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## Form **990-PF**

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2011

Department of the Treasury Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements by beginning. Oct 1 2011 and ending. Sep. 30

		Ct 1 , 2011	, and ending Se		30 , 2012	
	foundation LYNNE L. PEEL FOUNDATION			Α	Employer identification nur 73-1526716	nber
	and street (or P O box number if mail is not delivered to stre	et address)	Room/suite	В	Telephone number (see the	instructions)
	S MAIN				(580) 362-25	33
City or to			ZIP code <b>74647</b>	С	If exemption application is	pending, check here
		Initial Return of a form				
<b>G</b> Che	eck all that apply: Initial return	Amended return	ner public charity	D	1 Foreign organizations, chec	ck here
	Address change	Name change			2 Foreign organizations meet	
H C		(c)(3) exempt private for	oundation		here and attach computation	on 🔽 📗
	Section 4947(a)(1) nonexempt charitable tr			Ε	If private foundation status	
		ounting method X C	ash Accrual		under section 507(b)(1)(A)	, check here
•		Other (specify)		F	If the foundation is in a 60	
► \$  Part		column (d) must be on			under section 507(b)(1)(B)	
Tarti	Expenses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investme	nt	(c) Adjusted net income	(d) Disbursements for charitable
	columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)	expenses per books	licome		liicome	purposes
	(see instructions)					(cash basis only)
	1 Contributions, gifts, grants, etc, received (att sch)	400,000.				
	2 Ck X if the foundr is not req to att Sch B					
	3 Interest on savings and temporary cash investments	269.	26	9.		
	4 Dividends and interest from securities	57,472.	57,47	2.		
	5a Gross rents					
_	b Net rental income or (loss)		L-6a Stmt			
R E	6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all	79,850.				
Ę V	or Gross sales price for all assets on line 6a 468,805.  7 Capital gain net income (from Part IV, line 2)		79,85	Ω.	<u> </u>	
E N	8 Net short-term capital gain		73705			
20β3 ≖⊂	9 Income modifications					
2(	10 a Gross sales less returns and allowances					
	h Less Cost of					
<b>60</b>	c Gross profit/(loss) (att sch)		<del></del>			
FEB	11 Other income (attach schedule)					
III.						
	12 Total. Add lines 1 through 11	537,591.	137,59	1.		2 500
SCANNED	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	2,500.	· · · · · · · · · · · · · · · · · · ·			2,500.
氢	15 Pension plans, employee benefits		\			
CS A	16a Legal fees (attach schedule)					
	<b>b</b> Accounting fees (attach sch) L-16b Stmt	1,246.	1,24	١6.		
I N	c Other prof fees (attach sch) L-16c Stmt	17,106.	17,10	6.		
O I P S E T R R	17 Interest					
	18 Fexes (attach schedule)(see instrs) 19 Deprediation/affadh/C		<u></u>		<del></del>	<u> </u>
Ť Ť	19 Depreciation (atladi VED sch) and depiction					
N V G E	20 Occupancy					
	21 Travel, conferences, and meetings 22 Printing and publications	<del></del>	<u> </u>		<u> </u>	
A E N X D P	23 Other_expenses (attach_schedule)					
Ë	ACREM IIT					
S E S	24 Total operating and administrative	20 052	10.3			2 500
S	expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid	20,852. 266,100.	18,35	) <u>Z</u> .	<u> </u>	2,500. 266,100.
	26 Total expenses and disbursements.	200,200.				1
	Add lines 24 and 25	286,952.	18,35	2.		268,600.
	27 Subtract line 26 from line 12:					
	a Excess of revenue over expenses and disbursements	250,639.			<u> </u>	
	b Net investment income (if negative, enter -0-)		119,23	39.		
	C Adjusted net income (if negative, enter -0-)					Form 000 PE (2011)

