See a Social Security Number? Say Something!
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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 6/01/08 , and ending 5/31/09

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
OKLAHOMA STATE TROOPERS ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. BOX 128

City or town, state or country, and ZIP + 4
POTEAU OK 74953

D Employer identification number
23-7395722

E Telephone number
918-649-0583

F Group Exemption Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ N/A

J Organization type (check only one)— ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 441,440

SCANNED FEB 24 2010

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments SEE STATEMENT 1		3	165,435
	4	Investment income		4	24,906
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a	90,146	
	b	Less cost of goods sold	7b	52,395	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	37,751
	8	Other revenue (describe ▶ SEE STATEMENT 2)		8	160,953
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	389,045
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	9,661
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	134,807
	14	Occupancy, rent, utilities, and maintenance		14	360
	15	Printing, publications, postage, and shipping		15	19,088
	16	Other expenses (describe ▶ SEE STATEMENT 3)		16	298,155
	17	**Total expenses.** Add lines 10 through 16 ▶		17	462,071
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-73,026
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	1,394,752
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	1,321,726

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281
FEB 01 2010
OGDEN, UT
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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	1,394,752	22	1,321,726
23 Land and buildings		23	
24 Other assets (describe ▶)		24	
25 **Total assets**	1,394,752	25	1,321,726
26 **Total liabilities** (describe ▶)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	1,394,752	27	1,321,726

GS 73

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

PROMOTE WELFARE OF OKLAHOMA STATE TROOPERS

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 DONATIONS TO MAKE-A-WISH FOUNDATION, OTHER STATE TROOPER ASSOCIATIONS, AND VARIOUS OTHER CHARITABLE ORGANIZATIONS AND CAUSES.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 SEE STATEMENT 4

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30 FINANCIAL ASSISTANCE TO MEMBERS OF THE ASSOCIATION, INCLUDING SUPPLEMENTAL SICK LEAVE BENEFITS, IMMEDIATE RELIEF, LONG-TERM DISABILITY, AND AD&D INSURANCE.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule) SEE STATEMENT 5

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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 & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED		0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ OK

42a The books are in care of ▶ CURTIS LEMING, TREASURER Telephone no. ▶ 918-649-0583

Located at ▶ P.O. BOX 128 POTEAU, OK ZIP + 4 ▶ 74953

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶ _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

TRP C.L. Lemons 490 — Signature of officer — 01-25-2010 — Date

TRP. C.L. Lemons 490 — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶	Preparer's Identifying Number (See instr.)
Richard Finley	1/16/10	☐	

Firm's name (or yours if self-employed), address, and ZIP + 4: FINLEY & COOK, PLLC, PO BOX 1447, SHAWNEE, OK 74802-1447

EIN ▶ 73-0604334

Phone no ▶ 405-275-1650

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
DUES	$ 165,435
TOTAL	$ 165,435

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
ADVERTISING SALES	$ 160,953
TOTAL	$ 160,953

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	$
TRAVEL	12,725
CONFERENCES/MEETINGS	112,798
BANK CHARGES	539
DUES & SUBSCRIPTIONS	576
FLOWERS	4,590
GIVE-AWAY ITEMS	76,075
MAGAZINE EXPENSE	8,059
RETURNED CHECKS	152
PLAQUES & AWARDS	12,668
FEDERAL UBTI TAX	37,320
OKLAHOMA UBTI TAX	8,320
COMPUTER EXPENSE	205
CADET ACADEMY	1,520
MOTORCYCLE/PATROL CAR EXP	88
TELEPHONE	18,408
MEMORIAL CARE	800
DEPRECIATION	232
CONTRIBUTIONS	2,900
OTHER TAXES	180
TOTAL	$ 298,155

Statement 4 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

Description
SCHOLARSHIP PROGRAM TO BENEFIT DEPENDENT CHILDREN OF MEMBERS AT SCHOOLS SUCH AS WESTERN TECH CENTER, UNIVERSITY OF OKLAHOMA, OKLAHOMA BAPTIST UNIVERSITY, EAST CENTRAL UNIVERSITY, ETC.

