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990-PF

500 25 WW 1-18 1755

Return of Private Foundation

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

Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

		ent of the Treasury Revenue Service	Note The foundation m		ted as a Priva to use a copy of th			g requirements	Open to Public Inspection
For calendar year 2012 or tax year beginning Name of foundation						, 2012	, and endin	g	, 20
_	Name	of foundation						A Employer iden	tification number
PEGGY MCELROY TANNER FOUNDATION Number and street (or P O box number if mail is not delivered to								27-39847	00
	Numb	per and street (or P O	box number if mail is not delivered	ed to street	address)	-	Room/suite	B Telephone nur	mber (see instructions)
								(4	105) 552-2230
_	833	NORTH FULTO	N						
	City o	or town, state, and ZIP of	ode						
								C If exemption app pending, check h	lication is ere
_	TUL	SA, OK 74115			·				
G	Che	eck all that apply.	Initial return		Initial return	of a former p	oublic charit	y D 1 Foreign organ	izations, check here . >
			Final return		Amended re	turn			izations meeting the
_			Address change		Name chang				k here and attach
H			zation: X Section 501					E If private founda	ition status was terminated
1			nonexempt charitable trust		ther taxable pr			1 '	7(b)(1)(A), check here . >
ı		r market value of a		_	method: 🔀 C	ash [] Acc	rual	F If the foundation	is in a 60-month termination
	•	ear (from Part II, c	1	ther (sp				under section 50°	7(b)(1)(B), check here . >
				_	(d) must be or	cash basis.)			(A) D
ŀ	'art	Analysis of Rev	venue and Expenses (The columns (b), (c), and (d)	1 (0)	Revenue and	(b) Net inve	estment	(c) Adjusted net	(d) Disbursements for charitable
		may not necessar	ily equal the amounts in	ex	penses per books	incom		income	purposes
_	· ·	column (a) (see in:		ļ .				·	(cash basis only)
	1	i if the	ts, etc., received (attach schedule) e foundation is not required to		155,000.				
	2	Check ▶ attac	ch Sch B						
	3	•	nd temporary cash investments					 -	<u> </u>
	4		rest from securities						
						<u> </u>			
			(loss)			ļ			<u> </u>
Revenue	6a b	Net gain or (loss) from Gross sales price for a	m sale of assets not on line 10						
Ver	_ `	assets on line 6a						······································	
æ			come (from Part IV, line 2)						
	8	-	oital gain						
	9 10 a	Gross sales less return	ons · · · · · · · · · · · · · · · · · · ·						
		and allowances • • •	· · ·	<u> </u>					
		Less Cost of goods so	s) (attach schedule)	 					
	11		ch schedule)						
	12		through 11		155,000				
-	13		cers, directors, trustees, etc	<u> </u>	0				
	14		laries and wages	-					+
ses			ployee benefits						
en			schedule)					•	
EX	h		ittach schedule)						
Ve	_ ~		fees (attach schedule)						
rati	17		· · · · · · · · · · · · · · · · · · ·						
ist	18		e) (see instructions)						
nin	19	•	ch schedule) and depletion	-				CCEN/E	
Adr	20							RECEIVED	
þ	21		s, and meetings				ည		000
ar	22		ations					MAY 2 0 2013	
ing	21 22 23 24	• .	tach schedule)				The last		2)
rat	24		id administrative expenses.				1		
ğ			gh 23	[0			abely, J	-
J	25		s, grants paid						
ا_	26	· -	ursements Add lines 24 and 25		0				
٦	27	Subtract line 26 fro	om line 12						
	а	Excess of revenue over	expenses and disbursements	L	155,000				
	b	Net investment inc	come (if negative, enter -0-)				0		
	_	Adjusted net incor	ne (if negative enter -0-).						

