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

OMB No 1545-0052 2009

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

For c	alenda	ar year 2009, or tax year beginning , a	and ending	_			
G C	heck a	ill that apply 🔲 Initial return 🔲 Initial ret	turn of a former public o	chanty		Final return	
		Amended return Add	ress change	Name	change	<u> </u>	
Use	the IR	Name of foundation				loyer identification num	ber
la	abel.	DEXTER G. JOHNSON EDUCATION	NAL &		23	-7389204	
	erwise orint	Number and street (or P O box number if mail is not delivered	to street address)	Room/suite	1 '	hone number (see page 1/ 8-588-6407	0 of the instructions)
-	type.	P.O. BOX 1620				mption application is pend	ing check here
	Specifi				1	oreign organizations, check	
	uction	5.ty 5. 15.tt.; 5225; 2.tt.5 2.tt	74101-1620			oreign organizations meetii	_
H C	heck ty	ype of organization X Section 501(c)(3) exempt private	foundation			% test, check here and at	- 1 1
	Section	4947(a)(1) nonexempt charitable trust Other taxable	e private foundation		E Ifрли	ate foundation status was	terminated under
I Fa	ur mark	ket value of all assets at end J Accounting method.	X Cash Acc	rual	section	on 507(b)(1)(A), check here	• ◆ ∐
of	year (f	rom Part II, col. (c), Other (specify)			F If the	foundation is in a 60-mont	h termination
lin	e 16) 	\$ 3,866,930 (Part I, column (d) must b	be on cash basis)		unde	r section 507(b)(1)(B), che	ck here
Pa	irt I	Analysis of Revenue and Expenses (The	· (a) Revenue and				(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily	equal expenses per books	(b) Net in	vestment ome	(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see page 11 of the instructions))	BOOKS	11100),iiic	moone	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach sched	ule)				
	2	Check ◆X If the foundation is not required to attach	Sch B				
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	99,742		99,742		
	5a	Gross rents					
Revenue	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10	-104,811				
	b	Gross sales price for all assets on line 6a 1,616,529					
	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gaiRECEIVED				0	
	9						
	10a	Gross sales less returns & allowances nin					
	b	Less Cost of goods sold July 2 2 2 10 10					
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach scheded ENSTMT 1	24,842		21,932		
	12	Total. Add lines 1 through 11	19,773	1	21,674	0	
' 0	13	Compensation of officers, directors, trustees, etc	17,320		17,320		
benses	14	Other employee salanes and wages	45,000				45,000
ë	15	Pension plans, employee benefits					
_	16a	Legal fees (attach schedule)					
Ш	b	Accounting fees (attach schedule) STMT 2	10,320				10,320
Ĭ.	С	Other professional fees (attach schedule)		<u></u>			
SCOOPERED AND ABOUTHING IN	17	Interest					
F	18	Taxes (attach schedule) (see page 14 of the ins 3	5,790		1,460		4,330
æ <u>F</u>	19	Depreciation (attach schedule) and depletion					
6 D	20	Occupancy	3,000				3,000
₩	21	Travel, conferences, and meetings					
<u>=</u>	22	Printing and publications					
þ	23	Other expenses (att sch) STMT 4	5,139		6,957		2,981
	24	Total operating and administrative expenses.					
3	•	Add lines 13 through 23	86,569		25,737		65,631
ෂී	25	Contributions, gifts, grants paid	113,760				113,760
<u>ਨੂ</u>	26	Total expenses and disbursements. Add lines 24 a	nd 25 200,329		25,737	0	179,391
G)	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursem	ents -180,556				
	Ь	Net investment income (if negative, enter -0-)		ļ	95,937		
	<u> </u>	Adjusted net income (If negative, enter -0-)	<u> </u>	L		0	000 55
For	rivacy	Act and Paperwork Reduction Act Notice, see page 30	of the instructions.				Form 990-PF (2009)