Pari	FII I	Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
- 41		(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	36,976.	216,860.	216,860.
	2	Savings and temporary cash investments	2,778,693.	3,013,091.	3,013,217.
	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 other disqualified persons (attach schedule) (see instructions)			
۸	7	Other notes and loans receivable (attach sch)			
ŝ		Less allowance for doubtful accounts			
A S E T	8	Inventories for sale or use		···	
	9	Prepaid expenses and deferred charges	193.		
S	10 a	Investments — U.S. and state government obligations (attach schedule)			
	1	Investments — corporate stock (attach schedule) L-10b Stmt	1,242,585.	1,078,630.	1,468,287.
	c	: Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments — other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule)			
		Other assets (describe ►)  Total assets (to be completed by all filers —			
	-	see the instructions. Also, see page 1, item I)	4,058,447.	4,308,581.	4,698,364.
ī	17	Accounts payable and accrued expenses		687.	
A B	18	F			
- 1	19				
L	20 21	Loans from officers, directors, trustees, & other disqualified persons  Mortgages and other notes payable (attach schedule)			
Ť	22				
I E		the habilities (describe			
S	23	Total liabilities (add lines 17 through 22)		68 <u>7.</u>	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
ΝF	24	Unrestricted		-4	
E U	25	Temporarily restricted		***	
D	26	Permanently restricted			
A B S A L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
E L T A S N	27	Capital stock, trust principal, or current funds	4,058,447.	4,307,894.	
SNC	28	Paid-in or capital surplus, or land, building, and equipment fund			
O E R S	29	Retained earnings, accumulated income, endowment, or other funds			
K S	30 31	Total net assets or fund balances (see instructions)  Total liabilities and net assets/fund balances	4,058,447.	4,307,894.	
	31	(see instructions)	4,058,447.	4,308,581.	
Part	111 /	Analysis of Changes in Net Assets or Fund Balance			
		net assets or fund balances at beginning of year — Part II, columi	<del></del>	e with	
	end-d	of-year figure reported on prior year's return)	, ,,	1	4,058,447.
		amount from Part I, line 27a		2	250,639.
		increases not included in line 2 (itemize)			
		ines 1, 2, and 3		4	4,309,086.
		ises not included in line 2 (itemize)		5	1,192.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) -	- Part II, column (b), line	30 6	4,307,894.

Form 990-PF (2011) MADALYNNE L. PEEL FOUNDATION

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orm 990-PF (2011) MADALYNNE		<del></del>			3-1526/16	Page 3
Partily Capital Gains and L			76.5	. 1	(2)	
(a) List and describe 2-story brick warehous	e the kınd(s) of property sold (e g , ree, or common stock, 200 shares ML	eal estate, .C Company)	(b) How acq P — Purch D — Donat	ase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a 3400SH FASTENAL CO			P		07/12/06	12/02/11
b 2190SH LOWES COMPAN	IES		P		11/08/02	12/02/11
c 1450SH WALGREEN COM			P		05/20/04	12/02/11
d BK BARODA NY BRNC			P		05/24/11	01/27/12
е			<del></del>			· · · · · ·
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale			(h) Gain or (e) plus (f) m	
a 142,532.	0.	61	,510.			81,022.
b 52,990.	0.		1,369.			1,621.
c 48,104.	0.	51	1,076.		· · · · ·	-2,972.
d 225,179.		225	5,000.			179.
e						
Complete only for assets showing	ng gain in column (h) and owned by	the foundation on 12/31/69			(I) Gains (Colu	ımn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if ar	(i) iy		ain minus column (I an -0-) <b>or</b> Losses (fr	(), but not less
а						81,022.
b						1,621.
c	· · · · · · · · · · · · · · · · · · ·				·	-2,972.
d						179.
е			- İ			
2 Capital gain net income or (net	capital loss) If gain, also	o enter in Part I, line 7 ter -0- in Part I, line 7		2	-	79,850.
3 Net short-term capital gain or (I	oss) as defined in sections 1222(5)	<del></del> -	ŀ		***	,,
		_				
If gain, also enter in Part I, line in Part I, line 8	8, column (c) (see instructions). If	(loss), enter -0-	i	3	ı	179.
Part Val Qualification Under	Section 4940(a) for Peduce	d Tay on Net Investme	ent Inco	_	<del></del>	
Vas the foundation liable for the sect f 'Yes,' the foundation does not qualing.  1. Enter the appropriate amount in		mplete this part		s	Yes	X No
(a) Base period years Calendar year (or tax year	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitable-use ass			(d) Distribution	n ratio by column (c))
beginning in)	204 200			(00.		
2010	204,300.	<del></del>	9,906.			0.046645
2009	193,500.	<del></del>	9,429.			0.047202
2008	175,925.		3,610.			
2007	175,451.		2,165.			0.048438
2006	157,500.	3,48	6,260.			0.045177
2 Total of line 1, column (d)			ļ	2		0.232529
3 Average distribution ratio for the number of years the foundation	e 5-year base period — divide the to has been in existence if less than 5	tal on line 2 by 5, or by the 5 years		3		
4 Enter the net value of noncharit						0.046506
5 Multiply line 4 by line 3	table-use assets for 2011 from Part	X, line 5		4		· · · · · · · · · · · · · · · · · · ·
	table-use assets for 2011 from Part	X, line 5		5		4,382,435.
, ,		X, line 5		5		4,382,435. 203,810.
6 Enter 1% of net investment inco		X, line 5		5		0.046506 4,382,435. 203,810. 1,192.
6 Enter 1% of net investment inco 7 Add lines 5 and 6	ome (1% of Part I, line 27b).	X, line 5		5 6 7		4,382,435. 203,810. 1,192. 205,002.
<ul><li>6 Enter 1% of net investment inco</li><li>7 Add lines 5 and 6</li><li>8 Enter qualifying distributions from</li></ul>	ome (1% of Part I, line 27b). om Part XII, line 4		art using s	5 6 7 8		4,382,435. 203,810. 1,192. 205,002. 268,600.
<ul><li>6 Enter 1% of net investment inco</li><li>7 Add lines 5 and 6</li><li>8 Enter qualifying distributions from</li></ul>	ome (1% of Part I, line 27b).		art using a	5 6 7 8	tax rate. See th	4,382,435. 203,810. 1,192. 205,002. 268,600.