JSA For Paperwork Reduction Act Notice, see instructions. 2E1410 1 000

Form 990-PF (2012)

		Attached schedules and amounts in the	Beginning of year	End of	year
Li	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value (b)	Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	l	Savings and temporary cash investments		155,000	155,000.
	l	Accounts receivable			
		Less allowance for doubtful accounts ▶			
		Pledges receivable			
		Less allowance for doubtful accounts ▶			
		Grants receivable			· · · · · · · · · · · · · · · · · · ·
		Receivables due from officers, directors, trustees, and other			
		· · · · · · · · · · · · · · · · · · ·			
		disqualified persons (attach schedule) (see instructions)			
		Other notes and loans receivable (attach schedule)		İ	
"		Less allowance for doubtful accounts ▶			
Assets		Inventories for sale or use			
Ş		Prepaid expenses and deferred charges			
•		Investments - U S and state government obligations (attach schedule)			
		Investments - corporate stock (attach schedule)			
	11 C	Investments - corporate bonds (attach schedule)			······································
		and equipment basis			
		Less accumulated depreciation (attach schedule)			
		Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item I)		155,000	155,000
_		Accounts payable and accrued expenses			
	!	Grants payable			
(A)					
Ë	20	Deferred revenue			
薑	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe			
		- A L L A W			
_		Total liabilities (add lines 17 through 22)	0	<u> </u>	
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.			
Balances	24	Unrestricted			
큠	25	Temporarily restricted			
	26	Permanently restricted			
Net Assets or Fund		Foundations that do not follow SFAS 117,			
Ŧ		check here and complete lines 27 through 31. ▶ 🏻 🔻			
S	27	Capital stock, trust principal, or current funds			
šet		Paid-in or capital surplus, or land, bldg , and equipment fund			
ASS		Retained earnings, accumulated income, endowment, or other funds		155,000.	
et /		Total net assets or fund balances (see instructions)	0	155,000.	
ž		Total liabilities and net assets/fund balances (see			
		instructions)	o	155,000.	
E		Analysis of Changes in Net Assets or Fund	Balances	20070001	
		net assets or fund balances at beginning of year - Part		aree with	
•		of-year figure reported on phor year's return)		-	
2	Ento-	amount from Part Line 27a			155,000.
2	CHIEF	amount from Part I, line 27a			133,000.
3	Other	increases not included in line 2 (itemize)			155 000
		nes 1, 2, and 3			155,000
5	Decre	eases not included in line 2 (itemize) ► net assets or fund balances at end of year (line 4 minus l		5	7.55 000
<u>6</u>	Total	net assets or fund balances at end of year (line 4 minus l	line 5) - Part II, column (b), line 30) 6	155,000
					Form 990-PF (2012)

	and Losses for Tax on Inv	·	(b) How	(c) Date	(d) Date sold
	d describe the kind(s) of property sold orick warehouse, or common stock, 20	· ·	acquired P - Purchase D - Donation	acquired	(mo , day, yr)
1a					
b			<u> </u>		
С			ļ		<u> </u>
<u>d</u>			ļ	<u> </u>	_
_ e			<u> </u>	l	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
a					
b					
<u>c</u>			ļ		
d					
е		<u> </u>	<u> </u>		
Complete only for assets	showing gain in column (h) and own			Gains (Col (h) g	
(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	COI	(k), but not less Losses (from co	
а					
b			1		
<u>c</u>					
<u>d</u>			 		
е		<u>, I - , </u>	 		
	n or (loss) as defined in sections 1		2		
	rt I, line 8, column (c) (see ins	structions). If (loss), enter -0- in	3		
		educed Tax on Net Investment I	ncome		
	·	ibutable amount of any year in the b) Do not complete this part.	ase perio	d?	Yes X No
1 Enter the appropriate am	ount in each column for each yea	ar, see the instructions before makin	g any entr	ies	
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution r (col (b) divided by	
2011					
2010					
2009					
2008					·
2007			ļ,		
2 Total of line 1, column (d))		2		0
3 Average distribution ratio	for the 5-year base period - divid	de the total on line 2 by 5, or by the ss than 5 years	3		
4 Enter the net value of nor	ncharitable-use assets for 2012 fr	rom Part X, line 5	4	. <u>-</u>	12,723
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distribution If line 8 is equal to or great VI instructions	ons from Part XII, line 4 eater than line 7, check the box	in Part VI, line 1b, and complete	8 that part	using a 1% ta	0 x rate See th
JSA			-	For	m 990-PF (2012

