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990-PF Department of the Treasury

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of this return to satisfy state re

OMB No 1545-0052

2010

Int	emai Re	evenue service Note: The Todildatio		be able to t					ung re	quirernerns		722	11
		lendar year 2010, or tax year begin		Т.		01 , 2010						/30 , 20	11
G	Che	ck all that apply: Initial return		! <u>'</u>		of a former p	oublic cha	— i		L	Final re	eturn	
_		Amended re	eturn		Addre	ss change		N	ame o	change			
Na	ame o	of foundation							A Em	ployer ident	afication num	ber	
A	LLE	N FAMILY CHARITABLE FOUR	ITAGV	ON						20	-549014	13	
Νι	ımbei	r and street (or P O box number if mail is not	delivere	d to street add	dress)		Room/su	ute	B Tele	phone numb	er (see page 10	of the instru	ctions)
1	010	WEST MAPLE								()	-	
Cı	ty or	town, state, and ZIP code							C If ex	emption appl	lication is		$\cdot \square$
									•	-	zations, check h	ere . ▶	$\cdot \square$
Ε	NID	, ок 73703									zations meeting		
Н	Che	ck type of organization. X Section	n 501(c)(3) exen	npt private f	foundation					k here and attac		\Box
ſ		ection 4947(a)(1) nonexempt charitable	•	$\overline{}$		ivate founda	tion			•			
Ť						ash Acc					tion status was t 7(b)(1)(A), check	_	\Box
	of ve	ear (from Part II, col (c), line	$\overline{}$	ther (spec							is in a 60-month		
						cash basis)					is iii a 60-momi (b)(1)(B), check	_	1 1
E		Analysis of Revenue and Expense				<u> </u>						burseme	
		total of amounts in columns (b), (c), and	(d)		enue and ises per	(b) Net inve		(0		sted net		haritable	;
		may not necessarily equal the amounts column (a) (see page 11 of the instruction	ın ons))		oks	ıncon	ie .		inco	nne		irposes basis on!	lv)
<u>,</u> –	1	Contributions, gifts, grants, etc., received (attach sche		8,	353,211.	ATCH :	1				(00311	240,0 011	· <i>s</i> /
5	2	if the foundation is not requi	red to										
	3	Check ▶ ☐ attach Sch B			8,724.		8,724.				ATC	H 2	
,	4	Dividends and interest from securities			38,976.	3	8,976.				ATC		
	l i	Gross rents									1110		
;	l	Net rental income or (loss)							-				
	l	Net gain or (loss) from sale of assets not on lii			3,467.								
Revenue	b	Gross sales price for all 1.052	221.		<u> </u>								
ķ	l _	assets on time oa					3,467.						
8	7	Capital gain net income (from Part IV, lir			,								
	8 9	Net short-term capital gain								_			
	_	Gross sales less returns							Γ				
	۱ .	Less Cost of goods sold .							\top	KEC	TEIVEE) 	
		Gross profit or (loss) (attach schedule)			·				1 1			78	
	11	Other income (attach schedule)							18	MAY	2 9 2012	नि	
	12	Total. Add lines 1 through 11		8,	404,378	. 5	51,167.		101	1417-11	2 0 20.12	잃	
_				,	0.		•		\top	005			
	13	Compensation of officers, directors, trustees, of Other employee salaries and wages								UGL	DEN, U	<u> </u>	$\vdash \vdash$
es		Pension plans, employee benefits									+		
Sus	15										_		
Administrative Expenses	16a	Legal fees (attach schedule)									-		
e											-		
Ě	, - c	Other professional fees (attach schedule	•								-		
ĭtra	17	Interest						 			+		
造	18	Taxes (attach schedule) (see page 14 of the instri											
Ξ	19	Depreciation (attach schedule) and dep									_		
Ac	20	Occupancy				 		-					
Ē	21 22	Travel, conferences, and meetings						\vdash			-		
9	22	Printing and publications ATC			20,144	,	20,144.				 		
튜	23	Other expenses (attach schedule) ATC			20,177		. ,					·	
Operating	24	Total operating and administrative exp			20,144	.	20,144.						
Õ		Add lines 13 through 23			343,890	 	.0,144.	 				2/12	,890
_	25	Contributions, gifts, grants paid				1	0 1 1 1	<u> </u>					
_	26	Total expenses and disbursements Add lines 24	and 25	-	364,034	4	20,144.			_	-	343	,890
	27	Subtract line 26 from line 12			040 244								
	ı	Excess of revenue over expenses and disbursement		8,	040,344	 	1 000	ļ					
	l	Net investment income (if negative, ent	,		 -	3	31,023.						
	C	Adjusted net income (if negative, enter	-0-)			1							