1	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
_,	aiti	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			<u> </u>
1	2	Savings and temporary cash investments	226,193	155,192	155,192
1	3	Accounts receivable ◆			
- 1		Less allowance for doubtful accounts ◆			
İ	4	Pledges receivable ◆			
		Less allowance for doubtful accounts ◆			
ŀ	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the			
- 1		instructions)			
ı	7	Other notes and loans receivable (att. schedule) ◆ 4,764			
		Less allowance for doubtful accounts ♦ 4 , 764			
क	8	Inventories for sale or use		<u> </u>	
Assets	9	Prepaid expenses and deferred charges			
AS	10a	Investments—U S and state government obligations (attach satural) 5	403,258	251,750	254,860
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule) SEE STMT 6	435,735	429,498	414,944
	11	Investments—land, buildings, and equipment basis ◆			
		Less accumulated depreciation (attach sch) ◆			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule) SEE STATEMENT 7	2,719,303	2,767,493	2,936,406
	14	Land, buildings, and equipment basis ♦ 334			
		Less accumulated depreciation (attach schSTMT 8 334			
	15	Other assets (describe ◆ SEE STATEMENT 9)	12,670	12,670	105,528
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	3,797,159	3,616,603	3,866,930
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
≣	20	Loans from officers, directors, trustees, and other disqualified persons			1
ä	21	Mortgages and other notes payable (attach schedule)			
ᅦ	22	Other liabilities (describe ♦)			
	23	Total liabilities (add lines 17 through 22)	0	0	
П		Foundations that follow SFAS 117, check here ◆			
ces		and complete lines 24 through 26 and lines 30 and 31.			
ၓၟ	24	Unrestricted			
폩	25	Temporarily restricted			
ä	26	Permanently restricted			
힏		Foundations that do not follow SFAS 117, check here ◆ X			
ᆵ		and complete lines 27 through 31.			
5	27	Capital stock, trust principal, or current funds	3,797,159	3,616,603	
တ္သ	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Net Assets or Fund Balan	29	Retained earnings, accumulated income, endowment, or other funds			
AS	30	Total net assets or fund balances (see page 17 of the			
당		instructions)	3,797,159	3,616,603	
ž	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	3,797,159	3,616,603	
	Part I	Analysis of Changes in Net Assets or Fund Balances			
1	Total	net assets or fund balances at beginning of year-Part II, column (a), line 30 (must a	gree with		
	end-c	f-year figure reported on prior year's return)		1	3,797,159
2	Enter	amount from Part I, line 27a		2	-180,556
3	Other	rincreases not included in line 2 (itemize) ◆		3	
4	Add I	nes 1, 2, and 3		4	3,616,603
5	Decre	eases not included in line 2 (itemize) ◆		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), I	ine 30	6	3,616,603
					Form 990-PF (2009)

Part IV Capital Gains ar	nd Losses for Tax on Investmer	<u>it Income</u>			
	be the kind(s) of property sold (e.g., real estate, chouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquir (mo , day, yr	
1a INVESTMENT SECU	RITIES		P	VARIOUS	S VARIOUS
b					
С					
d					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	107	r other basis ense of sale) Gain or (loss) plus (f) minus (g)
a 1,616,529			1,721,340		-104,811
b					
С					
d					
Ө	.,				
Complete only for assets showing	gain in column (h) and owned by the found	dation on 12/31/69		, ,	(Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) l (j), if any		ut not less than -0-) or ses (from col (h))
a					-104,811
b		-			
С		·-			
d					
е				•	<u> </u>
2 Capital gain net income or (net ca	pital loss) If gain, also enter in P If (loss), enter -0- in P	art I, line 7		2	-104,811
3 Net short-term capital gain or (loss	s) as defined in sections 1222(5) and (6)	_			
If gain, also enter in Part I, line 8, o	column (c) (see pages 13 and 17 of the ins	tructions)			
If (loss), enter -0- in Part I, line 8				3	
Part V Qualification Un	ider Section 4940(e) for Reduce	d Tax on Net I	nvestment Incor	ne	<u> </u>
(For optional use by domestic private f	foundations subject to the section 4940(a)	tax on net investme	ent income)		
If section 4940(d)(2) applies, leave this	s part blank				
					
