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Form **990**

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 **2009**

> Open to Public Inspection

		2009 Calendar year, or tax year beginning , 2009, ar	_	ing		, 20
_ a	heck if pplicable ddress cha	Please C Name of organization, number and street, city, town, state, and ZIP course IRS label or	ode	D Employer id 31-	dentification	
\vdash	lame chang	e print or type.	E	E Telephone		
\vdash	utial return)-349 -	-2475			
\vdash	erminated	Specific 210 COLLEGE AVENUE BOX 837 Instruction GOODWELL OK 73939	Ľ	G Gross receipts	\$	
	mended ret pplication	1 000011222 011 10303	— ∤	H(a) Is this a	•	
L.J p	ending	F Name and address of principal officer: JOHNNIE DAVIS BOX 837 GOODWELL OK 73939		for affili		∐ Yes ⊠ No
	av_evem	pt status. X 501(c)(3) ◀ (insert no.) 4947(a)(1) or 527	-+	If "No", att		or ☐ Yes ☐ No
	ebsite:			(see instru H(c) Group exe	· ·	
	rm of organ	**************************************	of forms	ation 2000	T	of legal domicale OK
		Summary	OI IOIIIE	3(IDI) 2000	I W State of	regal domicile OTC
		efly describe the organization's mission or most significant activities:				
			TH	IE CODE	& DTF	RECTED TO
8				IES		
	FCF					
OVE	2 Ch	eck this box if the organization discontinued its operations or disposed of more	e than	25% of its net	assets.	
O I	13. Nu	impberpαfγοting thembers of the governing body (Part VI, line 1a)			3	3
∞5 ,	UL N	த் 2010 imber of independent voting members of the governing body (Part VI, line 1b)			4	3
ties		tal number of employees (Part V, line 2a)			5	
€)	Gr D to	thumber of volunteers (estimate if necessary)			6	
	7a To	tal gross unrelated business revenue from Part VIII, column (C), line 12			7a	
	b Ne	et unrelated business taxable income from Form 990-T, line 34			7b	
				Prior Year		Current Year
۰	8 Co	ontributions and grants (Part VIII, line 1h)				
Revenue	9 Pro	ogram service revenue (Part VIII, line 2g)				
ě	10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		463	36.	-9336.
-	11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12 To	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		463	36.	-9336.
	13 Gr	ants and similar amounts paid (Part IX, column (A), lines 1-3)		3600	0.0	15300.
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)				
Sa	15 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u></u>			
Expenses	16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)	l.	-		
χb	b To	tal fundraising expenses, (Part IX, column (D), line 25) ▶				
ш	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1417		12437.
	18 To	tal expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		5017		27737.
	19 Re	evenue less expenses Subtract line 18 from line 12	<u> </u>	4554	2.	-37073.
o se			Be	ginning of Ye		End of Year
sets		tal assets (Part X, line 16)		56766	52.	687912.
Net Assets or Fund Balances	21 To	tal liabilities (Part X, line 26)	·			
		et assets or fund balances Subtract line 21 from line 20	<u></u>	56766	2.	687912.
Pa	rt II	Signature Block				
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement		•	•	
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of v	which pre	eparer has any kno	wledge	
O'	_			1 04		2010
Sig		formed h was			5/29/2	2010
Her	e	Synature of officer		Dat	e	
		OHNNIE DAVIS TRUSTEE				
		Type or print name and title	TCL	1. of	Prenarer	s identifying number
Paid		Preparer's Date	l self	eck if	(see instru	uctions)
Prep	arer's	signature / Cuull childle of 06/25/2010		ployed ▶ X		078568
Use	Only	Firms name (or yours if self-employed), address, and ZIP + 4 EDENBOROUGH & EDENBOROUGH CPA and Address, and ZIP + 4		EIN •		1420333
	l II	- oddroce end 713 + 4 W PC BLIX SII [=[1()]]M/H*I.I. {IK / SUSUM-		Phone no ▶	• 58U-	-349-2684
	the IDC	address, and ZIP+4 PO BOX 130 GOODWELL OK /3939— discuss this return with the preparer shown above? (See instructions)				