	m 990-PF (2011) MADALYNNE L. PEEL FOUNDATION	73-1	52671	5	Р	age <b>5</b>
Pai	art 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 instructions)			11		<u>x</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified jadvisory privileges? If 'Yes,' attach statement (see instructions)	oerson h	nad	12		x
13	B Did the foundation comply with the public inspection requirements for its annual returns and exemption app	olication	7	13	х	
	Website address ► N/A					
14	The books are in care of > JACK De MCCARTY Telephone n	o <b>-</b>	(580)	362	-258	5
	Located at ► 116 S. MAIN NEWKIRK OK ZIP + 4 ►	7464	7			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — Check here				- <b>-</b>	
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 19	5			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other autho bank, securities, or other financial account in a foreign country?	rity over	а	16	Yes	No_X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the name foreign country.	of the				
Pai	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			·'	1	
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	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?	Yes	X No			ļ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No			
	<ul><li>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?</li><li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?</li></ul>	=	X No X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	_				
	for the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes	X No			
ı	<b>b</b> If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?			1 b		
	Organizations relying on a current notice regarding disaster assistance check here	<b>&gt;</b>	$\sqcup$			
(	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?			1c		x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):					
	a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d	7	- N			
		Yes	X NO			
	If 'Yes,' list the years ► 20, 20, 20					
١	<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)( (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2 all years listed, answer 'No' and attach statement — see instructions)	2) ') to				x
	c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here					
•	► 20, 20, 20					
3 8	Ba Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
I	b If 'Yes,' did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to			26		
Δ:	determine if the foundation had excess business holdings in 2011.)  la Did the foundation invest during the year any amount in a manner that would jeopardize its			3Ь		
70	charitable purposes?			4a		X
ŀ	<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of					
	the tax year beginning in 2011?			4b		х
BAA			Fo	rm <b>99</b>	0-PF (	(2011)

