf | | |
| Either line 14b, col (2) or line 14c, col (2) is more than zero, or | | | | |
| Both Form 1041, line 2b(1), and Form 4952, line 4g are more than | | | | |
| Form 990-T trusts. Complete this part only if both lines 14a and | 15 are gair | ns, or qualified divide | ends are included in | n income in Part I |
| of Form 990-T, and Form 990-T, line 34, is more than zero. Skip th | ns part and | complete the works | sneet on page 8 of | the instructions if |
| either line 14b, col (2) or line 14c, col (2) is more than zero | | | | |
| 17 Enter taxable income from Form 1041, line 22 (or Form 990-T, | line 34) . | 17 | | |
| 18 Enter the smaller of line 14a or 15 in column (2) | | | | |
| but not less than zero | | | | |
| 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 | | | | |
| 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 | | | | |
| 3, | | 22 | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| 23 Subtract line 22 Holli line 17 Il 2010 of 1033, Cittor 0 | | | | |
| 24 Enter the smaller of the amount on line 17 or \$2,300 | | 24 | | |
| | | . 27 | | |
| 25 Is the amount on line 23 equal to or more than the amount on I | | | | |
| Yes. Skip lines 25 and 26, go to line 27 and check the "No | | 25 | j l | |
| No. Enter the amount from line 23 | | | | |
| 26 Subtract line 25 from line 24 | | 26 | | |
| 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 | e 17 or line 22 | 27 | | |
| | | | | |
| Enter the amount from line 26 (If line 26 is blank, enter -0-) | | 28 | | |
| | | | | |
| 29 Subtract line 28 from line 27 | | 29 | | |
| 30 Multiply line 29 by 15% (15) | | | | |
| 31 Figure the tax on the amount on line 23 Use the 2010 Ta | x Rate Sch | nedule for Estates a | nd Trusts | |
| (see the Schedule Ginstructions in the instructions for Form 10 | 141) | | 31 | |
| | | | | |
| 32 Add lines 30 and 31 | | | 32 | |
| 33 Figure the tax on the amount on line 17 Use the 2010 Ta | x Rate Sch | nedule for Estates a | nd Trusts | · · · · · · · · · · · · · · · · · · · |
| (see the Schedule Ginstructions in the instructions for Form 10 | | | اعدا | |
| 34 Tax on all taxable income. Enter the smaller of line 32 or lin | | | | |
| G, line 1a (or Form 990-T, line 36) | | | | |
| O, mic 14 (0) 1 0 mi 000 1, mic 00/ | · · · · | <u> </u> | | |

Name of estate or trust, as shown on Form 1041. Do not enter name and employer identification number if shown on the other side THE MCLAUGHLIN DOTY FOUNDATION

Employer identification number 27-4319466

| Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year | | | | | | | | |
|---|--|----------------------------------|--|--|---|--|--|--|
| (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 (d) | | | |
| 6a MORGAN STANLEY: | | | | | | | | |
| 422-14825-18 | 07/17/2008 | 12/29/2010 | 53,590. | 53,329. | 261. | | | |
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| | olumn (f) Enter here a | | | | 261 | | | |

| Form 8868 (R | ev.1-2011) | | | | Page 2 | | |
|------------------------------|---|---|------------------------------|-------------------------------------|--------------------------------|--|--|
| • If you are | e filing for an Additional (Not Automatic) 3-M | onth Exter | ision, complete only Par | t II and check this box | . ▶ X | | |
| Note Only | complete Part II if you have already been gra | inted an au | tomatic 3-month extensi | on on a previously filed Form 886 | 88 | | |
| • If you are | e filing for an Automatic 3-Month Extension, | complete o | only Part I (on page 1) | | | | |
| Part II | Additional (Not Automatic) 3-Month E. | xtension o | of Time. Only file the o | riginal (no copies needed) | | | |
| Type or | Name of exempt organization | | | | Employer identification number | | |
| print | THE MCLAUGHLIN DOTY FOUNDATI | ON | | 27-431946 | 6 | | |
| File by the | Number, street, and room or suite no. If a P.O. bo | Number, street, and room or suite no. If a P.O. box, see instructions | | | | | |
| extended | 1418 JACKSON RD | | | | | | |
| filing your | De date for | | | | | | |
| retum See VEDDUTILE TV 70020 | | | | | | | |
| instructions | | · | | | | | |
| Enter the R | eturn code for the return that this application | is for (file a | a separate application for | each return) | 0 4 | | |
| Application | 1 | Return | Application ATCO | 8.5. | Return | | |
| Is For | | Code | Is For | NAL PENELLE SEL | Code | | |
| Form 990 | | 01 | OKÍŠ | HOWA CITY OF THE | ; [| | |
| Form 990-E | 3L | 02 | Form 1041-A | HOMA CITY OF TYCE | 08 | | |
| Form 990-E | Z | 03 | Form 4720 | 73102 | 09 | | |
| Form 990-P | | 04 | Form 5227 | AUG 12 2011 | 10 | | |
| | (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | 11 | | |
| | (trust other than above) | 06 | Form 8870 | | 12 | | |
| | not complete Part II if you were not already | | automatic 3-month ext | ension en a previously filed Fo | rm 8868 | | |
| | ks are in the care of ▶ BKD, LLP | | | 42200 | | | |
| | ne No ▶ 405 842-7977 | | AX No ▶ 405 600 |)=9799 | | | |
| | anization does not have an office or place of | — business ir | the United States, check | this box | ▶ 🗀 | | |
| - | for a Group Return, enter the organization's fo | | | | this is | | |
| | le group, check this box ▶ | • | | | ttach a | | |
| | names and EINs of all members the extension | | | | | | |
| 4 I requ | est an additional 3-month extension of time u | ntıl | | 11/15 . 20 11 | | | |
| 5 For ca | alendar year , or other tax year beginni | ing | 12/14, 20 10 , | and ending 12/31 | , 20 10 | | |
| | tax year entered in line 5 is for less than 12 m | | ck reason X Initial ref | urn Final return | | | |
| | Change in accounting period | | | | | | |
| 7 State | in detail why you need the extension | | _ | | | | |
| ADDI | TIONAL TIME IS REQUIRED TO ACC | CUMULATE | THE INFORMATION | NECESSARY TO | | | |
| FILE | A COMPLETE AND ACCURATE RETUR | RN. | | | | | |
| | | | | | | | |
| 8a If this | application is for Form 990-BL, 990-PF, 99 | 90-T, 4720 | , or 6069, enter the te | entative tax less any | 000 | | |
| nonre | fundable credits. See instructions | | | 8a \$ <u></u> | <u> </u> | | |
| b If this | application is for Form 990-PF, 990-T, | 4720, or | 6069, enter any ref | undable credits and | | | |
| estima | ated tax payments made. Include any pr | or year o | overpayment allowed a | s a credit and any 📆 🤈 | $\alpha \wedge \wedge$ | | |
| amoui | nt paid previously with Form 8868 | | | 8b\$ | ,000 | | |
| c Balan | ce Due. Subtract line 8b from line 8a Include | your paym | ent with this form, if req | uired, by using EFTPS | 16110 | | |
| (Elect | ronic Federal Tax Payment System). See instru | ictions | | 8c \$_ <u>\</u> | IONE | | |
| | Siar | nature an | d Verification | | | | |
| | s of perjury 1 declare that I have examined this form it, and complete, and that I am authorized to prepare this for | | companying schedules and sta | ements and to the best of my knowle | edge and belief | | |
| Signature > | Mandy More | | Title - CPA | Date ► 8 1 2 | 111 | | |
| | ' / | | | Form 886 | B (Rev 1-2011) | | |