Ε	art II	Attached schedules and amounts in the description column should be for end-of-ye	Beginning of year		End c	of year
- -	@	amounts only (See instructions)	(a) Book Value	(b) Book Value	:	(c) Fair Market Value
	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments		145,	530.	145,530
	3	Accounts receivable ▶	.			
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				-
	6	Receivables due from officers, directors, trustees, and oth		-,-		
		disqualified persons (attach schedule) (see page 15 of the instruction				
	7	Other notes and loans receivable (attach schedule)	·			
		Less allowance for doubtful accounts ▶				
	8					
ssets	9	Inventories for sale or use Prepaid expenses and deferred charges				
SS						
⋖		Investments - U.S. and state government obligations (attach schedule).		9,132,	165	9,132,465
		Investments - corporate stock (attach schedule)	•	3,132,	100.	3,132,403
	11	Investments - corporate bonds (attach schedule)	. –			
	12	Investments - mortgage loans				
	13 14	Investments - other (attach schedule) Land, buildings, and equipment basis				
		Less accumulated depreciation				
	15	(attach schedule) Other assets (describe				
	16	Total assets (to be completed by all filers - see the				
		Instructions Also, see page 1, item I)		9,277,9	995.	9,277,995
_		Accounts payable and accrued expenses		3,2,1,1	-	372717333
	18	6	i .			
co.	19					
Liabilities		Deferred revenue	•	- · · ·		
₫		Loans from officers, directors, trustees, and other disqualified persons				
Ë	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe	'			
	23	Total liabilities (add lines 17 through 22)			0.	
_		-				
s		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 3	1 <mark>1</mark> .			
ည	24 25 26	Unrestricted	714 605	0 077 (205	
<u>a</u>	25	Temporarily restricted	·	9,277,9	995.	
ă	26	Permanently restricted				
핕		Foundations that do not follow SFAS 117,				
Fund		check here and complete lines 27 through 31. ▶	_]			
ō		Capital stock, trust principal, or current funds	•			
Net Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund \dots				
SS	29	Retained earnings, accumulated income, endowment, or other funds $\ \ .$	•			
t A	30	Total net assets or fund balances (see page 17 of the	ne			
ž		instructions)	714,685.	9,277,9	95.	
	31	Total liabilities and net assets/fund balances (see page 1	7			
		of the instructions)	714,685.	9,277,9	95.	
P	art II					
1	Total	net assets or fund balances at beginning of year - Pa		must agree with		
					1	714,685
2					2	8,040,344
3	Othe	r amount from Part I, line 27a r increases not included in line 2 (itemize) ▶ATTA(CHMENT 5		3	522,966
4	Add	linon 1 7 and 2			4	9,277,995
		eases not included in line 2 (itemize) >			5	
		net assets or fund balances at end of year (line 4 minu	us line 5) - Part II, column (b	\ line 30	6	9,277,995
<u> </u>		mer according to famo paramood at one of year (mile 4 million	as mis of farth, column (b	7, iii 0 0 0	_ U	3,2,,,333

Part IV Capital Gains	and Losses for Tax on Inve	estment Income			Page
	d describe the kind(s) of property sold ((b) How acquired	(c) Date acquired	(d) Date sold
<u></u>	rick warehouse, or common stock, 200	shs MLC Co)	P-Purchase D-Donation	(mo , day, yr)	(mo , day, yr)
a SEE PART IV SCHE	DULE				
<u>b</u>					
c				<u> </u>	
d					
<u>e</u> _					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo	
a					
b					
С				<u> </u>	
d					
e					
Complete only for assets	showing gain in column (h) and owner	d by the foundation on 12/31/69	m	Gains (Col (h) g	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		(k), but not less t Losses (from co	han -0-) or
a			1		
b					
С				·	
d					
e					
		gain, also enter in Part I, line 7			
Capital gain net income or		(loss), enter -0- in Part I, line 7	2		3,467.
Net short-term capital gain	or (loss) as defined in sections 12				
	line 8, column (c) (see pages 13				
	ıne 8		3		
Part V Qualification U	Inder Section 4940(e) for Rec	duced Tax on Net Investment I	ncome		
		utable amount of any year in the b	ase perio	d?	Yes X No
	not qualify under section 4940(e)				· · · · · ·
	ount in each column for each year	, see page 18 of the instructions be	efore mak		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets	<u> </u> 	(d) Distribution ra (col (b) divided by	
2009	62,671.	679,927.			0.092173
2008	116,415.	737,881.			0.157769
2007	123,385.	966,129.			0.127711
2006	2,699.	725,928.			0.003718
2005					
	-				
Total of line 1, column (d)			2		0.381371
Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			
number of years the found	fation has been in existence if less	than 5 years	3		0.095343
•		,			-
Enter the net value of non	charitable-use assets for 2010 from	m Part X, line 5	4	4,	921,395.
		,			
Multiply line 4 by line 3			5		469,221.
Enter 1% of net investmer	nt income (1% of Part I, line 27b)	. 	6		310.
Add lines 5 and 6			7		469,531.
Enter qualifying distribution	ns from Part XII, line 4		8		343,890.
If line 8 is equal to or green	aler than line 7, check the box ii	n Part VI, line 1b, and complete t	hat part	using a 1% tax	rate. See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he 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		- 6	520.
	here and enter 1% of Part I, line 27b			
C	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			520.
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			520.
6	Credits/Payments			
а				
b	Exempt foreign organizations-tax withheld at source 6b 0.			
С	rax paid with application for extension of time to like (Form 6666)			
d			6	335.
7	Total credits and payments Add lines 6a through 6d			
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			15.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Par	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 15. Refunded ▶ 11 t VII-A Statements Regarding Activities			
		T	Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	res	No X
.	participate or intervene in any political campaign?	Id		
ь		1ь		Х
	of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	10		
	published or distributed by the foundation in connection with the activities			
		1 c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
Ğ	(1) On the foundation \$\ (2) On foundation managers \$\			
	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			
_	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	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
	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			
	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	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) > OK,			
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	8 b	Х	<u> </u>
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 ATTACHMENT 6	10	X	<u> </u>