	on 4942 tax on the distributable amount of	• •	se period? Ye	es 🗶 No	
	y under section 4940(e) Do not complete	·			<u> </u>
	ach column for each year, see page 18 of t	ne instructions bet	ore making any entries	3 	
(a) Base period years	(b) Adjusted qualifying distributions	Net value	(c) of noncharitable-use ass	ets .	(d) Distribution ratio
Calendar year (or tax year beginning	265	·		377	(b) divided by col (c)) 0.064852
2008	252,				0.052773
2007	133,		4,786,4 4,416,8		0.032773
2006	115,		4,066,		0.030301
2005 2004	203,		3,834,		0.053104
2004	203,	032	5,054,	774	0.033104
2 Total of line 1, column (d)				2	0.229549
_	-year base period—divide the total on line	2 by 5, or by the			0 045010
number of years the foundation ha	is been in existence if less than 5 years			3	0.045910
4 Enter the net value of nonchantable	le-use assets for 2009 from Part X, line 5			4	3,339,906
5 Multiply line 4 by line 3				5	153,335
6 Enter 1% of net investment income	e (1% of Part I line 27h)			6	959
2 Enter 170 of thet his astrinetif in Collin	o (173 of 1 art 1, mile 27 b)				
7 Add lines 5 and 6				7	154,294
9 Enter qualifium distabilitions from	Part XII June 4			8	179,391
8 Enter qualifying distributions from If line 8 is equal to or greater than	Part All, line 4 line 7, check the box in Part VI, line 1b, an	d complete that as	rt using a 1% tay rate		
Part VI instructions on page 18		- somplete that pa	Joing a 170 tax rate	410	
			· · · · · · · · · · · · · · · · · · ·		

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<u> Pa</u>	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruct	tions)			
1a	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				<u>959</u>
	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-)				0
3	Add lines 1 and 2				959
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				959
6	Credits/Payments				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 2,638				
b	Exempt foreign organizations—tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d			2,	<u>638</u>
8	Enter any penalty for underpayment of estimated tax. Check here				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ◆ 9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10			1,	679
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ◆ 1,679 Refunded ◆ 11				
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				
	of the instructions for definition)?		1b		X
	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				
С	Did the foundation file Form 1120-POL for this year?	1	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	ĺ			
•	(1) On the foundation \bullet \$ (2) On foundation managers \bullet \$	į			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
·	on foundation managers • \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		x
-	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
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	ł	4a		X
		N/A	4b		
b 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5		x
5	If "Yes," attach the statement required by General Instruction T				
c	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
6	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	by state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		6	x	
-	·	}		X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	<u> </u>	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				
	Instructions) ♦ OK				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		٠.	x	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	Λ	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page				v
	27)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				v
	names and addresses		10		<u> </u>
		Fo	rm 99	U-PF	(2009)

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charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

X

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Pa	art VII-B Statements Regardin	g Activities for Which Form	n 4720 May Be Re	equired (contin	nued)		
5a	During the year did the foundation pay or in			_			
	(1) Carry on propaganda, or otherwise atte	empt to influence legislation (section	4945(e))?	Y	es X No		
	(2) Influence the outcome of any specific p	public election (see section 4955), or	to carry on,	_			
	directly or indirectly, any voter registrati	ion drive?		∐ Y	es X No		
	(3) Provide a grant to an individual for trav-			∐ Y	es 🛚 No		
	(4) Provide a grant to an organization other				_		
	section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see page 22 of the ins	tructions)	∐ Y	es 🛚 No		
	(5) Provide for any purpose other than relig	gious, chantable, scientific, literary, c	r educational		_		
	purposes, or for the prevention of cruel	ty to children or animals?		∐ Y	es X No		
b	If any answer is "Yes" to 5a(1)-(5), did any	of the transactions fail to qualify und	er the exceptions descr	nbed in			
	Regulations section 53 4945 or in a current	notice regarding disaster assistance	e (see page 22 of the in	structions)?	_N/A	5b	
	Organizations relying on a current notice re	garding disaster assistance check h	ere		◆ 📙 🔰		
С	If the answer is "Yes" to question 5a(4), do	es the foundation claim exemption fr	om the tax				
	because it maintained expenditure respons	ibility for the grant?		N/A 📗 Y	'es 📙 No		
	If "Yes," attach the statement required by R	legulations section 53.4945-5(d)					
6a	Did the foundation, during the year, receive	any funds, directly or indirectly, to p	ay premiums		_		
	on a personal benefit contract?			Y	es 🛚 X No		
b	Did the foundation, during the year, pay pre	emiums, directly or indirectly, on a pe	rsonal benefit contract?	•		6b	X
	If "Yes" to 6b, file Form 8870			_			
7a	At any time during the tax year, was the fou	indation a party to a prohibited tax st	nelter transaction?	∐ Y	'es X No		
<u>b</u>	If yes, did the foundation receive any proce				N/A	7b	
Pa	art VIII Information About Offi	cers, Directors, Trustees, F	Foundation Manag	gers, Highly P	aid Employed	es,	
	and Contractors						
1	List all officers, directors, trustees, found	ation managers and their compen	sation (see page 22 of	the instructions).		
			(b) Title, and averag	e (c) Compensation	(d) Contributions t	1	
	(a) Name and ac	ddress	hours per week devoted to position	(If not paid, ente	r employee benefit plans and deferred		
			dovotes to positio	,	compensation		
TC	M MCDANIEL, PRESIDENT OCU	OKC	TRUSTEE				
25	01 N. BLACKWELDER	ОК 73106	1.00	0	0		0
DZ	VID L. BOREN, PRESIDENT OU	NORMAN	TRUSTEE				
66	0 PARRINGTON OVAL	ок 73019	1.00	0	0		0
В	JRNS HARGIS, PRESIDENT OSU	STILLWATER	TRUSTEE				
10	7 WHITEHURST	OK 74078	1.00	0	0		0
BA	NK OF OKLAHOMA N.A.	TULSA	AGENT			1	
P.	O. BOX 880	OK 74101-0880	1.00	17,320	0		0
2	Compensation of five highest-paid empl	loyees (other than those included	on line 1—see page 2	3 of the instruction	ons).		
	If none, enter "NONE."						
			(b) Title, and average	je	(d) Contributions t employee benefit	b (a) Ev	nanca accoun
	(a) Name and address of each employe	ee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferre	d othe	r allowances
			devoted to position	'	compensation		
NC	DNE						
						<u> </u>	
						<u> </u>	
			1 1			ı	
							