Par	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	stru	ctions	5)
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 letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			0
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			0
6	Credits/Payments			
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a			
b	Exempt foreign organizations - tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868) 6c			
d _	Backup withholding erroneously withheld			0
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			
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	or intervene in any political campaign?	1a		Х
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the			
	definition)?	1Ь		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			- '
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation > \$ (2) On foundation managers > \$			'
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers > \$			x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		 ^
3	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		х
Дa	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
•	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	Х	
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	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		1	
	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 ² If "No," attach explanation	8b	X	├──
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete			v
	Part XIV	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and		х	
	addresses ATCH 1	10	_^_	Ь

disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

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

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 2012?

3b

4a

Х

Х

Pai	t VII-B Statements Regarding Activities f	or Which Form 4	720 Ma <u>y Be Req</u> u	ired (continued)		
5a	During the year did the foundation pay or incur any amou	unt to				
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (section	1 4945(e))?	. Yes X N	o	
	(2) Influence the outcome of any specific public ele	ection (see section	4955), or to carry or	n,		
	directly or indirectly, any voter registration drive?			. Yes X No	o	
	(3) Provide a grant to an individual for travel, study, or of				o	1
	(4) Provide a grant to an organization other than a					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (· · · · · · · · · · · · · · · · · · ·	="		o	
	(5) Provide for any purpose other than religious, cl	· · · · ·				- 1
	purposes, or for the prevention of cruelty to children				.	
b	If any answer is "Yes" to 5a(1)-(5), did any of the				n	
	Regulations section 53 4945 or in a current notice regard				5b	l x
	Organizations relying on a current notice regarding disas	_	•	.		
c	If the answer is "Yes" to question 5a(4), does the					
Ī	because it maintained expenditure responsibility for the g				,	
	If "Yes," attach the statement required by Regulations sec				·	
6a	Did the foundation, during the year, receive any fun	, ,	octly to nay premium	c		
υū	on a personal benefit contract?	•			,	
h	Did the foundation, during the year, pay premiums, dire				6b	l x
b	If "Yes" to 6b, file Form 8870	city of indirectly, on a	personal benefit contrat		• • • • • • • • • • • • • • • • • • • •	
7.	At any time during the tax year, was the foundation a pa	ety to a probibited tax	chalter transaction?	Yes X No	_	
	If "Yes," did the foundation receive any proceeds or hav		-		-	l x
	t VIII Information About Officers, Directors					
	and Contractors					
1_	List all officers, directors, trustees, foundation					
1	List all officers, directors, trustees, foundation i	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens	
1_	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred compensation		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		
	(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	other all	owances (
ATC	(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 O	other all	owances (
ATC	(a) Name and address H 2 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those)	(c) Compensation (if not paid, enter-0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	owances one, ente
ATC	(a) Name and address H 2 Compensation of five highest-paid employees	(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 (d) Contributions to employee benefit plans and deferred	other all	owances one, ente
ATC	(a) Name and address H 2 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-)	(d) Contributions to employee benefit plans and deferred compensation O 1 - see instructi (d) Contributions to employee benefit	other all	owances one, ente
ATC	(a) Name and address Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-)	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other all	owances one, ente
ATC	(a) Name and address H 2 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-)	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other all	owances one, ente
ATC	(a) Name and address Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-)	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other all	owances one, ente
ATC	(a) Name and address Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-)	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other all	owances one, ente
ATC	(a) Name and address Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-)	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other all	owances one, ente
ATC	(a) Name and address Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-)	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other all	owances one, ente
ATC	(a) Name and address Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-)	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other all	owances one, ente
ATC	(a) Name and address Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-)	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other all	owances one, ente