O	Form 990-PF (2011) MADALYNNE L. PEEL		4720 May Bo Dogs	73-152	6716	Page 6
(C) Influence the automost of any specific publish election (see section 4945(e))?  (P) Influence the automost of any specific publish electron (see section 4945), or to carry outdisciply or witherely, any specific publish electron (see section 4945), or to carry outdisciply or witherely, any specific publish electron (see institutions).  (A) Provide a grant to an individual for travel, study, or other similar purposes?  (B) Provide a grant to an individual for travel, study, or other similar purposes?  (B) Provide any purpose offer than reliquous, for search 4940(c)(2) (see institutions).  (B) Provide any purpose offer than reliquous, for search for fortually to children or animals?  (B) Provide any purpose offer than reliquous to children or animals?  (B) Provide any purpose offer than reliquous to children or animals?  (C) Provide any purpose offer than reliquous to children or animals?  (C) Provide any purpose offer than reliquous to children or animals?  (C) Provide any purpose offer than reliquous to children or animals?  (C) Provide any purpose offer than reliquous to children or animals?  (C) Provide any purpose offer than reliquous to children or animals?  (C) Provide any purpose offer than reliquous to the search of th			14/20 May be Requ	irea (continuea)		<del></del>
on, directly or indirectly, any voter registration drive?  3) Frovide a grant to a midwalus for trives, study, or other similar purposes?  (4) Provide a grant to a midwalus for trives, study, or other similar purposes?  (5) Provide a grant to a midwalus for trives, study, or other similar purposes?  (6) Provide a grant to a midwalus for trives, study, or other similar purposes.  (7) Provide for any purpose other than religious, charlable, etc., organization described in section 509(a)(1), 60, or of the provention of cruelty to children or animals?  (8) Provide for any purpose other than religious, charlable, etc., organization of or cruelty to children or animals?  (9) Provide for any answer is "tes to 5a(1)-(3), did any of the transactions feel to qualify under the exceptions described in Regulations section 53 4945 or of or triventy to children or animals?  (9) Trivent animal regulation of the foundation of the secretary of the exceptions described in Regulations section 53 4945 or or organization section 53 4945 or organization selection of the secretary of		•	(section 4945(e))?	Yes X	No	
(d) Provide a grant to an organization other than a strantable, etc. organization described in section 599(0)(1), (2), or (3), or section 4994(0)(1), (2), or (3), or section 4994(0)(2) does reflected from any purpose of the fram reflecting.  (e) Provide for any purpose other than reflegious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  bit any answers "See" to 59(1-6), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance check here is the secance in maintained expenditure responsibility for the grant?  Organizations relying on a current notice regarding disaster assistance check here is "Yes" to guisstion 58(4), does the foundation cathering disaster assistance check here is "Yes" and Contractors on a personal benefit contract?  If "Yes is "So, the Farma 827".  For the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes is "So, the Farma 827".  If "Yes is	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?				No	
in section 596(a)(1), (2), or (3), or section 4940(d)(27 (see instructions)  (5) Provide for any nurses often the nireliquous, chariable, sectific, literary, or educational purposes, or for the prevention of cruelly to children or animals?  If any answer or "set to 56(1-5), did any of the transactions fat to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here cit the answer is "set" to question 54(1), does the foundation claim exemption from the lax because it maintained expenditure responsibility for the grant?  If the second it maintained expenditure responsibility for the grant?  If "Yes is the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract."  If "Yes is 08, the Form 837.  It is all officers, directors, trustees, foundation aparty to a prohibited tax shelter transaction?  It is all officers, directors, trustees, foundation managers and their compensation (see instructions).  It is all officers, directors, trustees, foundation managers and their compensation (see instructions).  It is all officers, directors, trustees, foundation managers and their compensation (see instructions).  It is all officers, directors, trustees, foundation managers and their compensation (see instructions).  If the party of the party o	(3) Provide a grant to an individual for travel,	study, or other similar p	urposes?	Yes X	No	ĺ
educational purposes, or for the prevention of cruelty to children or animals?    Yes   No	(4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section	an a charitable, etc, org 4940(d)(2)? (see instruc	anization described ctions)	Yes X	No	
described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  I the answer is "se' to question 52(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," such the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract required by Regulations section 53 4945-5(9).  5a Did the foundation, during the year, seeive any funds, directly or indirectly, to pay premiums on a personal benefit contract or the form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  1 Ust all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 Ust all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  JACK De MCCARTY  116 S. MAIN  NEWKITRK  OK 74647  PRESIDENT  O.00  500.  0.  0.  10 PRESIDENT  NEWKITRK  OK 74647  DO.00  DIRECTOR  NEWKITRK  OK 74647  DIRECTOR  NEWKITRK  OK 74647  DIRECTOR  NEWKITRK  OK 74647  DIRECTOR  NEWKITRK  OK 74647  O.00  DIRECTOR  NEWKITRK  OK 74647  O.00  O.  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE:  O.  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE:  O.  O.  10 Compensation of the highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE:  O.  O.  10 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE:  O.  O.  O.  Total number of other employees paid over \$50,000	(5) Provide for any purpose other than religiou educational purposes, or for the preventior	is, charitable, scientific, n of cruelty to children oi	literary, or r animals?	Yes X	No	