	I number of other employees paid over \$50.0						

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Part VIII	Information About Officers, Directors, Trustees, Found	ation Managers, Highly Paid Emp	oloyees,
	and Contractors (continued)		·
3 Five highe	est-paid independent contractors for professional services (see page 2	of the instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			
Total number of	others receiving over \$50,000 for professional services		•
Part IX-A	Summary of Direct Charitable Activities		
List the foundation	on's four largest direct chantable activities during the tax year. Include relevant statistical	information such as the number of	
organizations and	d other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 REVIE	W APPLICATIONS TO DETERMINE IF LOW I	NCOME	
	IDUALS NEED FINANCIAL ASSISTANCE WITH	H MEDICAL	
EXPEN	SES.	<u> </u>	
2			
3			
			-
4			
Part IX-B	Summary of Program-Related Investments (see page	24 of the instructions)	
	largest program-related investments made by the foundation during the tax year on lines		Amount
1 N/A			,
,	•		
2			
All other program	related investments. See page 24 of the instructions		
3			

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Total. Add lines 1 through 3

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179,391

178,432

3a

3b

4

5

b

4

5

6

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Pa	art XIII Undistributed Income (see	page 26 of t	ne instructions)		,	
1	Distributable amount for 2009 from Part XI,		(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				_	170,835
2	Undistributed income, if any, as of the end of 200	09				
а	Enter amount for 2008 only				138,690	
b	Total for pnor years 20 , 20 , 2	00				
3	Excess distributions carryover, if any, to 2009					
а	From 2004					
	From 2005		•			
	From 2006					
	From 2007					
_	From 2008					
f	Total of lines 3a through e		==			···
4	Qualifying distributions for 2009 from Part XII,					
	line 4 ◆ \$179,391					
а	Applied to 2008, but not more than line 2a				138,690	
b	Applied to undistributed income of prior years					
	(Election required—see page 26 of the instructio	ns)				
С	Treated as distributions out of corpus (Election	ĺ				
_	required—see page 26 of the instructions)				[
а	Applied to 2009 distributable amount					40,701
						40,701
	Remaining amount distributed out of corpus					·-··
5	Excess distributions carryover applied to 2009					
	(If an amount appears in column (d), the same					
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5					
	Prior years' undistributed income Subtract					
	line 4b from line 2b					
c	Enter the amount of prior years' undistributed					
·						
	income for which a notice of deficiency has					
	been issued, or on which the section 4942(a)					
	tax has been previously assessed				<u> </u>	
d	Subtract line 6c from line 6b Taxable					
	amount—see page 27 of the instructions					
е	Undistributed income for 2008 Subtract line					
	4a from line 2a Taxable amount—see page					
	27 of the instructions					
f	Undistributed income for 2009 Subtract lines					
	4d and 5 from line 1. This amount must be					
	distributed in 2010					130,134
7	Amounts treated as distributions out of corpus					130,134
′	•					
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the					
	instructions)					
8	Excess distributions carryover from 2004 not					
	applied on line 5 or line 7 (see page 27 of the					
	instructions)					
9	Excess distributions carryover to 2010.					
	Subtract lines 7 and 8 from line 6a					
10	Analysis of line 9					
	Excess from 2005					
a	 					
b	Excess from 2006					
C	Excess from 2007					
d	Excess from 2008					
е	Excess from 2009					