Par	rt 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		X
12				
		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	NI / 70			_
14	The books are in care of MANDY M. GARVIE Telephone no 405-84:	2-79	77	
	Website address ► N/A The books are in care of ► MANDY M. GARVIE Telephone no Located at ►211 N ROBINSON AVE, STE 600 OKLAHOMA CITY, OK ZIP+4 ► 73102-	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		-	
16			Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter			
	the name of the foreign country			
Par	rt 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.		Yes	No
1 a	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?			
	(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)?			
	(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			
	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
		1ь		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1.5		
_	Organizations relying on a current notice regarding disaster assistance check here		i l	
	were not corrected before the first day of the tax year beginning in 2010?	1c		Х
•				
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	a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?			
	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) to	2ь		
_	all years listed, answer "No" and attach statement - see page 22 of the instructions)	1	 -	
C	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
2 -	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
3 8	· ' ' v			
	at any time during the year?			
	b If "Yes," did it have excess business holdings in 2010 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	Ì		
	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	2 -		
	foundation had excess business holdings in 2010)	3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a		
t	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4		х
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		

Par	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		
5 a	During the year did the foundation pay or incur any amou	nt to				
	(1) Carry on propaganda, or otherwise attempt to influen	ce legislation (section	4945(e))?	Yes X No	,	
	(2) Influence the outcome of any specific public election	•	• •			
	directly or indirectly, any voter registration drive?	· · · · · · · · · · · · · · · · · · ·		Yes X No	•	
	(3) Provide a grant to an individual for travel, study, or other	er sımılar purposes?		YesX No	,	
	(4) Provide a grant to an organization other than a charge	table, etc , organizatio	n described in			
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the ins	structions)	. Yes X No	•	
	(5) Provide for any purpose other than religious, charital	ole, scientific, literary,	or educational			
	purposes, or for the prevention of cruelty to children o	r anımals?		. Yes X No	,	
b	If any answer is "Yes" to 5a(1)-(5), did any of the transa	actions fail to qualify	under the exceptions	described in		
	Regulations section 53 4945 or in a current notice regard	ing disaster assistanc	e (see page 22 of the	nstructions)?	5b	
	Organizations relying on a current notice regarding disast	er assistance check h	ere	▶□		
С	If the answer is "Yes" to question 5a(4), does the foundation	tion claim exemption	from the tax			
•	because it maintained expenditure responsibility for the gr	ant?		. LYesX No	,	
	If "Yes," attach the statement required by Regulations sect	ıon 53 4945-5(d)				
6 a	Did the foundation, during the year, receive any funds, d	rectly or indirectly, to	pay premiums			
	on a personal benefit contract?			. Yes X No	•	
b	Did the foundation, during the year, pay premiums, direc	tly or indirectly, on a j	personal benefit contrac	:t?	6b	X
_	If "Yes" to 6b, file Form 8870					
	At any time during the tax year, was the foundation a par	•	•		-	
	If "Yes," did the foundation receive any proceeds or have type Information About Officers, Directors					
	and Contractors					
1	List all officers, directors, trustees, foundation m					
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
	ma charam 7		0	0		0
ΑI	TACHMENT 7		0.	-0-		0-
	Compensation of five highest-paid employees (ot	ner than those inc	luded on line 1 - se	e page 23 of the inst	ructions).	
	If none, enter "NONE."			· -		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit	(e) Expense	
·		devoted to position	.,	plans and deferred compensation	other allo	wances
	NONE					
					•	
Tata	I number of other employees and ever \$50,000			<u>.</u> .		
ıota	I number of other employees paid over \$50,000 .			 	<u> </u>	<u> </u>

. . .

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employand Contractors (continued)	yees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If no	one, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services ▶	NONE
	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	
organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N/A	
100	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	Alliount
NONE	
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	ons,
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	4,995,944.
b	Average of monthly cash balances	1b	396.
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	4,996,340.
е	Reduction claimed for blockage or other factors reported on lines 1a and	<u> </u>	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	1 2	0.
3	Subtract line 2 from line 1d	3	4,996,340.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of	 	
	the instructions)	4	74,945.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,921,395.
6	Minimum investment return. Enter 5% of line 5	6	246,070.
_	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva	te operating	· · · · · · · · · · · · · · · · · · ·
	foundations and certain foreign organizations check here and do not complete this		
1	Minimum investment return from Part X, line 6	1	246,070.
2a	Tax on investment income for 2010 from Part VI, line 5 20		<u> </u>
b	Income tax for 2010 (This does not include the tax from Part VI)	1	
C	Add lines 2a and 2b	2c	620.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	245,450.
4	Recoveries of amounts treated as qualifying distributions		
5		5	245,450.
6	Add lines 3 and 4 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	245,450.
_		1	
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	343,890.
b	Program-related investments - total from Part IV-R	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
		2	0.
3	Amounts set aside for specific charitable projects that satisfy the	- -	
a	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	343,890.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		- 10,000.
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Additional according to a strategy of the Control o	6	343,890.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years	iculating Will	strict the loundation

Form **990-PF** (2010)

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
	line 7				245,450.
2	Undistributed income, if any, as of the end of 2010		-		†
	Enter amount for 2009 only				
h	Total for prior years 20 08 20 07 20 06		-		
3	Excess distributions carryover, if any, to 2010			· -	-
	From 2005				
b	From 2006				
c	From 2007 46, 343.				
d	70 (52				
	From 2009				
	Total of lines 3a through e	154,704.			
4	Qualifying distributions for 2010 from Part XII.				
	line 4 ▶ \$343,890.				
а	Applied to 2009, but not more than line 2a		-		
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
¢	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2010 distributable amount				245,450.
е	Remaining amount distributed out of corpus	98,440.			
5	Excess distributions carryover applied to 2010				
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	253,144.			
b	Prior years' undistributed income Subtract				
c	line 4b from line 2b 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	İ			
	27 of the instructions			-	
f	Undistributed income for 2010 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2011.				
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.	-			
3	Subtract lines 7 and 8 from line 6a	253,144.			,
10	Analysis of line 9				
	Excess from 2006				
	Excess from 2007				
	Excess from 2008				
	Excess from 2009 28,708.				
	Excess from 2010 98, 440 .				
		·			