Crgamizations relying on a current notice regarding disaster assistance check here  c if the answer is "Yes" to question 5a(4), does the foundation claim exemption from the lab because it maintained expenditure responsibility for the grant?  if "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  A Line of the year, receive any funds, directly or indirectly, on a personal benefit contract?  I So, the Form 8870.  1 A List all officers, directors, provided or have any net income attributable to the transaction?  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average four week devoted to position (find paid, enter-0) employee benefit plans and deferred compensation.  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation.  (e) Expense account, other allowances of the provided of the position of the provided of the position.  DIRECTOR  1. S. MAIN  NEWKITK  OK 74647  D. 0.0 500.  O. 0.  2. Compensation of five highest-paid employees (other than those included on line 1 – see instructions). Hone, enter NONE:  (a) Name and address of each employee of the received to position of the plans and deferred compensation.  (b) Title, and average hours ger week devoted to position of five highest-paid employees (other than those included on line 1 – see instructions). Hone, enter NONE:  (a) Name and address of each employee of the plans and deferred compensation.  (b) Title, and average hours year week devoted to position of five highest-paid employees (other than those included on line 1 – see instructions). Hone, enter NONE:  (c) Com	described in Regulations section 53 4945 or in	he transactions fail to qu a current notice regardi	ualify under the exceptiong disaster assistance	ns	5 b	
tax because it maintained expenditure responsibility for the grant?  If Yes, attach the statement required by Regulations section 53 945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  1 Personal Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average devoted to position  (c) Compensation  (d) Title, and average devoted to position  7 DIRECTOR  NEWKERK  OK 74647  DIRECTOR  DIRECTOR  DIRECTOR  1,000.  2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter 'NONE.'  (a) Name and address of each employee hours part weekly paid more than \$50,000  DIRECTOR  (b) Title, and average hours part weekly and the paid of the paid, enter-d) on the paid of	· · · · · · · · · · · · · · · · · · ·	ding disaster assistance	check here	▶ 🗌		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  6b IX  If 'Yes' to 6b, file Form 8870.  7a At any time during the lay year, was the foundation a party to a prohibited tax shelter transaction?  7b If 'Yes' to 6b, file Form 8870.  7a At any time during the lay year, was the foundation a party to a prohibited tax shelter transaction?  7b If 'Yes' to 6b, file Form 8870.  7b If 'Yes' to 6b, file Form 8870.  7c At any time during the lay year, was the foundation a party to a prohibited tax shelter transaction?  7b If 'Yes' to 6b, file Form 8870.  7c At any time during the lay year, was the foundation aparty to a prohibited tax shelter transaction?  7c If yes (2b, file Form 8870.  7c If Yes' to 6b, file Form 8870.  7d If Yes' to 6b, f	c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure respons	ne foundation claim exeribility for the grant?	mption from the	Yes	No	
on a personal benefit coritract?  bid the foundation the year, pay premiums, directly or indirectly, on a personal benefit contract?  bid the foundation during the text year, was the foundation a party to a prohibited tax shelter transaction?  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7 b bif Yes; during the foundation aparty to a prohibited tax shelter transaction?  7 b bif Yes (and the foundation receive any proceeds or have any net income attributable to the transaction?  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position  (a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation (d) Contributions to employee benefit plans and deferred compensation  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (e) Expense account, other allowances  DIRECTOR  1,000.  0.  2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'  (a) Name and address of each employee hours per week devoted to position  (b) Title, and average hours per week devoted to position (e) Compensation (e) Contributions to plans and deferred plans and deferred plans and deferred compensation (e) Compensation (e) Contributions to plans and deferred plans	If 'Yes,' attach the statement required by Regu	lations section 53 4945-	5(d)			
## Yes' to 6b, Nie Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?      Yes	on a personal benefit contract?	•			i———	
7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		ums, directly or indirectly	y, on a personal benefit	contract?	6Ь	<u> </u>
Dif Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?   Tob	•	ana a a a a a a a a a a a a a a a a a a			No	
Part VIII		, , ,				