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year SEE ATTACHED STMT MEDICAL EXPENSE 113,760 113,760 **♦** 3a Total **b** Approved for future payment N/A Total **♦** 3b

DAA

Form 990-PF (2009)

Part XVI-A	Analysis of Income-Producing Ac	ctivities				
Enter gross amo	ounts unless otherwise indicated	Unrelated	business income		d by section 512, 513, or	514 (e) Related or exempt
		(a)	(b)	(c) Exclusion	(d)	function income
4 D		Business code	Amount	code	Amount	(See page 28 of the instructions)
1 Program se		-				the madedons)
		-				-
		-		-		
·		- 	··			
		- 	···			
		-				
f	ad an absolute from a property of the control of th		<u> </u>			
_	nd contracts from government agencies			- - - -		
	dues and assessments			+ +		
	savings and temporary cash investments	<u> </u>		14	00.740	
	nd interest from securities			14	99,742	
	come or (loss) from real estate			 		.
	anced property			 		·
	t-financed property			+ +		
	come or (loss) from personal property			15	21 020	
7 Other inves				18	21,932	
•	s) from sales of assets other than inventory			10	-104,811	
	or (loss) from special events	 				
	or (loss) from sales of inventory					
11 Other reven		-		1	10	
	ELLANEOUS	-		$\frac{1}{1}$	10	
	SE TAX REFUND				2,900	
		-		+ +		
e	24 - 1 40 (40 440)	-			10 773	0
	id columns (b), (d), and (e)			0	19,773	19,773
	ine 12, columns (b), (d), and (e)				13 _	19,773
Part XVI-B	In line 13 instructions on page 28 to verify calculation		nt of Evomet D	lurnaaaa		
						· · · · · · · · · · · · · · · · · · ·
Line No. □	Explain below how each activity for which income accomplishment of the foundation's exempt purp					tha
J	instructions)	oses (diller triair by	providing lunus loi	such pulpos	es) (See page 29 or	ine
N/A	instructions /					
M/A			 			
						
						
						
					 _	
						
				<u> </u>		<u> </u>
		- .				
	-					
		<u> </u>				
						
						
						
						·
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	1					

		Exempt Organiza	itions			•			
1	Did the org			in any of the following with any oth	ner orga	nization described		Yes	No
	in section	501(c) of the Code (other	than section	n 501(c)(3) organizations) or in sec	tion 527	, relating to political			
	organizatio			, , , , ,					
а	Transfers	from the reporting founda	tion to a non	charitable exempt organization of					
	(1) Cash	, ,					1a(1)		х
	(2) Other	assets					1a(2)		X
b	Other tran	sactions							
	(1) Sales	of assets to a noncharital	ble exempt o	rganization			16(1)		x
		ases of assets from a nor	•	•			1b(2)		X
		I of facilities, equipment, of		· · ·			1b(3)		X
	(4) Reimb	oursement arrangements					1b(4)		X
	(5) Loans	or loan guarantees					1b(5)		X
	(6) Perfor	mance of services or me	mbership or	fundraising solicitations			1b(6)		X
С				er assets, or paid employees			1c		X
d	If the ansv	ver to any of the above is	"Yes," comp	lete the following schedule Colum	n (b) sh	ould always show the fair marke	et		
	value of th	ne goods, other assets, or	services giv	en by the reporting foundation. If the	ne found	lation received less than fair ma	ırket		
	value in ar	ny transaction or shanng a	arrangement	, show in column (d) the value of the	ne good	s, other assets, or services rece	eived		
	(a) Line no	(b) Amount involved	(c) Name	of nonchantable exempt organization		(d) Description of transfers, transaction	ctions, and sharing arrange	ements	
<u>\r</u>	<u> </u>								
					<u> </u>				
									···
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		<u> </u>			+				
					+				
					+				
					ļ				
2a		•	•	ith, or related to, one or more tax-e	•	organizations	П.,	177	ล
				nan section 501(c)(3)) or in section	52/7			es X	No
b		omplete the following sch	edule	(h) Time of accompany	1	(a) Passantina	of solotions but		
	N/A	(a) Name of organization		(b) Type of organization	+	(c) Description of	or relationship		
	N/A		· -		+				
					1		· · ·		
					+				
		· · ·			+				
П	Under pene	thee of parting I declare that	L have evamin	ed this return undividing accompanying s	chadulas	and statements, and to the best of r	my knowledge and		
				ed this return, including accompanying s reparer (other than taxpayer or fiduciary)					
	k .			17/	/in	otent 1	t e.		
اه	Signati	ure of officer or trustee		Date	/ / <u>V</u> _	Title			
ᄒ						Date	Preparer's ide		
늗ㅣ	,a .	Preparer's -	. 1	\bigcirc		Check if	number (see page 30 of the	Signat e instru	ctions)
Sign Here	2 g G	signature	Mall-			7/1/10 self-employ	P00177		
ן נט			COLE 8	P.C.		-	1 - 2		
J	and SU	Firm's name (or yours if self-employed), addre		UCH DRIVE SUIT	E 20	0	EIN ♦ 73-131	242	2
		and ZIP code	OKLAF			2251	Phone no405-23		
	— — — <u>L</u>						Form 99		