Form **990-PF** (2012)

Form 990-PF (2012)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	nployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter '	"NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
otal number of others receiving over \$50,000 for professional services	•
	· . 5 - l
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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
~	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
-	
All other nearest related assessments Consistent and	
All other program-related investments See instructions	
3 NONE	
Total. Add lines 1 through 3	. ▶

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions)	reign foundatio	ns,
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	
b		1b	12,917
С		1c	
d		1d	12,917
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	12,917
4	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see	• • • • • • • • • • • • • • • • • • • •	
		4	194
5	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	12,723
6	Minimum investment return. Enter 5% of line 5		636
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
, ,	foundations and certain foreign organizations check here and do not complete the	nis part)	
1	Minimum investment return from Part X, line 6		636
2 а		`	
ь		-	
c		2c	
3	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	3	636
4	Recoveries of amounts treated as qualifying distributions		
5		1 - 1	636
6	Add lines 3 and 4 Deduction from distributable amount (see instructions)		
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	· · 	
•		7	636
_	line 1	• •	
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		
b			
2	 Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc 	,	
3	purposesAmounts set aside for specific charitable projects that satisfy the	•	
а			
b	* " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
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)		0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when	calculating whe	

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1 Distributable amount for 2012 from Part XI (a) Corpus Years prori 0 2011 2011 2012	Pa	rt XIII Undistributed Income (see instru	uctions)			
United the analysis of the end of 2012 Undestibuted incerne, if any, as of the end of 2012 Enfert amount for 2011 only From 2007 From 2008 From 2008 From 2008 From 2009 From 2010 From 2010 From 2011 From 2012 From 2015 Applied to 2011, but not more than line 2a. Applied to 2011, but not more than line 2a. Applied to 2011, but not more than line 2a. Applied to 2012 distributions or 2012 from Part XI, line 4 ► \$ Applied to 2012 distributions or 2012 from Part XI, line 4 For 2012 From 2015 From 2016 From 2016 From 2016 From 2016 From 2016 From 2017 From 2017 From 2017 From 2017 From 2018 From 2018 From 2018 From 2019 From			(a)	(b)	(c)	(d)
2 Undistributed mome, if any, as of the end of 2012 8 Enter amount for 2011 only 1 Total of Inney years 20, 10, 20, 09, 20, 08 1 Excess distributions carryover, if any, to 2012 8 From 2007 1 From 2008 6 From 2010 6 From 2011 1 Total of lines 3s through e 4 Qualifying distributions for 2012 from Part XI, line 4 P. S. 2 Applied to 2011, but not more than line 2a, b. Applied to undistributed income of prior years (Election required - see instructions), 1 Total of lines 3s distributions or 10 corpus (Election required - see instructions), or Troughed as distributions and or corpus (Election required - see instructions), or Troughed as distributions and or corpus (Election required - see instructions), or Troughed as distributions and or corpus (Election required - see instructions), or Troughed as distributions and or corpus (Election required - see instructions), or Troughed as distributions and or corpus (Election required - see instructions), or Troughed as distributions and or corpus (Election required - see instructions), or Troughed as distributions arrower applied to 2012 (if and animous departs in coloring (i), the same 8. Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5. b Prior years' undistributed income Subtract line 5. b Prior years' undistributed income for years undistributed income for which a notice of deficiency has been insued, or on which the section 4942(a) tax has been previously assessed. 4 Undistributed income for 2011 Subtract line 4s from line 2s Transible amount is see instructions. 5 Undistributed income for 2012 Subtract line 4s from line 2 a Transible amount is see instructions. 6 Undistributed income for 2012 Subtract line 4s from line 1 This amount must be distributed income for 3013 Subtract line 5 or line? (see instructions). 9 Excess from 2008 . 10 Excess from 2008 . 10 Excess from 2009 . 11 Excess from 2009 . 12 Excess from 2009 .	1	Distributable amount for 2012 from Part XI,	Corpus	Years prior to 2011	2011	2012
a Enter amount for 2011 only		line 7				636
b Itala for pray years 20 10 , 20 09 , 20 08 3 Excess distributions carryover, if any, to 2012 a From 2007 b From 2008 d From 2010 f From 2011 f Total of lines 3a through e Cualifying distributions for 2012 from Part XII, line 4 ▶ \$ a Applied to 2011, but not more than line 2a b Applied to undistributed income of prior years ((Election required - see instructions) d Applied to 2012 distributable amount e Romaning amount distributed out of corpus (Election required - see instructions) Excess distributions carryover applied to 2012 (If an amount appears in column (a)) the term of total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 D Pror y years' undistributed income Subtract line 5 D Pror y years' undistributed income Subtract line 4b from line 2b Enter the amount of prior years' undistributed income for which a notice of deficiency has been insued, or on which the section 4942(a) lixa has been previously assessed. Undistributed income for 2011 Subtract line 6 Subtract line 6 C from line 8b Taxable amount - see instructions Undistributed income for 2011 Subtract line 5 Undistributed income for 2011 Subtract line 6 Subtract line 6 C from line 8b Taxable amount - see instructions Undistributed income for 2011 Subtract line 6 Add from line 1 This amount must be distributed income for 2012 Subtract line 4d from line 1 This amount must be distributed in 2013 Amounts treated as distributions carryover from 2007 not applied on line 5 or line? (see instructions) Excess distributions carryover from 2007 not applied on line 5 or line? (see instructions) Excess from 2008 Excess from 2008 Excess from 2008 Excess from 2009 Excess from 2009 Excess from 2009 Excess from 2001	2	•				
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f Total of lines 3a through e						
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10 Analysis of line 9 a Excess from 2008 b Excess from 2010 d Excess from 2011	9		^			
a Excess from 2008 b Excess from 2009 c Excess from 2010 d Excess from 2011	4.0					
b Excess from 2009 c Excess from 2010 d Excess from 2011		· · · · · · · · · · · · · · · · · · ·				
c Excess from 2010 d Excess from 2011	_					
d Excess from 2011	_					
						_