Pa	rt XIV Private Oper	ating Foundations	see page 27 of the	instructions and Par	t VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private opera	iting	-
	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 section	4942(J)	(3) or 4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
2 a	justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	or the minimum investment					
	return from Part X for each year listed					
b	85% of line 2a	-				
c						
·	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not				_ := :-	
	used directly for active conduct					
e	of exempt activities					
•	directly for active conduct of					
	exempt activities. Subtract line					
3	2d from line 2c Complete 3a, b, or c for the					
	afternative test relied upon					
а	"Assets" alternative test - enter					
	(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,					
С	line 6 for each year listed					
٠	"Support" alternative test - enter (1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)),					
	or royalties)					·
	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					
D.	(4) Gross investment income. art XV Supplement	any Information (C	complete this part	only if the found:	ation had \$5,000	or more in assets
	at any time	during the vear - se	e page 28 of the in	structions.)	ation nad \$0,000	or more in assets
1	Information Regardin					
	List any managers of	the foundation who	have contributed mor	e than 2% of the tota	contributions receive	ed by the foundation
	before the close of any	y tax year (but only ıf t	hey have contributed	more than \$5,000). (Se	ee section 507(d)(2))	
	ATTACHM	ENT 8				
b	List any managers of		own 10% or more o	f the stock of a corpo	oration (or an equally	large portion of the
	ownership of a partne					
	N/A					
2	Information Regardin	g Contribution, Gran	t, Gift, Loan, Scholars	hip, etc., Programs:		
	Check here ▶ ıf 1	the foundation only	makes contributions	to preselected charit	table organizations ai	nd does not accept
					28 of the instruction	ns) to individuals or
	organizations under of	ther conditions, compl	ete items 2a, b, c, and	l d		
а	The name, address, a ATTACHM	· ·	of the person to who	m applications should b	e addressed	
b	The form in which app	olications should be su	ibmitted and informati	on and materials they	should include	
_	ATTACHM					
C	Any submission deadl	11105				
			R APPLICATIONS			
d	Any restrictions or I factors:	imitations on awards	s, such as by geogr	aphical areas, charita	ble fields, kinds of i	nstitutions, or other

THERE ARE NO RESTRICTIONS ON GRANTS, SCHOLARSHIPS, ETC.

3 Grants and Contributions Paid Du	iring the Year or Appr			
Recipient	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
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
ATTACHMENT 11				
ATTACHMENT II				
			<u> </u>	
Total			▶ 3a	343,890
b Approved for future payment				
			1	
Total		L <u></u>	▶ 3b	
1631241			- 3bl	

art XVI-A Analy	sis of Income-Produ	cing Acu	, ities	7		
er gross amounts unl	ess otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt function income
Program service rever	nue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
a						
					_	
f						
q Fees and contracts	from government agencies					
_	d assessments				·	•
	temporary cash investments			14	8,724.	
	st from secunties			14	38,976.	
	(loss) from real estate			1		
	pperty					-
	I property					·
	ss) from personal property			† - · · · ·		
	ome					
	s of assets other than inventory			18	3,467.	
• •	from special events					
	from sales of inventory					
				 		
				 		
r						
			· · · · · · · · · · · · · · · · · · ·	+		
d						
de	os (h) (d) and (e)			 	51,167.	
e Subtotal Add column Total. Add line 12, co e worksheet in line 1 art XVI-B Relat	3 instructions on page 29 tionship of Activities	to verify calc	ulations) complishment of Ex	empt Purp	51,16713 oses e) of Part XVI-A contrib	51,1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 art XVI-B Relations ne No. Explain to accompliance	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp		51, 1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 Int XVI-B Relati ne No. Explain to accompli	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51, 1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 Int XVI-B Relation Review Replain to accompliance accompliance Review	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51, 1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 art XVI-B Relations ne No. Explain to accompliance	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51, 1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 Int XVI-B Relation Review Replain to accompliance accompliance Review	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51, 1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 Int XVI-B Relation Review Replain to accompliance accompliance Review	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51, 1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 art XVI-B Relations ne No. Explain to accompliance	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51, 1
Subtotal Add column Total Add line 12, co e worksheet in line 1 Int XVI-B Relation Re No. Explain to accompli	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51, 1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 Int XVI-B Relation Review Replain to accompliance accompliance Review	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51, 1
Subtotal Add column Total Add line 12, co e worksheet in line 1 Int XVI-B Relation Re No. Explain to accompli	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51, 1
Subtotal Add column Total Add line 12, co e worksheet in line 1 Int XVI-B Relation Re No. Explain to accompli	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51, 1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 Int XVI-B Relati ne No. Explain ta	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51, 1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 Int XVI-B Relati ne No. Explain ta	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51, 1
Subtotal Add column Total Add line 12, co e worksheet in line 1 Int XVI-B Relation Re No. Explain to accompli	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51, 1
Subtotal Add column Total Add line 12, co e worksheet in line 1 Int XVI-B Relation Re No. Explain to accompli	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51, 1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 art XVI-B Relations ne No. Explain to accompliance	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51, 1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 Int XVI-B Relation Review Replain to accompliance accompliance Review	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51,1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 Int XVI-B Relation Review Replain to accompliance accompliance Review	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51, 1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 art XVI-B Relations ne No. Explain to accompliance	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51, 1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 art XVI-B Relati ne No. Explain to accompli	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51, 1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 art XVI-B Relations ne No. Explain to accompliance	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51, 1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 art XVI-B Relati ne No. Explain to accompli	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51,1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 art XVI-B Relati ne No. Explain to accompli	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51,1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 art XVI-B Relati ne No. Explain to accompli	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51,1
Subtotal Add column Total. Add line 12, co e worksheet in line 1 art XVI-B Relati ne No. Explain to accompli	olumns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	empt Purp	oses e) of Part XVI-A contrib	51,1