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Federal Statements

Statement 5 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Description							
		Beginning of Year		End of Year	Basis of Valuation		Fair Market Value
FHLB - 2/13/09	_						
FHLB - 6/17/2013	\$	101,969	Ş			\$	
·		100,000		100,000	COST		101,860
FHLMC - 10/15/2028		101,750		101,750	COST		102,914
FHLMC - 2/15/2026		·		,			_0_, 5
FHLB - 03/16/2016		99,539			COST		
	_			50,000	COST	_	50,086
TOTAL	\$	403,258	\$	251,750		\$_	254,860

Statement 6 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description				
	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
CWALT SER - 12/25/2035	\$ 59,494	\$ 53,257	COST	\$ 39,247
EMERSON ELECTRIC - 12/15/2014	•	•		•
GENERAL ELECTRIC CAP CORP	60,836	60,836	COST	64,501
HOUSEHOLD FINANCE - 10/15/2011	25,000	25,000	COST	24,472
TARGET CORP - 8/15/2010	74,719	74,719	COST	78,059
	162,552	162,552	COST	156,407
SOUTHWESTERN BELL TELCO - 9/29/2	2010 53,134	53,134	COST	52,258
TOTAL	\$ 435,735	\$ 429,498		\$ 414,944

Statement 7 - Form 990-PF, Part II, Line 13 - Other Investments

Description					
	eginning of Year	 End of Year	Basis of Valuation	_	Fair Market Value
AMER BEACON LG CAP VAL-INST FD#0066					
\$	474,995	\$ 352,944	COST	\$	376,423
AMER BEACON INT'L EQ-INST FD#0067					
	145,070	98,639	COST		87,749
AMERICAN GROTH FD OF AMER-F FD #0405	5				
	379,365				
AMERICAN GRTH FD OF AMER F2 FD#0605					
		272,033	COST		380,510
ARTISAN MID CAP VALUE FD#1464		404.056			000 541
	229,920	194,976	COST		208,541
DODGE & COX INTL STK FD #1048	1.40		~~~m		
UADDOD TUMBDUAMIONAL TUGMI ED 400	149,690		COST		
HARBOR INTERNATIONAL - INSTL FD #003					
	50,000				

Description

VANGUARD INSTITUTIONAL INDEX #94

VANGUARD S/T BD INDX-SIG FD#1349

TOTAL

VANGUARD MIDCAP GWTH IN-INV FD#0832

VANGUARD SM CP VI IDX- INST FD #0865

VANGUARD SM CP VI IDX- INST FD #8065

Federal Statements

Statement 7 - Form 990-PF, Part II, Line 13 - Other Investments (continued)