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average devoted to position (find paid, enter -0-) (d) Compensation of employee benefit plans and deferred compensation.  JACK De MCCARTY  116 S. MAIN NEWKIRK  OK 74647  PRESIDENT  126 S. MAIN NEWKIRK  OK 74647  DIRECTOR  PHILLITP A. ROSS PO. BOX 278 NEWKIRK  OK 74647  DIRECTOR  See Information about Officers, Directors, Trustees, Etc.  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average devoted to position (find paid, enter -0-) employee benefit plans and deferred compensation.  (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (d) Contributions to enter 'NONE.'  (e) Expense account, other allowances  (b) Title, and average hours per week devoted to position of the paid more than \$50,000  D. South of the mighest-paid employee hours per week devoted to position of the paid more than \$50,000  D. South of the mighest-paid employee hours per week devoted to position of the paid more than \$50,000  D. South of the mighest-paid employee hours per week devoted to position of the paid more than \$50,000  D. South of the mighest had average hours per week devoted to position of the paid more than \$50,000  D. South of the mighest had average hours per week devoted to position of the paid more than \$50,000  D. South of the mighest had average hours per week devoted to position of the paid more than \$50,000  D. South of the mighest had average hours per week devoted to position of the paid more than \$50,000  D. South of the mighest had average hours per week hours	Part VIII Information About Officers D	is or nave any net incon	Foundation Manage	nsaction?		
(a) Name and address (b) Title, and average hours per week devoted to position (find paid, enter-ob) and deferred compensation (find paid, enter-ob) and find paid, enter-ob) and deferred compensation (find paid, enter-ob) and find paid, enter-ob) and deferred compensation (find paid, enter-ob) and find paid, enter-ob) and find paid, enter-ob) and find paid, enter-ob) and find paid, enter-ob) and deferred compensation (find paid, enter-ob) and find paid paid paid and find paid paid paid paid paid paid paid pai	and Contractors				рюусс.	
Thous per week devoted to position (If not paid, enter -0.) leans and deferred compensation of the raillowances of the raillow	1 List all officers, directors, trustees, foundation				4.5	
116 S. MAIN	(a) Name and address	hours per week		employee benefit plans and deferred		
NEWKIRK	JACK De MCCARTY					
THOMAS M. RIGDON  116 S. MAIN  NEWKIRK  OK 74647  DIRECTOR  P.O. BOX 278  NEWKIRK  OK 74647  DIRECTOR  NEWKIRK  OK 74647  O.00  See information about Officers, Directors, Trustees, Etc  1,000.  Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'  (a) Name and address of each employee hours per week devoted to position  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions (d) Expense account, other allowances compensation  (d) Contributions (d) Expense account, other allowances compensation  (d) Contributions (d) Expense account, other allowances compensation  (e) Expense account, other allowances  (f) Compensation  O  O  NONE  NONE  None	116 S. MAIN	PRESIDENT				
SEC TREAS   NEWKIRK   OK 74647   O.00   500.   O.   O.	NEWKIRK OK 74647	0.00	500.	0.		0.
PHILLIP A. ROSS P.O. BOX 278 NEWKIRK OK 74647 O.00 500.  See Information about Officers, Directors, Trustees, Etc  1,000.  1,000.  1,000.  1,000.  0.  Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'  (a) Name and address of each employee paid more than \$50,000 b) Title, and average hovers per week devoted to position  (b) Title, and average hovers per week devoted to position  (c) Compensation (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (o) Compensation  (o) Compensation  NONE  NONE  None		SEC TREAS				
P.O. BOX 278 NEWKIRK OK 74647 O.00 500. 0. 0.  See Information about Officers, Directors, Trustees, Etc  1,000. 0. 0.  Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'  (a) Name and address of each employee paid more than \$50,000	NEWKIRK OK 74647	0.00	500.	0.		0.
NEWKIRK OK 74647 0.00 500. 0. 0. See Information about Officers, Directors, Trustees, Etc 1,000. 1,000. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.						
See Information about Officers, Directors, Trustees, Etc  1,000.  1,000.  1,000.  0.  2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'  (a) Name and address of each employee hours paid more than \$50,000 (b) Title, and average hours per week devoted to position  NONE  0  0  Total number of other employees paid over \$50,000	P.O. BOX 278	DIRECTOR				
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (a) Name and address of each employee paid more than \$50,000	NEWKIRK OK 74647	0.00	500.	0.		<u> </u>
2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation employee benefit plans and deferred compensation  NONE  0	See Information about Officers, Directors, Trustees, Etc	-				
2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation employee benefit plans and deferred compensation  NONE  0		!	1 000	0		0
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation employee benefit plans and deferred compensation o  O  Total number of other employees paid over \$50,000  (c) Compensation (d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances	2 Companyation of five highest paid ampleyee	s (athor than those incl			'NONE'	<u> </u>
paid more than \$50,000 hours per week devoted to position employee benefit plans and deferred compensation  NONE  O  Total number of other employees paid over \$50,000 hours per week devoted to position employees paid over \$50,000 hours per week devoted to position employees paid over \$50,000 hours per week devoted to position employee benefit plans and deferred compensation  other allowances  other allowances						se account
NONE  O  O  Total number of other employees paid over \$50,000	paid more than \$50,000	hours per week	(c) compensation	employee benefit plans and deferred		
O	NONE		-	30		
O	0					<del></del>
O						
Total number of other employees paid over \$50,000 None	0					
Total number of other employees paid over \$50,000  None	0					
Total number of other employees paid over \$50,000 None						
Total Humber of other employees paid over \$50,000	0					
Total Humber of other employees paid over \$50,000	Table and other and the second	L				None
	BAA		12/05/11		Form 99	