Form	990 (2009)	HAROLD M HEFLE	Y & VERA CORBIN	31-1703432 Page 2
Pai	t III Stat	ement of Program Serv	ice Accomplishments	
1	'Bnefly desc	cribe the organization's missio	n:	
	SUPPOR	RTING ORGANIZAT	ION	
2	Did the orga	anızatıon undertake any sıgni	icant program services during the year which	were not listed on
	the prior Fo	rm 990 or 990-EZ?		Yes X No
	if "Yes," des	scribe these new services on		
3	Did the orga	anization cease conducting, o	r make significant changes in how it conducts	any program services? Yes X No
	If "Yes," des	scribe these changes on Sche	edule O.	
4	Describe th	e exempt purpose achieveme	nts for each of the organization's three larges	t program services by expenses.
			tions and section 4947(a)(1) trusts are require	· · · -
			and revenue, if any, for each program service	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
4a	(Code) (Expenses \$	15300. including grants of \$) (Revenue \$
	(, (=:, =::=== 1	,	, (
	PANHAN	NDLE STATE FOUN	DATION	
			T OKLAHOMA PANHANDLE S	TATE UNIVERSITY AND TO
				OKLAHOMA PANHANDLE STATE
		RSITY IN GOODWE		ORDINION TANIMADED STATE
	ONIVE	SIII IN GOODWE	<u> </u>	
	-			
				<u> </u>
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$
	· · · · · · · · · · · · · · · · · · ·			
				
				
				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$
	<u> </u>			
				
	-			
			·	
		 		
4d	Other prog	ram services. (Describe in Sc		
	(Expenses	\$)(Revenue \$
4e	Total prog	ram service expenses	15300.	
				Form 990 (2009

		<u> 31-1</u>	<u>.703</u>	432	Page 3
Par	t IV Checklist of Required Schedules			T	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			Yes	No
•	complete Schedule A		1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		X
3	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		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C.		-	 	1
	Part II		4	,	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice a				1
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right			_	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete				
	Schedule D, Part I		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III	•	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowment				
	If "Yes," complete Schedule D, Part V	• • • •	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			l	
_	VII, VIII, IX, or X as applicable		11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more				
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more				
•					
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets				
•	reported in Part X, line 16° If "Yes," complete Schedule D, Part IX.				
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.				
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresse	e e			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	.5			
12	Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII		12		Х
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year?	No		L	1
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	•		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				ļ -
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		Х
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,				
	column (A), line 11e? If "Yes," complete Schedule G, Part I		17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		X

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If "Yes," complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

......

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	No
in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	
Did the organization report more than \$5,000 of grants and other assistance to individuals in the	
United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's	
current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes,"	İ
complete Schedule J	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	
24b through 24d and complete Schedule K. If "No," go to question 25	Х
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year	
to defease any tax-exempt bonds?	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	
with a disqualified person during the year? If "Yes," complete Schedule L, Part I	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	
prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	
990EZ? If "Yes," complete Schedule L, Part I	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	
disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . 26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	
substantial contributor, or a grant selection committee member, or to a person related to such an individual?	
If "Yes," complete Schedule L, Part III	X
28 Was the organization a party to a business transaction with one of the following parties, directly or indirectly	
(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,	
conditions, and exceptions):	
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	
Schedule L, Part IV	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family	
member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	Х
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	
conservation contributions? if "Yes," complete Schedule M 30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31	Х
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	
If "Yes," complete Schedule N, Part II	X
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	
III, IV, and V, line 1	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	
Schedule R, Part V, line 2	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related	
organization? If "Yes," complete Schedule R, Part V, line 2 36	Х
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	X
Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?	(0000)