Beginning End of Basis of Fair Market of Year Year Valuation Value HARBOR INTERNATIONAL-INSTL FD#2011 62,790 COST \$ 103,367 LAZARD EMRG MKTS PORT-IN FD #0638 160,000 236,096 COST 234,611 MFS INTL NEW DISCOVERY FD #0874 137,160 126,186 COST 91,083 PIMCO COMMOD RR STRAT-INS FD#0045 241,222 276,221 COST 195,048 PIMCO TOTAL RETURN-INST FD #0035 100,000 225,000 COST 228,127 TEMPLETON GLOBAL BD-ADV FD#0616 100,000 COST 101,324 VANGUARD EXPLORER FD-ADM #5024 88,826 127,652 COST 137,782 VANGUARD INSTITUTIONAL INDEX #0094 50,000 247,675 COST 301,643

363,055

150,000 2,719,303 COST

149,881 COST

125,010 COST

172,390 COST

2,767,493

208,272

124,986

156,940

2,936,406

• • • •

23-7389204

Federal Statements

Statement 9 - Form 990-PF, Part II, Line 15 - Other Assets

Description	 Beginning of Year	End of Year	Fair Market Value
OIL & GAS MINERALS	\$ 12,670	\$ 12,670	\$ 105,528
TOTAL	\$ 12,670	\$ 12,670	\$ 105,528

Federal Statements

Statement 10 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

PART XV, LINE 2(B) AND 2(D):

THE APPLICATION SHOULD INCLUDE FINANCIAL INFORMATION, FAMILY HISTORY, PHYSICAL CONDITION, AGE, EDUCATION GOALS AND OTHER DATA NECESSARY TO SHOW NEED FOR LOAN OR AN OUTRIGHT GRANT.

ASSIST BY OUTRIGHT GRANTS OR LOANS TO PHYSICALLY HANICAPPED CHILDREN, YOUNG MEN OR WOMEN IN OBTAINING:

- CORRECTIVE SURGERY AND HOSPITALIZATION;
- 2. NECESSITIES OF LIFE WHILE IN CONVALESCENCE;
- 3. VOCATIONAL TRAINING TO ENABLE THEM TO EARN THEIR OWN LIVING

TO PROVIDE A STUDENT LOAN FUND TO MAKE LOANS TO DESERVING STUDENTS WHO DO NOT POSSESS AND CANNOT OBTAIN FUNDS ELSEWHERE TO COMPLETE THEIR EDUCATION IN OKLAHOMA HIGH SCHOOLS, OKLAHOMA STATE UNIVERSITY, OKLAHOMA CITY UNIVERSITY AND THE UNIVERSITY OF OKLAHOMA, GIVING PREFERENCE TO THE FOLLOWING:

- 1. PHYSICALLY HANDICAPPED STUDENTS
- 2. STUDENTS WHO BY MISFORTUNE OR CALAMITY CANNOT COMPLETE THEIR EDUCATION.

DEXTER JOHNSON EDUCATION & BENEVOLENT TRUST FORM 990-PF, LINE 25, CONTRIBUTIONS; GIFTS, GRANTS PAID 12/31/2009

N	Dalata and	Foundation	n	
<u>Name</u>	Relationship	Status	Purpose	Amount
Allison, Chloe Surgery Center of Oklahoma	N/A	Public	Benevolent	1,205
Bales, Brianna E. Stephen M. Sullivan, DDS Oral and Facial Surgery Center Refund	N/A	Public	Benevolent	-497
Bates, Erin Kevin S. Smith, DDS	N/A	Public	Benevolent	11,780
Chambers, Henry Thomas Kevin S Smith DDS	N/A	Public	Benevolent	2,609
DeHaan, Jenna K. Kevin S. Smith, DDS Additional Grant	N/A	Public	Benevolent	3,286
Kevin S. Smith, DDS	N/A	Public	Benevolent	3,427
Ehrhart, Timothy Kevin S. Smith, DDS	N/A	Public	Benevolent	2,969
Ellis, Ever Kevin S. Smith, DDS	N/A	Public	Benevolent	3,067
Gorrell, Nicholas L. Kevin S. Smith, DDS	N/A	Public	Benevolent	2,602
Guthrie, Braden Hearts for Hearing	N/A	Public	Benevolent	4,784
Holbrook, Joel Kevin S. Smith DDS Oral & Facial Surgery Refund	N/A N/A	Public Public	Benevolent Benevolent	3,427 -1,783
Jackson, Adair Hearts for Hearing	N/A	Public	Benevolent	8,936
Jimenez, Rogelio Hearts for Hearing	N/A	Public	Benevolent	7,176
Kerby, Jackson Surgery Center of Okla Otologic Medical Clinic Otologic Medical Clinic Metro Anethesia Services	N/A N/A N/A N/A	Public Public Public Public	Benevolent Benevolent Benevolent Benevolent	499 17 58 300
Keen, Audri B. Kevin S. Smith, DDS OU Med Center OU Physicians - Anesthesia	N/A N/A N/A	Public Public Public	Benevolent Benevolent Benevolent	3,427 1,115 1,115