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Page 8

see instructions.)		
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
a Average monthly fair market value of securities	1a	4,287,269.
<b>b</b> Average of monthly cash balances	1 b	161,904.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	4,449,173.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)	_	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	4,449,173.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	66,738.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,382,435.
6 Minimum investment return. Enter 5% of line 5	6	219,122.
Partix Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private ope	rating for	oundations
and certain foreign organizations check here ► ☐ and do not complete this part.)	•	
1 Minimum investment return from Part X, line 6	1	219,122.
2a Tax on investment income for 2011 from Part VI, line 5 2a 1,192		
b Income tax for 2011 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2 c	1,192.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	217,930.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	217,930.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	217,930.
DECOMP Constitution of the second second		
PantXIII Qualifying Distributions (see instructions)		
Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		
<b>a</b> Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	268,600.
<b>b</b> Program-related investments — total from Part IX-B	1 b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the.		
a Suitability test (prior IRS approval required)	3 a	
<b>b</b> Cash distribution test (attach the required schedule)	3 Ь	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	268,600.
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 instructions)	5	1,192.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	267,408.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years	the found	lation
qualifies for the section 4940(e) reduction of tax in those years		Form <b>990 RE</b> (2011)

### Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2010	<b>(c)</b> 2010	<b>(d)</b> 2011
Distributable amount for 2011 from Part XI, line 7				217,930.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			215,964.	
<b>b</b> Total for prior years: 20, 20, 20				
3 Excess distributions carryover, if any, to 2011.				
a From 2006				
<b>b</b> From 2007				
c From 2008				
<b>d</b> From 2009				
<b>e</b> From 2010				
f Total of lines 3a through e				
4 Qualifying distributions for 2011 from Part				
XII, line 4 ► \$ 268,600.				
a Applied to 2010, but not more than line 2a			215,964.	:
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)				
<ul> <li>Treated as distributions out of corpus (Election required — see instructions)</li> </ul>				
d Applied to 2011 distributable amount				52,636.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011				
(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:				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	0.			<del></del>
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed				
<b>d</b> Subtract line 6c from line 6b Taxable				-
amount — see instructions		0.		
e Undistributed income for 2010 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2012				165,294.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
·				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2007 0.				
<b>b</b> Excess from 2008 0.				
c Excess from 2009 0.				
d Excess from 2010 0.				
e Excess from 2011 0.				
<del></del> <del>**</del>		·		Form 000 PE (2011)

Part XIV Private Operating Foundation			t VII-A guestion	9)	N/A
1a If the foundation has received a ruling or d is effective for 2011, enter the date of the r	etermination letter (				
<b>b</b> Check box to indicate whether the foundati	on is a private oper	atıng foundatıon de	scribed in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
Income from Part I or the minimum Investment return from Part X for each year listed	(a) 2011	<b>(b)</b> 2010	(c) 2009	(d) 2008	(e) Total
<b>b</b> 85% of line 2a					
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>					<u>-</u>
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c '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)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Supplementary Information assets at any time during the	(Complete this e year – see ir	part only if the structions.)	e organization ha	nd \$5,000 or moi	re in
Information Regarding Foundation Managa List any managers of the foundation who had close of any tax year (but only if they have N/A	ave contributed mo	ore than 2% of the to han \$5,000) (See s	otal contributions red section 507(d)(2) )	eived by the foundat	on before the
<b>b</b> List any managers of the foundation who of a partnership or other entity) of which the	wn 10% or more of oundation has a 10	the stock of a corp	oration (or an equall	y large portion of the	e ownership of
N/A					
2 Information Regarding Contribution, Gran	t Gift Loan Schol	arshin etc Program	ms:		
Check here X if the foundation only makes complete items 2a, b, c, and d	nakes contributions	to preselected char	ritable organizations	and does not accept izations under other	unsolicited conditions,
a The name, address, and telephone number	of the person to w	rhom applications sl	hould be addressed		
JACK De MCCARTY					
116 S. MAIN		_			
NEWKIRK	OK 7464			<del></del>	<del></del>
b The form in which applications should be s NO FORMAL REQUIREMENTS	ubmitted and inforr	nation and material	s tney snould include	•	
c Any submission deadlines NONE		-			
d Any restrictions or limitations on awards, s MUST MEET THE CRITERIA FOR					

Part Supplementary Information (continued)

3 Grants and Contributions Paid During the Yea	r or Approved for Futu	re Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	CONTRIBUTION	
a Paid during the year				
DAUGHTERS OF THE AMERICAN REVOLUTION	:		ESTAB PROGRAM	
1000 EAST GRAND				
PONCA CITY OK 74601				1,000.
PECKHAM CHRISTIAN CHURCH			ESTAB PROGRAM	
7900 W. CHURCH STREET				
NEWKIRK OK 74647				1,000.
NEWKIRK FIRST UNITED METHODIST CHURCH			ESTAB PROGRAM	
101 SOUTH WALNUT				
NEWKIRK OK 74647				1,000.
NORTHERN OKLAHOMA COLLEGE F/B/O BROOKE SIKES			ESTAB PROGRAM	
1220 E GRAND AVE				
TONKAWA OK 74653				600.
FRIENDS OF MARLAND'S GRAND HOME			ESTAB PROGRAM	
P.O. BOX 827				
PONCA CITY OK 74602				12,000.
HOSPICE OF NORTH CENTRAL OKLAHOMA			ESTAB PROGRAM	
1904 N. UNION, SUITE 103				
PONCA CITY OK 74601				50,000.
CHILD DEVELOPMENT CENTER INC			ESTAB PROGRAM	
344 SOUTH ELM				
PONCA CITY OK 74601		ļ		137,500.
OKLAHOMA MEDICAL RESEARCH FOUNDATION			ESTAB PROGRAM	
825 NORTHEAST 13TH STREET			ļ	
OKLAHOMA CITY OK 73104				6,500.
PONCA CITY HUMANE SOCIETY			ESTAB PROGRAM	
900 WEST PROSPECT				
PONCA CITY OK 74601			]	12,000.
See Line 3a statement				
				44,500.
	<u> </u>	<u> </u>	▶ 3a	255 700
Total	1	Γ-	<u>► 3a</u>	266,100.
<b>b</b> Approved for future payment				
	1			
	1			[
Tabel	<u></u>		▶ 31-	
Total			▶ 31	'L