F	Statements Regarding Other IRS Filings and Tax Compliance			
4.	Enter the number reported in Box 2 of Form 1006. Appual Summers and Transmitted of		Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
_				
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
·	gaming (gambling) winnings to prize winners?	امه	χΙ	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
24				
.	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	an	ŀ	
U	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	I	
32	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
Ja	this return?	3a	· 1	X
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30	-	
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ь	If "Yes," enter the name of the foreign country:	4 a		
	See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	I	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		-	
	benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,	1	ı	-
	have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	- 1	ı	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	!	
10				
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b				
12-	against amounts due or received from them.)	ا ۔ود	ı	~ ~ "
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	[
	11 103, Gitter the amount of tax-exempt interest received of accided during the year 120	Fo	m 990	(2009)

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruc		"No"	
Secti	on A. Governing Body and Management	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
1a	Enter the number of voting members of the governing body 1a 3			
b	Enter the number of voting members that are independent	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one of more members			1
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following?	1		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
_	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	11	L	Х
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a		Χ
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	_13		X
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	ı.		
а	The organization's CEO, Executive Director, or top management official?	15a	_	Х
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		i	,
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► OK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶JOHNNIE DAVIS BOX 837 GOODWELL OK 73939 580-349-	247	5	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization'scurrent key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not c	ompensate	any c	urrent	offic	cer,	directo	or, oi	trustee		
(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (ct	neck	all t	hat ap	ply)	Reportable	Reportable	Estimated
	hours per	익호	Į,	Q	~	타	Ę	compensation	compensation	amount of
	week	흑호	state	Officer	Key employee	함	Former	from	from related	other
		없	Ť	=	ğ	st o	욕	the	organizations	compensation
		7 5	<u>ച</u>		ģ	e Sq		organization	(W-2/1099-MISC)	from the
		Individual trustee or director	Institutional trustee		8	Highest compensated employee		(W-2/1099-MISC)		organization
		Ö	itee			ารล				and related
						ted				organizations
JOHNNIE DAVIS										
TRUSTEE	1	Х						0	0	0
LLOYD LOOPER					_					
TRUSTEE	1	Х						0	0	0
JOLENE STRONG							-		-	
TRUSTEE	1 1	Х						0	О	0
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				-						
				Ш						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ Rev 1

Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,

Total. Add lines 11a-11d

9c, 10c, and 11e

е

-9336

-9336.

Da	Irt IX Statement of Functional Expenses								
ГС									
		(3) and 501(c)(4) organ	-						
All other organizations must complete column (A) but are not required to complete columns (B), (C) and (D).									
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising				
7b, 8	3b, 9b, and 10b of Part VIII.	Total expended	expenses	general expenses	expenses				
1	Grants and other assistance to governments and								
	organizations in the U.S. See Part IV, line 21	15300.	15300.						
2	Grants and other assistance to individuals in								
	the U S. See Part IV, line 22								
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan contributions (include section 401(k)								
	and section 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees)								
а	Management								
b	Legal				<u>-</u>				
С	Accounting	525.		525.					
d	Lobbying								
е	Professional fundraising services See Part IV, line 17								
f	Investment management fees	11461.		11461.					
g	Other								
12	Advertising and promotion								
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses				·				
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates				-				
22	Depreciation, depletion, and amortization								
23	Insurance								
24	Other expenses Itemize expenses not								
	covered above (Expenses grouped together								
	and labeled miscellaneous may not exceed								
	5% of total expenses shown on line 25 below.)								
а	FOREIGN TAX	451.		451.	·				
b									
c									
d									
е									
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	27737.	15300.	12437.					
26	Joint Costs Check here ▶ if following								
	SOP 98-2. Complete this line only if the org.								
	reported in column (B) joint costs from a combined								