DEXTER JOHNSON EDUCATION & BENEVOLENT TRUST FORM 990-PF, LINE 25, CONTRIBUTIONS, GIFTS, GRANTS PAID 12/31/2009

	D. 1.	Foundation	_	
<u>Name</u>	Relationship	Status	Purpose	Amount
Loomis, Erica				
Kevin S. Smith DDS	N/A	Public	Benevolent	8,479
OU Medical Center	N/A	Public	Benevolent	1,231
Oklahoma University Pathology	N/A	Public	Benevolent	13
OU Physicians - Anesthesiology	N/A	Public	Benevolent	875
Nicholas, Garrett				
Kevin S. Smith DDS	N/A	Public	Benevolent	4,700
Nichols, Dalton				
Kevin S. Smith DDs	N/A	Public	Benevolent	542
Pershica, Julia				
Hearts for Hearing	N/A	Public	Benevolent	7,176
Rouse, Kıa				
Steven M. Sullivan, DDS	N/A	Public	Benevolent	7,500
Seibel, Luke				
Hearts for Hearing	N/A	Public	Benevolent	7,176
Thompson, Kyle				
Kevin S Smith, DDS	N/A	Public	Benevolent	6,229
Tucker, Max				
Hearts for Hearing	N/A	Public	Benevolent	3,022
Whitlock, Tyler				
Kevin S. Smith, DDS	N/A	Public	Benevolent	4,000
OU Physicians	N/A	Public	Benevolent	324
Kevin S Smith, DDS	N/A	Public	Benevolent	2,975
				113,760

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

♦ File a separate application for each return.

OMB No 1545-1709

Internal Revenue	Service		
If you are f	ling for an Automatic 3-Month Extension, complete only Part I and check this box		♦ X
• If you are f	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).	•• •	· · · · · · · · · · · · · · · ·
Do not comple	ete 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 r	equired to file Form 990-T and requesting an automatic 6-month extension—check this box and complete		♦ □
All other corno	rations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension	nn of	
•	me tax returns.)II OI	
	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time		
one of the retu	ms 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, gi	roup	
returns, or a co	emposite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of For	m
8868. For more	e details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Chanties & Nonprofits.		
Type or	Name of Exempt Organization	Employ	er identification number
print	DEXTER G. JOHNSON EDUCATIONAL &		
File by the	BENEVOLENT TRUST	<u>23-7</u>	389204
due date for filing your return See	Number, street, and room or suite no If a P.O. box, see instructions. P.O. BOX 1620		
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA OK 74101-1620		
Check type of	return to be filed (file a separate application for each return):		
Form 99	0 Form 990-T (corporation)		Form 4720
Form 99			Form 5227
Form 99			Form 6069
X Form 99			Form 8870
Telephone If the orga If this is fo for the whole g	are in the care of ◆ BANK OF OKLAHOMA, N.A. No. ◆ 918-588-6407 FAX No. ◆ nization does not have an office or place of business in the United States, check this box r a Group Return, enter the organization's four digit Group Exemption Number (GEN) roup, check this box ♦ □ If it is for part of the group, check this box ames and EINs of all members the extension will cover	 this is ach	
•	t an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time		-
• • •	8/15/10 , to file the exempt organization return for the organization named above. The extension is		
	rganization's return for:		
	calendar year 2009 or		
◆ 📙	tax year beginning, and ending		
2 If this ta	x year is for less than 12 months, check reason. Initial return Final return Change in	accoun	ting period
3a If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
less any	nonrefundable credits See instructions	3a	s 1,13
b If this ap	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax		
paymen	ts made. Include any prior year overpayment allowed as a credit.	3b	\$ 2,63
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		
•	. See instructions	3c	\$
-	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO)	
for payment in			
For Privacy A	ct and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (Rev 4-2009