Pa	rt XIV Private Oper	ating Foundations (see instructions and	l Part VII-A, questi	on 9)	NOT APPLICABLE
1 a	If the foundation has	•		•	_	
	foundation, and the ruling					
b	Check box to indicate wh		private operating found		on 4942(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part I or the minimum investment	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
	return from Part X for each					
	year listed					
Þ	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 of exempt activities					
е	Qualifying distributions made					-
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
_	4942(j)(3)(B)(i)					
D	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,		l			
_	line 6 for each year listed					
·	"Support" alternative test - enter (1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities					į.
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(III)					
	(3) Largest amount of sup-					
	port from an exempt organization			<u> </u>		· · · · · -
	(4) Gross investment income			aulu if Aba faun	detien had \$5,000	
Pa	Tt XV Supplementa	ary information (C during the year - se	omplete this part	only if the foun	dation had \$5,000	or more in assets
1	Information Regarding					
a		-		e than 2% of the to	tal contributions receiv	ved by the foundation
					(See section 507(d)(2)	
	PEGGY TANNE	R				
ь	List any managers of		own 10% or more of	the stock of a cor	poration (or an equall	y large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or great	er interest	
	N/A					
2	Information Regarding	-		· -		
					iritable organizations	
	other conditions, comp			ints, etc (see instru	ctions) to individuals of	or organizations under
_	The name, address, a			un to whom application	one should be addressed	<u> </u>
a	ATCH 3	na telephone namber	or e-mail of the perso	n to whom applicatio	ins should be addressed	
	The form in which appl	ications should be sub	omitted and information	on and materials the	ev should include:	
-					•	
	N/A					
	Any submission deadli	nes	-	· · · · · · · · · · · · · · · · · · ·		
	N/A					
d	Any restrictions or life	mitations on awards,	such as by geogra	phical areas, chari	table fields, kinds of	institutions, or other
	factors					
	N/A					