Part XVII	Information I Exempt Orga		ransfers To and	Transactio	ons and Rel	ationships With	Nonchar	itable
ın sec organız	tion 501(c) of the Co ations?	ode (other than	section 501(c)(3) or	ganızatıons) or		organization described 7, relating to political	Yes	No
	ers from the reporting fo sh		· · ·				1a(1)	х
(2) Oth	ner assets						1a(2)	X
	ransactions							,
							1 1	$\frac{X}{X}$
								$\frac{1}{X}$
								X
							I I	X
								X
							1 1	X
d If the	answer to any of t	he above is "	Yes," complete the f	ollowing sched	dule Column (I	b) should always show	w the fair	market
	•	•	•			oundation received less		
						oods, other assets, or	-	
(a) Line no	(b) Amount involved N/A	(c) Name of r	noncharitable exempt organ		a) Description of the	ansfers, transactions, and sha	anng arrangen	ents
					.,			
						_		
						·		
					·			
							-	
describ	foundation directly bed in section 501(c) of s," complete the following	the Code (other t				empt organizations	Yes [X No
<u>D II TES</u>	(a) Name of organization		(b) Type of org	janization		(c) Description of relation	nship	
			, , , , ,	·		· · · · · · · · · · · · · · · · · · ·		
	•							
							-	
Sign belie	ler penalties of perjury, 1 d ef, it is true, correct, and cor	eclare that I have on the property of the prop	examined this return, inclu of preparer (other than tax)	ding accompanyii payer or fiduciary)	ng schedules and sis based on all info	statements, and to the best	of my knowled	edge and Ige
Here	<u> </u>	<u> </u>		7.1	3.10	Title		
;	Signature of officer or trusted Print/Type preparer's		reparer's signatur	Date	Date	Title	PTIN	
Paid	mande	16arvi	e Maney	6	e 5/9	Check If		132
Preparer	Firm's name	D, LLP				Firm's EIN ▶ 44-0	0160260	
Use Only	· · · · · · · - · · · · · · · · · · ·			00	72100 01	21 - 225	040 707	7
	I OF	CLAHOMA CIT	ry, ok		73102-94	1 Hone no	842-7977 Form 990-P	

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
ALLEN FAMILY CHARI	TABLE FOUNDATION	20-5490143
Organization type (check or	ne)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a priva	ate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private f	oundation
	501(c)(3) taxable private foundation	
General Rule	o(7), (8), or (10) organization can check boxes for both the General Rule and the control of the	
	y one contributor Complete Parts I and II.	-,,
Special Rules		
sections 509(a)(1	(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% supp) and 170(b)(1)(A)(vi), and received from any one contributor, during th 000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) For	ne year, a contribution of the
the year, aggrega	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received ate contributions of more than \$1,000 for use exclusively for religious, choses, or the prevention of cruelty to children or animals. Complete Parts	naritable, scientific, literary, or
the year, contribu aggregate to mor year for an <i>exclus</i> i applies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received itions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these than \$1,000. If this box is checked, enter here the total contributions <i>ively</i> religious, charitable, etc., purpose. Do not complete any of the part ganization because it received nonexclusively religious, charitable, etc.,	se contributions did not that were received during the ts unless the General Rule contributions of \$5,000 or more
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does no nust answer "No" on Part IV, line 2 of its Form 990, or check the box on o certify that it does not meet the filing requirements of Schedule B (For	n line H of its Form 990-EZ, or on
For Paperwork Reduction Act No.	tice see the Instructions for Form 990, 990-F7, or 990-PF Scl	hedule 8 (Form 990, 990-FZ, or 990-PF) (2010)

Page	of	of Part I

Name of organization ALLEN FAMILY CHARITABLE FOUNDATION

Employer identification number 20-5490143

Part Contributors	(see instructions)
---------------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	MARK ALLEN 15708 FAIRVIEW FARM BLVD EDMOND, OK 73013	\$354,600.	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
2_	MARK ALLEN 15708 FAIRVIEW FARM BLVD EDMOND, OK 73013	\$1,657,718.	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
- 3 	GREG ALLEN 1515 LONDON ROAD CHARLOTTESVILLE, VA 22901	\$1,047,713.	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
No.	Name, address, and ZIP + 4 PAUL ALLEN 38 WOODLANDS	Aggregate contributions	Person X Payroll X Noncash (Complete Part II if there is
No4 (a)	PAUL ALLEN 38 WOODLANDS ENID, OK 73703 (b)	\$2,247,373.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 4 4	Name, address, and ZIP + 4 PAUL ALLEN 38 WOODLANDS ENID, OK 73703 (b) Name, address, and ZIP + 4 CORNHUSKER, LLC 1515 LONDON ROAD	\$2,247,373. (c) Aggregate contributions	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

of Part II

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

Name of organization ALLEN FAMILY CHARITABLE FOUNDATION

Employer identification number 20-5490143

of

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	PUBLICLY TRADED SECURITIES		
		\$	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	PUBLICLY TRADED SECURITIES		
		\$1,047,713.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	PUBLICLY TRADED SECURITIES		
		\$\$.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	PUBLICLY TRADED SECURITIES	_	
		\$3,045,807.	VARIOUS
(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
		<u> </u>	

