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Form 990-EZ

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 \$500,000 and total assets less than \$1,250,000 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.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning, 2009, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: OKLAHOMA 2000, INC. D/B/A OKLAHOMA 21ST CENTURY. D Employer identification number: 73-1114164. E Telephone number: (405) 235-3669. 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: [X] Cash, [] Accrual. Other (specify):

I Website: N/A

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

J Tax-exempt status (check only one): [X] 501(c)(3), [] 4947(a)(1) or [] 527

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 176,868.

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

SCANNED SEP 28 2010

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes a 'RECEIVED' stamp from OGDEN, UT dated SEP 13 2010.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

Table with 3 columns: Line number, Description, (A) Beginning of year, (B) End of year. Rows 22-27.

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

		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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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 why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	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 outstanding at the end 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 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations 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 organization's books are in care of	ERIC BLAKENEY	Telephone no
	Located at	330 N.E. 10TH ST. OKLAHOMA CITY, OK	405-235-3669
			ZIP + 4
			73104-3220
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)?	42b	X
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		<input type="checkbox"/>
	and enter the amount of tax-exempt interest received or accrued during the tax year	43	
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 and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 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	Yes	No
		X
 - 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

47	Yes	No
		X
 - 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	Yes	No
		X
 - 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	Yes	No
		X
 - b If "Yes," was the related organization a section 527 organization?

49b	Yes	No
		X
- 50 Complete this table for the organization's 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
NONE				

f Total number of other employees paid over \$100,000 ► NONE

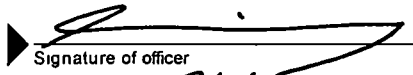
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors receiving over \$100,000 ► NONE


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

Sign Here

Signature of officer:  Date: 9/9/10

Type or print name and title: Eric Blakeney, CFO

Paid Preparer's Use Only

Preparer's signature:  Date: 8-28-10

Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP, 211 N ROBINSON STE 1200 OKLAHOMA CITY, OK 73102

Check if self-employed:

Preparer's identifying number (See instructions): P00440841

EIN: 36-6055558

Phone no: 405-218-2800

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	41,200	51,300	1,115	57,050	38,350	189,015
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	41,200	51,300	1,115	57,050	38,350	189,015
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						53,670
6 Public support. Subtract line 5 from line 4						135,345

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	41,200	51,300	1,115	57,050	38,350	189,015
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	43	49	24	21	0	137
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						189,152
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	71.55%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	70.51%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2008 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization; 19b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions.

ATTACHMENT 1

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF \$5000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

AMOUNT

PURPOSE OF GRANT OR CONTRIBUTION

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

GRANTS PAID

OKLAHOMA CHAMBER OF COMMERCE
330 N E 10TH STREET
OKLAHOMA CITY, OK 73104-3200

AFFILIATE
NONE

PROVIDE FUNDING FOR RESEARCH THAT WILL ENHANCE
THE ECONOMIC AND SOCIOLOGICAL ASPECTS OF THE
STATE OF OKLAHOMA.

153,518

TOTAL CONTRIBUTIONS PAID

153,518

ATTACHMENT 2FORM '990EZ, PART I - OTHER EXPENSES

SUPPLIES	585.
MISCELLANEOUS & BANK CHARGES	271.
ECONOMIC IMPACT STUDY	5,000.
WEB DESIGN	5,000.
RESEARCH	4,000.
TOTAL	<u>14,856.</u>

ATTACHMENT 3FORM '990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	82,163.	45,894.
TOTALS	<u>82,163.</u>	<u>45,894.</u>

ATTACHMENT 4FORM '990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	0.	6,650.
TOTALS	<u>0.</u>	<u>6,650.</u>