Statement 5 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description
PROGRAM TO PROVIDE TEDDY-BEARS, AFGHANS, AND OTHER ITEMS TO CHILDREN INVOLVED IN TRAFFIC ACCIDENTS OR OTHER MATTERS OF INVESTIGATION; PUBLIC RELATIONS GIVE-AWAY ITEMS SUCH AS INK PENS, COINS, HATS, SHIRTS, ETC. TO PROMOTE GOODWILL WITH THE PUBLIC AND OTHER STATE TROOPER ASSOCIATIONS. HELD AN ANNUAL CONVENTION FOR ALL OKLAHOMA TROOPERS THAT INCLUDED VARIOUS FORMAL & INFORMAL MEETINGS, A DANCE, A DINNER, AND A GOLF TOURNAMENT. ALL OKLAHOMA TROOPERS ARE ACCOMPANIED BY LEGAL REPRESENTATION PROVIDED BY THE OSTA WHEN THEY HAVE TO APPEAR IN COURT DUE TO ALLEGATIONS OR CHARGES AGAINST THEM. THE OSTA RETAINED THE SERVICES OF A LOBBYIST TO PROMOTE THE WELFARE AND INTERESTS OF ALL COMMISSIONED OFFICERS AND TROOPERS OF THE OKLAHOMA HIGHWAY PATROL. THESE EXPENDITURES ARE PRIMARILY INCURRED TO IMPROVE COMPENSATION AND BENEFITS FOR OFFICERS AND TROOPERS. PLAQUES AND AWARDS ARE PRESENTED TO VARIOUS POLITICIANS AND LOBBYISTS TO SHOW APPRECIATION FOR WORK THEY DO THAT BENEFITS MEMBER OF THE OSTA.

OKLAHOMA STATE TROOPERS ASSOCIATION
EIN #23-7395722
May 31, 2009

FORM 990, PART VI, LINE 85 - LOBBYING EXPENSES

The Oklahoma State Troopers Association incurred $32,855.85 of expenses to lobby state legislators to promote the welfare and interest of all commissioned officers and troopers of the Oklahoma Highway Patrol. Such expenditures were incurred primarily to improve compensation and benefits for officers and troopers of the patrol. No expenditures were made to influence public opinion about legislative matters.

Revenue Procedure 98-19 excludes labor organizations that are exempt from tax under Section 501(c)(5) of the IRC from the notice requirement of Section 6033(e)(1) or the proxy tax imposed by Section 6033(e)(2). Therefore, the OSTA is not required to notify its members regarding the non-deductibility of their dues, nor pay the proxy tax.