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

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

Name of estate or trust Employer iden					Employer identifi	ntification number		
A	LLEN FAMILY CHARITABLE FOUND	ATION			20-54901	.43		
Note	: Form 5227 filers need to complete only Pa	rts I and II						
Part	Short-Term Capital Gains and Lo	sses - 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 instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)	
1a					1		<u> </u>	
		-						
								
						- 1		
			<u> </u>	L			 _	
b	Enter the short-term gain or (loss), if any, f	rom Schedule D)-1, line 1b			1b	1,924.	
2	Short-term capital gain or (loss) from Form	ns 4684, 6252,	6781, and 882	24	<i></i>	2		
3	Net short-term gain or (loss) from partners					3		
4	Short-term capital loss carryover. Enter the			•			,	
-	Carryover Worksheet			Enter have and an li		4		
5	column (3) on the back	_	· ·		•	5	1,924.	
Par		s - Assets Held	More Than Or	ne Year	· · · · · · · · · · · · · · · · · · ·			
	(a) Description of property	(b) Date acquired			(e) Cost or other	basis	(f) Gain or (loss) for	
	(Example 100 shares 7% preferred of "Z" Co)	(mo , day, yr)	(mo , day, yr)	(d) Sales price	(see instructio		the entire year Subtract (e) from (d)	
6a								
LC	ONG-TERM CAPITAL GAIN DIVIDEN	ıps					103.	
		1						
		-			-			
		Ĭ						
			- -					
		 			 		-	
		1			}	ļ		
			<u> </u>		_ 			
b	Enter the long-term gain or (loss), if any, fr	om Schedule D	-1, line 6b			6b	1,440.	
7	Long-term capital gain or (loss) from Form	ns 2439, 4684,	6252, 6781, aı	nd 8824		7		
8	Net long-term gain or (loss) from partners	hips, S corporat	ions, and other	estates or trusts		8		
9	Capital gain distributions					9	 	
4.0	Our from Form 4707 Dodd							
10	Gain from Form 4797, Part I Long-term capital loss carryover. Enter the	amount if an	from line 44			10	<u> </u>	
11		-		•		11],	
12	Carryover Worksheet	s 6a through 11	Lin column (f)	Enter here and on li				
	column (3) on the back	_	• •		•	12	1,543.	

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2010

Figure the tax on the amount on line 17. Use the 2010 Tax Rate Schedule for Estates and Trusts

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

(see the Schedule Ginstructions in the instructions for Form 1041)

G. line 1a (or Form 990-T. line 36)

Schedule D (Form 1041) 2010



SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041) ► See instructions for Schedule D (Form 1041). ► Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

Name of estate or trust

Employer identification number 20-5490143

ALLEN FAMILY CHARITABLE FO				20-5490143	
Part I Short-Term Capital Gains ar		ets Held One Yea			
(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)
SHORT TERM CAPITAL GAINS	VARIOUS	VARIOUS	111,214.	109,290.	1,924
	-				
	•				
				·	
			<u></u>		
					l

Schedule D-1 (Form 1041) 2010

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b

Total Air

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

Employer identification number

(b) Date		(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
acquired (mo , day, yr)	(mo , day, yr)	instructions)	instructions)	Subtract (e) from (d)
VARIOUS	VARIOUS	940,904.	939,464.	1,440
		-		
	(b) Date acquired (mo , day, yr)	(b) Date acquired (mo , day, yr)	acquired (mo , day, yr) (see page 4 of the instructions)	(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)

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CONTRIBUTIONS,	
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PART	
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DIRECT PUBLIC SUPPORT	354,600.	1,657,718.	1,047,713.	2,247,373.	3,045,807.	8, 353, 211.
DATE	VARIOUS	VARIOUS	VARIOUS	VARIOUS	VARIOUS	TOTAL CONTRIBUTION AMOUNTS
NAME AND ADDRESS	MARK ALLEN 15708 FAIRVIEW FARM BLVD EDMOND, OK 73013	MARK ALLEN 15708 FAIRVIEW FARM BLVD EDMOND, OK 73013	GREG ALLEN 1515 LONDON ROAD CHARLOTTESVILLE, VA 22901	PAUL ALLEN 38 WOODLANDS ENID, OK 73703	CORNHUSKER, LLC 1515 LONDON ROAD CHARLOTTESVILLE, VA 22901	TOTAL

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ATTACHMENT 2

INVESTMENTS
CASH
TEMPORARY
NO
- INTEREST
Н
PART
990PF,
FORM

NET INVESTMENT INCOME	8,724.	8,724.
REVENUE AND EXPENSES PER BOOKS	8,724.	8,724.
		TOTAL
DESCRIPTION	INTEREST INCOME	

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ATTACHMENT 3

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF, REVENUE
AND
EXPENSES
INVESTMENT
PER BOOKS
INCOME

38,976.

38,976.

TOTAL

DIVIDEND INCOME

DESCRIPTION

38,976.

38,976.