educational campaign and fundraising solicitation

•	X	Balance Sheet	(A) Beginning of year		(B) End of year
\top	1	Cash - non-interest-bearing	5346.	1	16644
	2	Savings and temporary cash investments	11407.	2	17284
-	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
- i	5	Receivables from current and former officers, directors, trustees, key		, ,	
	•	employees, and highest compensated employees. Complete Part II of Sch. L		5	
	6	Receivables from other disqualified persons (as defined under section	-	7 1	
- }	•	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
ASSets	8	Inventories for sale or use		8	
Asi	9	Prepaid expenses and deferred charges		9	
1	10a	Land, buildings, and equipment: cost or other		3	
	IVa	basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	550909.	11	653984
- 1	12	Investments - other securities. See Part IV, line 11		12	
1	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	567662.	16	687912
-	17	Accounts payable and accrued expenses	507002.	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ties	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified			
<u> </u>		persons. Complete Part II of Schedule L	***********	22	-
	23	Secured mortgages and notes payable to unrelated third parties	-	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities Add lines 17 through 25		26	
		Organizations that follow SFAS 117, check here			
		complete lines 27 through 29, and lines 33 and 34.			
8	27	Unrestricted net assets		27	-
llan	28	Temporanly restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
<u> </u>	_	Organizations that do not follow SFAS 117, check here			
Ē.		and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds	567662.	30	657912
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Į Ž	32	Retained earnings, endowment, accumulated income, or other funds		32	 -
¥	33	Total net assets or fund balances	567662.	33	657912
	34	Total liabilities and net assets/fund balances	567662.	34	657912

Form **990** (2009)

Form 9	990 (2009) HAROLD M HEFLEY & VERA CORBIN 31-17034	32	Pag	ie 12
Par	t XI Financial Statements and Reporting			
•			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			
	issued on a consolidated basis, separate basis, or both:	2d		
	separate basis consolidated basis both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х

If "Yes," did the organization undergo the required audit or audits?

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organizations or a section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization Employer identification number HAROLD M HEFLEY & VERA CORBIN 31-1703432 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described insection 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described isection 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described issection 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II.) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. Seesection 509(a)(2) (Complete Part III) An organization organized and operated exclusively to test for public safety. Semection 509(a)(4). 10 11 🛛 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) Sesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h X Type I b | Type II c | Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No Yes and (III) below, the governing body of the supported organization?. 11g(i) 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (V) Did you (vi) Is the (vii) Amount of (iv) Is the organ-(described on lines 1-9 organization organization in support ization in col notify the above or IRC section organization in (i) listed in your col. (i) (see instructions)) governing col (i) of your organized document? support? in the U.S? Yes Yes No Yes No No OKLAHOMA 73-1019001 Х Х Х 15300. PANHANDLE STATE FOUNDATION

15300.

ŝ OMB No 1545-0047 SCHOLARSHI (h) Purpose of grant Schedule I (Form 990) 2009 **Employer identification number** _ Open to Publi Inspection or assistance Yes 31-1703432 X Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more non-cash assistance (g) Description of Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria (e) Amount of non-cash (f) Method of valuation (book, FMV, appraisal, ► Complete if the organization answered "Yes," of Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States : : : : Grants and Other Assistance to Organizations, : assistance : than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States : (d) Amount of cash 35,300 grant : For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance if applicable (c) IRC section 10 CORBIN G73-1019001 (b) EIN Enter total number of other organizations. used to award the grants or assistance? & VERA organization or government O K STATE FOUND HAROLD M HEFLEY 1 (a) Name and address of 73939-Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part II OPSU

SCHEDULE O (Form 990) '

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No. 1545-0047 2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

HAROLD M HEFLEY & VERA CORBIN	31-1703432
FORM 990 PAGE 6 SECTION VI LINE 15 PROCESS FOR DETERMIN	ING COMPENSATION
THE FOUNDATION DOES NOT COMPENSATE ANY DIRECTORS, OFFICE	ERS BY TRUST
AGREEMENT	
FORM 990 PAGE 6 SECTION VI LINE 19 FORM 990 IS AVAILABI	LE FOR
INSPECTION BY CONTACTING JOHNNIE DAVIS AT 210 COLLEGE AV	/ENUE,
GOODWELL, OK 73939 OR BY WRITTEN REQUEST TO JOHNNIE DAV	IS AT BOX 837,
GOODWELL, OK 73939.	