ASSET DEPRECIATION SHORT REPORT
OKLAHOMA STATE TROOPERS ASSOC. May. 31, 2009

Sorted ASSET A/C#
Method 1-FEDERAL-Std Conv Applied

Range 1310 - 1310
Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1310 - EQUIPMENT								
10/10/88	TYPEWRITER	MA200/ 5 00	634 00	0 00	634 00	634 00	0 00	634 00
06/18/96	FILE CABINET & PHONE	M*200/ 7 00	337 00	0 00	337 00	337 00	0 00	337 00
07/03/96	COMPUTER - TREASURER	M*200/ 5 00	3,384 00	0 00	3,384 00	3,384 00	0 00	3,384 00
07/03/96	COMPUTER - PRESIDENT	M*200/ 5 00	3,251 00	0 00	3,251 00	3,251 00	0 00	3,251 00
02/17/97	FAX MACHINE - PRESIDENT	M*200/ 7 00	698 00	0 00	698 00	698 00	0 00	698 00
04/03/97	1937 INDIAN MOTORCYCLE FOR DISPLAY	NONE/ 7 00	15,163 00	0 00	0 00	0 00	0.00	0 00
07/26/97	MONITOR - PRESIDENT	M*200/ 5 00	680 00	0 00	680 00	680 00	0 00	680 00
10/01/97	TRAILER FOR 1937 INDIAN MOTORCYCLE	M*200/ 5 00	3,994 00	0 00	3,994 00	3,994 00	0 00	3,994 00
08/31/98	FAX MACHINE	M*200/ 7 00	250 00	0 00	250 00	250 00	0 00	250 00
02/22/99	COMPUTER HARD DRIVES - PRESIDENT	M*200/ 5 00	214 00	0 00	214 00	214 00	0 00	214 00
05/17/99	RESTORATION OF 1937 FORD PATROL	NONE/ 7 00	5,200 00	0 00	0 00	0 00	0 00	0 00
07/14/99	DESKTOP COMPUTER - SECRETARY	M*200/ 5 00	2,126 00	0 00	2,126 00	2,126 00	0 00	2,126 00
07/14/99	COMPUTER SOFTWARE	SLMM/ 3 00	356 78	0 00	356.78	356 78	0 00	356 78
08/26/99	LAPTOP COMPUTER - SECRETARY	M*200/ 5 00	3,658 00	0 00	3,658.00	3,658 00	0 00	3,658 00
08/26/99	COMPUTER SOFTWARE	SLMM/ 3 00	413 00	0 00	413 00	413 00	0 00	413 00
11/30/04	INTERSTATE TANDEM-AXLE TRAILER	MA200/ 7 00	5,192 32	0 00	5,192 32	4,381 36	231 70	4,613 06
Grand totals	1310 - EQUIPMENT (16 assets)		45,551 10	0 00	25,188 10	24,377 14	231 70	24,608 84
Grand totals for all accounts: (16 assets)			45,551 10	0 00	25,188 10	24,377 14	231 70	24,608 84

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	45,551 10	0 00	0 00	25,188 10	24,377 14	231 70	24,608 84	20,942 26
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	45,551 10	0 00	0 00	25,188 10	24,377 14	231 70	24,608 84	20,942 26

Total Additional First Year Depreciation Taken at 30% Rate: ***0.00***

Total Additional First Year Depreciation Taken at 50% Rate: ***0.00***

Total Additional First Year Depreciation Taken: ***0.00***

FORM 990, PART V - LIST OF OFFICERS & DIRECTORS (PAGE 1)

NAME & ADDRESS	TITLE & AVG HRS	COMPENSATION	BENEFITS	EXPENSE ACCOUNT
RUSSELL KNOKE RT. 2 BOX 76-E1 SALLISAW, OK 74955	PRESIDENT 2 HOURS	-0-	-0-	-0-
PHILLIP ELLYSON 17448 HORSE AVE. PURCELL, OK 73080	1ST V.P. 2 HOURS	-0-	-0-	-0-
BEN MCHAND P.O. BOX 996 GUTHRIE, OK 73044	2ND V.P. 2 HOURS	-0-	-0-	-0-
KEITH BARENBERG P.O. BOX 5050 KANSAS, OK 74347	SECRETARY 2 HOURS	-0-	-0-	-0-
CURTIS LEMING P.O. BOX 128 POTEAU, OK 74953	TREASURER 2 HOURS	-0-	-0-	-0-