22282

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ALLEN FAMILY CHARITABLE FOUNDATION

ATTACHMENT 4

- OTHER EXPENSES PART I FORM 990PF, REVENUE AND

NET INVESTMENT INCOME 20, 144.

EXPENSES
PER BOOKS
20,144.

DESCRIPTION ADMINSTRATIVE FEES

20,144.

TOTALS

20,144.

22282

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

DESCRIPTION

AMOUNT

UNREALIZED GAINS

522,966.

TOTAL

522,966.

ONTRIBUTORS	
SUBSTANTIAL CC	
10 - NEW	
VII-A, LINE	
1 990PF, PART	
FORM	

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
MARK ALLEN 15708 FAIRVIEW FARM BLVD EDMOND, OK 73013	VARIOUS	354,600.
MARK ALLEN 15708 FAIRVIEW FARM BLVD EDMOND, OK 73013	VARIOUS	1,657,718.
GREG ALLEN 1515 LONDON ROAD CHARLOTTESVILLE, VA 22901	VARIOUS	1,047,713.
PAUL ALLEN 38 WOODLANDS ENID, OK 73703	VARIOUS	2,247,373.
CORNHUSKER, LLC 1515 LONDON ROAD CHARLOTTESVILLE, VA 22901	VARIOUS	3,045,807.
TOTAL CONTRIBUTION AMOUNTS	_ SINDO	8,353,211.

 $t_{\rm i,i}\stackrel{\psi}{=} \epsilon.$

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION
JOAN ALLEN 38 WOODALNDS ENID, OK 73703	PRESIDENT 1.00	.0
MARK ALLEN 15708 FAIRVIEW FARM BLVD EDMOND, OK 73013	VICE PRESIDENT 1.00	ò
GREG ALLEN 1515 LONDON ROAD CHARLOTTESVILLE, VA 22901	TREASURER 1.00	Ċ
JOHN WYNNE 1010 W MAPLE ENID, OK 73702	SECRETARY 1.00	.0
PAUL ALLEN 38 WOODLANDS ENID, OK 73703	DIRECTOR 1.00	.0
	GRAND TOTALS	0

22282

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

JOAN ALLEN

PAUL ALLEN

MARK ALLEN

GREG ALLEN

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

JOHN WYNNE 1010 WEST MAPLE ENID, OK 73703 580-233-4455 ATTACHMENT 10

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

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

THE YEAR	
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M 990PF	
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	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
UCO FOUNDATION 100 NORTH UNIVERSITY DRIVE BOX 133 EDMOND, OK 73034	NONE	CONTRIBUTION	800.
HERITAGE HALL 1800 NW 22ND STREET OKLAHOMA CIIY, OK 73120	NONE SCHOOL	CONTRIBUTION	20,200
OSU FOUNDATION 400 SOUTH MONROE PO BOX 1749 STILLWATER, OK 74076-1749	NONE	CONTRIBUTIONS	12,480.
OK COUNCIL OF PUBLIC AFFAIRS 1401 N LINCOLN BLVD OKLAHOMA CITY, OK 73104	NONE PUBLIC CHARITY	CONTRIBUTIONS	100,000.
ALLIED ARTS 1015 N BROADWAY AVE OKLAHOMA CITY, OK 73102-5849	NONE PUBLIC CHARITY	CONTRIBUTION	1,400.
VETERANS OF FOREIGN WARS 406 W. 34TH STREET KANSAS CITY, MO 64111	NONE PUBLIC CHARITY	CONTRIBUTION	150.

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ATTACHMENT 11 (CONT'D)

ALLEN FAMILY CHARITABLE FOUNDATION

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
OSU ALUMNI ASSOCIATION	NONE	CONTRIBUTION	55
201 CONOCOPHILLIPS OSU ALUMNI CENTER STILLWATER, OK 74078	зсноог		
DOUG SUTTON MEMORIAL FUND	NONE CHARITY	CONTRIBUTION	115
PEPPERS RANCH 209 FRENCH PARK PLACE EDMOND, OK 73034-7220	NONE PUBLIC CHARITY	CONTRIBUTION	100,000
	NONE	CONTRIBUTION	120.
DENNY PRICE FAMILY YMCA OF ENID 415 W CHEROKEE ENID, OK 73701	NONE PUBLIC CHARITY	CONTRIBUTION	1,000.
B C.R.F 60 EAST 56TH STREET NEW YORK, NY 10022	NONE PUBLIC CHARITY	CONTRIBUTION	35

ATTACHMENT 11 (CONT'D)

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CHILDREN'S CANCER & LEUKEMIA RELIEF 24 CATHEDRAL PLACE, SUITE 407 SAINT AUGUSTINE, FL 32084	NONE PUBLIC CHARITY	CONTRIBUTION	35.
UNITED WAY OF ENID 1444 NW 28TH ST OKLAHOMA CITY, OK 73106-3430	NONE PUBLIC CHARITY	CONTRIBUTION	18,000.
OKLAHOMA REFUBLICAN PARTY 4031 N LINCOLN BLVD OKLAHOMA CITY, OK 73105	NONE PUBLIC CHARITY	CONTRIBUTIONS	25,000.
BALTO 215 WEST DANFORTH EDMOND, OK 73003	NONE PUBLIC CHARITY	CONTRIBUTION	50.
HOSANNA INSTITUTE OF THE SAHEL P O BOX 487 ENID, OK 73702	NONE PUBLIC CHARITY	CONTRIBUTION	45,000
FRIENDS OF THE CAPITOL 7100 N CLASSEN BLVD OKLAHOMA CITY, OK 73116	NONE PUBLIC CHARITY	CONTRIBUTION	1,500