Part XV Supplementary information (oerminaeu,			
3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
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b Approved for future payment		T		
b Approved for fatare payment				
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Total	· 			

	A Analysis of Income-Produ			Fuelvided	V 2004/20 E40 E40 E41	(a)
	amounts unless otherwise indicated	(a) Business code	(b) Amount	(c)	y section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
-	n service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
				-		
_						
ř —						
	and contracts from government agencies					
	rship dues and assessments					<u>.</u>
	on savings and temporary cash investments					
4 Dividen	ds and interest from securities					
	tal income or (loss) from real estate					
	t-financed property					
	debt-financed property				_	
	al income or (loss) from personal property .			-		
	nvestment income	1			-	
	(loss) from sales of assets other than inventory					
	ome or (loss) from special events			 		
	profit or (loss) from sales of inventory		<u> </u>			. <u>-</u>
	evenue a					
e						
	I Add columns (b), (d), and (e)					
See works Part XVI		sulations)	complishment of E	xempt Purp	oses	
Line No ▼	Explain below how each activit accomplishment of the foundation		•			
					· -	<u>.</u>
	-					
	_					
					·	
•						
			•			
				_		
						<u> </u>
_					 	

Part	XVII	Information R Exempt Organ		ansfers To	and Transac	tions a	nd Relation	ships V	Vith None	chari	table	9
0	n sect organiz	e organization direction 501(c) of the Cozations?	lly or indirectly ode (other than	section 501(c)(3) organizatio	ons) or in	section 527,				Yes	No
		ers from the reportin	_									v
		sh								1a(1)	ļ <u></u>	X
		ner assets transactions		• • • • • • •						1a(2)	<u> </u>	
		es of assets to a no	ncharitable eve	mnt organizat	ion					16(1)		х
Ċ	2) Pui	chases of assets fro	om a noncharit	able exempt o	rganization					1b(2)	r	Х
Ċ	3) Re	ntal of facilities, equi	ipment, or othe	rassets						1b(3)		Х
		mbursement arrang								1b(4)		X
(5) Loa	ans or loan guarantee	es							1b(5)	ļ	Х
		rformance of service								1b(6)		X
		g of facilities, equipn								1c	<u> </u>	Х
		answer to any of the of the goods, other										
		n any transaction of										
(a) Line		(b) Amount involved		noncharitable exe			escription of transf					
		N/A	(-)		p. o.gaa	N/A				5		
						-						
	-					1	<u></u>					
			 			 						