SEE FOLLOWING FOR A LIST OF DIRECTORS

NOTE: ALL OFFICERS & DIRECTORS SERVE WITHOUT COMPENSATION

Form 990, Part V – List of Officers & Directors

BOARD OF DIRECTORS

Troop A
Calvin Symes
5300 N. Sara Rd.
Yukon, OK 73099

Troop B
Michael Smith
P.O. Box 5995
Edmond, OK. 73083

Troop BT
Eric Albrecht
8365 Hunters Ridge
Piedmont, OK 73078

Troop C
Randy Cox
1410 Beecher St.
Fort Gibson, OK 74434

Troop D
Mike Choate
P.O. Box 794
McAlester, OK 74502

Troop E
Scott King
P.O. Box 5995
Edmond, OK. 73083

Troop ES
Albert Rangle
4152 Cove Dr.
Yukon, OK 73099

Troop F
Joe Jefferson
P.O. Box 104
Tishomingo, OK 73460

Troop G
Thomas Winton
P.O. Box 5995
Edmond, OK. 73083

Troop H
Kendall Johnson
P.O. Box 5995
Edmond, OK. 73083

Troop I
Mike Fike
P.O. Box 5995
Edmond, OK. 73083

Troop J
John Weimer
P.O. Box 5995
Edmond, OK. 73083

Troop K
Todd Hatchett
P.O. Box 5995
Edmond, OK. 73083

Troop L
Brian McSlarrow
13612 E. 380 Rd.
Jay, OK 74346

Troop M
Ryan Hayes
P.O. Box 5995
Edmond, OK. 73083

Troop O
Steve Kirby
P.O. Box 5995
Edmond, OK. 73083

Troop R
Matthew Stanley
P.O. Box 5995
Edmond, OK. 73083

Troop S
Ron Jenkins
110 James
Poteau, OK 74953

NOTE: All Officers & Directors serve without compensation.

Troop SO
Vern Roland
P.O. Box 5995
Edmond, OK. 73083

Troop T
Joe Simpson
2101 SW 66th
Oklahoma City, OK 73159

Troop W
Darrel Richardson
P.O. Box 645
Sulphur, OK 73086

Troop XA
Mark Kuhn
P.O. Box 5995
Edmond, OK. 73083

Troop XB/XE
Jeremiah Hoyt
P.O. Box 140001
Broken Arrow, OK 74014

Troop XC
Tony Crabtree
P.O. Box 5995
Edmond, OK. 73083

Troop XD
Mark Kuhn
P.O. Box 5995
Edmond, OK. 73083

Troop YA
Derek Sosbee
P.O. Box 5995
Edmond, OK. 73083

Troop YB
Todd Blaylock
P.O. Box 5995
Edmond, OK. 73083

Troop YC
T.G. Byrns
P.O. Box 5995
Edmond, OK. 73083

Troop Z
Jason Riddle
P.O. Box 5995
Edmond, OK. 73083

Communications
Katie White
P.O. Box 5995
Edmond, OK. 73083

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ X
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	OKLAHOMA STATE TROOPERS ASSOCIATION	23-7395722
	Number, street, and room or suite no. If a P O. box, see instructions.	
	P.O. BOX 128	
	City, town or post office, state, and ZIP code For a foreign address, see instructions.	
	POTEAU,OK 74953	

Check type of return to be filed (file a separate application for each return)

X	Form 990	☐	Form 990-T (corporation)	☐	Form 4720
☐	Form 990-BL	☐	Form 990-T (sec. 401(a) or 408(a) trust)	☐	Form 5227
☐	Form 990-EZ	☐	Form 990-T (trust other than above)	☐	Form 6069
☐	Form 990-PF	☐	Form 1041-A	☐	Form 8870

- The books are in the care of ▶ CURTIS LEMING

Telephone No. ▶ 918-649-0583 FAX No. ▶ 918-649-0756

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . ▶ ☐ . If it is for part of the group, check this box . . ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until JANUARY 15 , 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year _____ or
▶ X tax year beginning JUNE 1 , 2008 , and ending MAY 31 , 2009 .

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2009)

JSA
8F8054 3 000

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer Identification number
File by the extended due date for filing the return See instructions	OKLAHOMA STATE TROOPERS ASSOCIATION	23-7395722
	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 128	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions POTEAU, OK 74953	

Check type of return to be filed (File a separate application for each return)

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ CURTIS LEMING
  Telephone No. ▶ 918-649-0583 FAX No. ▶ 918-649-0756
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . ▶ [ ]. If it is for part of the group, check this box . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until APRIL 15, 2010

5 For calendar year _____, or other tax year beginning JUNE 1, 2008, and ending MAY 31, 2009.

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension INFORMATION CRITICAL TO THIS RETURN WAS UNAVAILABLE TO MEET THE EARLIER DUE DATE. WE RESPECTFULLY REQUEST APPROVAL OF THIS APPLICATION FOR ADDITIONAL EXTENSION OF TIME TO FILE.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ _____ Title ▶ CPA Date ▶ 1/16/10