20-5490143

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ATTACHMENT 11 (CONT'D)

ATTACHMENT 11

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
JEFF GORDON CHILDREN'S FOUNDATION	NONE	CONTRIBUTION	450
4345 PAPA JOE HENDIRCK BLVD	PUBLIC CHARITY		
CHARLOTTE, NC 28262			
YOUTH SERVICES OF OKLAHOMA	NONE	CONTRIBUTION	100.
201 NE 50TH STREET	PUBLIC CHARITY		
OKLAHOMA CITY, OK 73105			
GEORGE W BUSCH PRESIDENTIAL CENTER	NONE	CONTRIBUTION	100.
P.O. BOX 600610	PUBLIC CHARITY		
DALLAS, TX 75360			
KIDS ACROSS AMERICA	NONE	CONTRIBUTION	2,100.
25114 PRIVATE ROAD 2232	PUBLIC CHARITY		
GOLDEN, MO 65658			
CITY OF OKLAHOMA CITY	NONE	CONTRIBUTION	12,500
420 W MAIN, SUITE 200	GOVERMENTAL		
OKLAHOMA CITY, OK 73102			
CHARITIES AID FOUNDATION	NONE	CONTRIBUTION	009
25 KINGS HILL AVENUE	PUBLIC CHARITY		
KINGS HILL WEST MAILING			
KENT, ME 19 47A		-	

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ATTACHMENT 11 (CONT'D)

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FORM 990PF,	

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
JUSTIN SULLIVAN A LIEE WORTH FOLLOWING P.O. BOX 720782 OKLAHOMA CITY, OK 73172	NONE PUBLIC CHARITY	CONTRIBUTION	200
ST JUDE RESEARCH 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE PUBLIC CHARITY	CONTRIBUION	15
COMMUNITY FOUNDATION OF OKLAHOMA 2932 NW 122ND STREET OKLAHOMA CITY, OK 73120	NONE PUBLIC CHARITY	CONTRIBUTION	1,500.
OCU ANNUAL FUND 2501 N BLACKWELDER OKLAHOMA CITY, OK 73106	NONE SCHOOL	CONTRIBUTION	100
YOUR FRIENDS FOR LIFE 5000 LAKEWOOD DRIVE WACO, TX 76710	NONE PUBLIC CHARITY	CONTRIBUTION	100.
FAE PROGRAM 5840 S MEMORIAL DRIVE SUITE 105 TULSA, OK 74133	NONE PUBLIC CHARITY	CONTRIBUTION	35

20-5490143

8 . S . d.

ATTACHMENT 11 (CONT'D)

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

OKLAHOMA CITY, OK 73112 3737 N PORTLAND AVE THE URBAN MISSION

PUBLIC CHARITY

NONE

CONTRIBUTION

PURPOSE OF GRANT OR CONTRIBUTION

150.

AMOUNT

343,890

TOTAL CONTRIBUTIONS PAID

22282

Form 8868 (Rev 1-2011) Page 2									
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box									
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.									
● If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).									
Part II	Additional (Not Automatic) 3-Month E			copies needed).					
Type or	Name of exempt organization	Employer identification	number						
print	ALLEN FAMILY CHARITABLE FOUN	20-5490143							
File by the	the Number, street, and room or suite no. If a P.O. box, see instructions. 1010 WEST MAPLE City, town or post office, state, and ZiP code. For a foreign address, see instructions.								
extended due date for									
filing your									
return See	n See FNTD OK 73703								
instructions. ENTD, OR 73703									
Enter the Return code for the return that this application is for (file a separate application for each return)									
Application	n	Return	Application		Return				
Is For		Code	is For		Code				
Form 990		01							
Form 990-	RI	02	Form 1041-A		08				
Form 990-		03	Form 4720		09				
Form 990-I		04	Form 5227		10				
	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11				
	T (trust other than above)	06	Form 8870		12				
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8									
	oks are in the care of MANDY M. GARV								
	one No. ▶ 405 842-7977		FAX No. ▶						
	ganization does not have an office or place of				▶ []				
• If this is	for a Group Return, enter the organization's for	our digit Gre	oup Exemption Number (GEN)						
	ole group, check this box								
	e names and EINs of all members the extense			, P	ao,, a				
	uest an additional 3-month extension of time u			, 20 12 .					
•	alendar year, or other tax year beginn				20 11				
				Final return					
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period									
7 State in detail why you need the extension									
ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO									
FILE A COMPLETE AND ACCURATE RETURN.									
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any									
nonrefundable credits. See instructions.									
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and									
estimated tax payments made. Include any prior year overpayment allowed as a credit and any									
amount paid previously with Form 8868.									
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS									
(Electronic Federal Tax Payment System). See instructions.									
Signature and Verification									
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.									
Signature Mandy March 1 Date > 29/12									
Form 8868 (Rev 1-2011)									

ALLEN FAMILY CHARITABLE FOUNDATION 20-5490
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				5 D	Date	Date sold
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of	۲	Gain	<u>-</u>
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adı basıs	Ц	or (loss)	
		TOTAL LONG-	TERM CAPITA	AL GAIN DIV	IDENDS		103.	
111 014		SHORT TERM	CAPITAL GAI	NS			VARIOUS	VARIOUS
111,214.		109,290.					1,924.	
940,904.		LONG TERM C 939,464.	APITAL GAIN	is			VARIOUS 1,440.	VARIOUS
OTAL GAIN(I	oss)						3,467.	
•	,							