••		· 	 			1						
						_						
												
						-						
2a Is	s the	foundation directly	l or indirectly a	ffiliated with,	or related to, o	ne or m	ore tax-exemp	t organız	ations			
		ed in section 501(c)	•	other than sec	tion 501(c)(3)) o	r ın secti	on 527?		l	Y	es X	∫No
<u>b_lf</u>		" complete the follo										
		(a) Name of organization	n	(8) 1	ype of organization			(c) Descript	ion of relations	пір		
						•						
	Under	penalties of penjury, I decla t, and complete Declaration of	are that I have exam	ined this return, in	icuding accompanying	schedules a	nd statements, and	to the best	of my knowledg	e and l	elief, it	is true,
Sign	1	1) 42 61		سم		N properci ne	is any knowledge		May the IRS	discus	s this	retum
Here		eggy Melley	DAHW		<u>-13-2013</u>				with the pri	eparer	shown	below
	Sigr	ature of officer or truster		Date		Title			(see instruction	s)? <u>X</u>	Yes	No.
	<u> </u>	Print/Type preparer's	name	Preparer's	signature		Date	10.		PTIN		
Paid		ROBERT SOZA			La da	_	5-10-	Chi	eck if ' f-employed]		9656	a
Prepa	arer		-	10 70-		N ► 36-60						
Use C	Only	Firm's address > 24	ANT THORNT	STREET,	STE 500			rum s Ell	, , , , , , , , , , , , , , , , , , , 			
		· ·	LSA, OK	,	· — - 	7	4136-1208	Phone no	918-87	77-0	800	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization		Employer identification number
PEGGY MCELROY TANNE	R FOUNDATION	
		27-3984700
Organization type (check one	e)	
Filers of:	Section:	
1 11013 011	occitor.	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion
	501(c)(3) taxable private foundation	
Instructions General Rule	7), (8), or (10) organization can check boxes for both the General Rule and a so	
	one contributor Complete Parts I and II	
Special Rules		
under sections 509	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support ((a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during th 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form d II.	e year, a contribution of
during the year, tot	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from all contributions of more than \$1,000 for use <i>exclusively</i> for religious, charita boses, or the prevention of cruelty to children or animals. Complete Parts I, II,	ble, scientific, literary,
during the year, co not total to more th year for an exclusiv applies to this orga	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from intributions for use exclusively for religious, charitable, etc., purposes, but the an \$1,000 if this box is checked, enter here the total contributions that werely religious, charitable, etc., purpose. Do not complete any of the parts unless inization because it received nonexclusively religious, charitable, etc., contributions.	ese contributions did e received during the ss the General Rule butions of \$5,000 or
Caution. An organization that 990-EZ, or 990-PF), but it mu	is not covered by the General Rule and/or the Special Rules does not file S st answer "No" on Part IV, line 2 of its Form 990, or check the box on line H PF, to certify that it does not meet the filing requirements of Schedule B (For	chedule B (Form 990, I of its Form 990-EZ or on

Name of organization PEGGY MCELROY TANNER FOUNDATION

Employer identification number 27-3984700

Part I	Contributors (see instructions) Use duplicate copies of Par	t I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	PEGGY TANNER 16728 SOUTH HARVARD BIXBY, OK 74008-5147	\$155,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization PEGGY MCELROY TANNER FOUNDATION

Employer identification number 27-3984700

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is nee	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(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
		\$	

Name of organization PEGGY MCELROY TANNER FOUNDATION

Employer identification number

that	dericity religious, charitable, etc., in		to scotion of 1(5)(1), (5), or (10) or gamzations							
	total more than \$1,000 for the yea	•) through (e) and the following line entry.							
For	organizations completing Part III, ent	ter the total of exclusively	y religious, charitable, etc ,							
			ion once See instructions) > 5							
Part III										
m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
-										
-										
l		(e) Transfer of gif	t							
	Tuonofanas's name address and	710 ± 4	Deletionship of transferor to transferor							
\vdash	Transferee's name, address, and	ZIF + 4	Relationship of transferor to transferee							
-										
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No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
	(a, t a poor or give	(0, 000 0. g	(1,							
-										
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	(e) Transfer of gift									
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee							
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lo.										
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
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-	(e) Transfer of gift									
	(e) transier of gift									
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee							
10 -	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
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FORM	990PF,	PART	VII-A,	LINE	10	-	NEW	SUBSTANTIAL	CONTRI	BUTORS
NAME	AND ADI	ORESS	-	•				<u>DATE</u>		DIRECT PUBLIC SUPPORT
16728	TANNER SOUTH	HARVA						12/26/201	12	155,000

TOTAL CONTRIBUTION AMOUNTS

ATTACHMENT 1

ATTACHMENT 1

155,000

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

ATTACHMENT 2

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

PEGGY MCELROY TANNER 833 N FULTON TULSA, OK 74115 PRESIDENT

0

0

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GRAND TOTALS

ATTACHMENT	3_		

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

N/A