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Part XVI-A	Analysis	s of Incom	e-Producing	<b>Activities</b>

Enter gross amounts unless otherwise indicated	Unrelated I	ousiness income	Excluded by	section 512, 513, or 514	(e)
Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	(e) Related or exempt function income (See instructions)
•		· · · · · · · · · · · · · · · · · · ·	code		
ab	+		+		
		·-·	<del>                                     </del>		
•			+ +	·	
-	1		<del></del>		
f	·     -	<del></del>			- <del> </del>
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	269.	
4 Dividends and interest from securities			14	57,472.	
5 Net rental income or (loss) from real estate			-	, ,	<u> </u>
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			<del>                                     </del>		
8 Gain or (loss) from sales of assets other than inventory			18	79,850.	
9 Net income or (loss) from special events		<del></del>			
10 Gross profit or (loss) from sales of inventory					
11 Other revenue.					
a CONTRIBUTIONS			3	400,000.	
b					
С	<u> </u>				
d			<del>-  </del>		
e			+		
12 Subtotal. Add columns (b), (d), and (e)	L_,			537,591.	537,59
13 Total. Add line 12, columns (b), (d), and (e)				13 _	531,59.
(See worksheet in line 13 instructions to verify calculate	ons.)		<del></del>		

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions.)
•	
<del></del>	
_	

73-1526716 Page 13 Form **990-PF** (2011) MADALYNNE L. PEEL FOUNDATION Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1 a (1) Х (1) Cash 1a (2) Х (2) Other assets **b** Other transactions 1b(1) х (1) Sales of assets to a noncharitable exempt organization 1 b (2) Х (2) Purchases of assets from a noncharitable exempt organization Х 1 b (3) (3) Rental of facilities, equipment, or other assets Х (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1 b (5) Х (6) Performance of services or membership or fundraising solicitations 1 b (6) X X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1 c d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no (b) Amount involved 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? X No Yes b If 'Yes,' complete the following schedule (c) Description of relationship (a) Name of organization (b) Type of organization this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, taxpayer) is based on all information of which preparer has any knowledge Under penalties of perjury, I declare May the IRS discuss this return with the preparer shown below Sign

Here PRESIDENT instructions) officer or trustee Title Signature Dat X Yes PTIN nt/Type preparer's name Date X if Check Kubik self-employed D00364595 Paid Firm's EIN > 73-1299165 Lisa Kubik **Preparer** P.O. Box Firm's address 330 Use Only (580) 362-6275 NEWKIRK 746470330 Phone no

BAA

#### **Miscellaneous Statement**

FORM 990PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTOR	 
MADALYNNE L. PEEL ESTATE	
116 S MAIN	
NEWKIRK, OK 74647	 

Total

Form 990-PF, Page 6, Part VIII, Line 1 Information about Officers, Directors, Trustees, Etc.

(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 account, other allowances
Person X Business BETTY SCOTT  8251 N. PECAN RD  NEWKIRK OK 74647  Person X Business  MARYBETH GLASS	DIRECTOR 0.00	500.	0.	0.
813 W. 8TH NEWKIRK OK 74647	DIRECTOR 0.00	500.	0.	0.

Total

1,000.	0.	0.

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year  NEWKIRK EDUCATION FOUNDATION  P.O. BOX 468  NEWKIRK OK 74647  STANDING BEAR NATIVE AMERICA FOUNDATION,  P.O. BOX 247  PONCA CITY OK 74602			ESTAB PROGRAM  ESTAB PROGRAM	Person or Business X  7,500.  Person or Business X  37,000.

Total

44,500.

Form 990-PF, Page 1, Part I Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SCRUGGS RIDGE CPA	TAX RET PREP	661.	661.		
BETTY SCOTT	BOOKKEEPING SVC	585.	585.		

Form 990-PF, Page 1, Part I

**Line 16b - Accounting Fees** 

Continued

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Total	1	1,246.	1,246.		ı

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CHARLES SCHWAB	MANAGEMENT FEES	17,106.	17,106.		

Total

17,106. 17,106.

Form 990-PF, Page 2, Part II, Line 10a

L-10a Stmt

	End of Year		End of Year		
Line 10a - Investments - US and State Government Obligations:	State and Local   State and Local   Obligations   Obligations   FMV		US Government Obligations Book Value	US Government Obligations FMV	

Total

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

	End o	End of Year		
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value		
SECURITIES- CHARLES SCHWAB	1,078,630.	1,468,287.		

Total

1,078,630. 1,468,287.