ATTACHMENT 5FORM '990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	0.	3,335.
PAYABLE TO OKLAHOMA STATE CHAM	13,400.	0.
TOTALS	<u>13,400.</u>	<u>3,335.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PERFORM AND PROMOTE RESEARCH REGARDING ECONOMIC DEVELOPMENT
OPPORTUNITIES AND THE ROLE OF INDUSTRY IN THE CIVIC, SOCIOLOGICAL AND
CULTURAL BETTERMENT OF THE CITIZENS OF THE STATE OF OKLAHOMA.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSATTACHMENT 7PROGRAM SERVICE ACCOMPLISHMENT 1

MADE THE RESULTS OF THE OKLAHOMA 21ST CENTURY STUDIES AVAILABLE
BUSINESS MEMBERS, VARIOUS STATE AND FEDERAL GOVERNMENT AGENCIES,
LEGISLATORS AND THE GENERAL PUBLIC. SINCE ITS' INCEPTION IN 1982,
OKLAHOMA 21ST CENTURY HAS COMPLETED MORE THAN 101 RESEARCH
STUDIES.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 8

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
DAN GILLIAM 330 N.E. 10TH STREET OKLAHOMA CITY, OK 73104-3200	CHAIRMAN 10.00	0.	0.	0.
TINA MAJORS 330 N.E. 10TH STREET OKLAHOMA CITY, OK 73104-3200	VICE CHAIRMAN 10.00	0.	0.	0.
RICHARD P. RUSH 330 N.E. 10TH STREET OKLAHOMA CITY, OK 73104-3200	EXECUTIVE DIRECTOR/SECRETARY 10.00	0.	0.	0.
REGINA MANNING 330 N.E. 10TH STREET OKLAHOMA CITY, OK 73104-3200	ADMINISTRATIVE MANAGER 10.00	0.	0.	0.
DAVID L. BOREN 330 N.E. 10TH STREET OKLAHOMA CITY, OK 73104-3200	DIRECTOR 10.00	0.	0.	0.
C. KENDRIC FERGESON 330 N.E. 10TH STREET OKLAHOMA CITY, OK 73104-3200	DIRECTOR 10.00	0.	0.	0.
ROGER BEVERAGE 330 N.E. 10TH STREET	DIRECTOR 10.00	0.	0.	0.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 8 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
OKLAHOMA CITY, OK 73104-3200				
GILBERT C. GIBSON 330 N.E. 10TH STREET OKLAHOMA CITY, OK 73104-3200	DIRECTOR 10.00	0.	0.	0.
J. LARRY NICHOLS 330 N.E. 10TH STREET OKLAHOMA CITY, OK 73104-3200	DIRECTOR 10.00	0.	0.	0.
LARRY MOCHA 330 N.E. 10TH STREET OKLAHOMA CITY, OK 73104-3200	DIRECTOR 10.00	0.	0.	0.
DEBRA COOK 330 N.E. 10TH STREET OKLAHOMA CITY, OK 73104-3200	DIRECTOR 10.00	0.	0.	0.
BRYAN GONTERMAN 330 N.E. 10TH STREET OKLAHOMA CITY, OK 73104-3200	DIRECTOR 10.00	0.	0.	0.
BURNS HARGIS 330 N.E. 10TH STREET OKLAHOMA CITY, OK 73104-3200	DIRECTOR 10.00	0.	0.	0.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 8 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. ; AND OTHER ALLOWANCES</u>
DAN KEATING 330 N.E. 10TH STREET OKLAHOMA CITY, OK 73104-3200	DIRECTOR 10.00	0.	0.	0.
PHIL KENNEDY 330 N.E. 10TH STREET OKLAHOMA CITY, OK 73104-3200	DIRECTOR 10.00	0.	0.	0.
DR. DONALD A. MURRY 330 N.E. 10TH STREET OKLAHOMA CITY, OK 73104-3200	DIRECTOR 10.00	0.	0.	0.
TOM SETH SMITH 330 N.E. 10TH STREET OKLAHOMA CITY, OK 73104-3200	DIRECTOR 10.00	0.	0.	0.
STEVE TUNBO 330 N.E. 10TH STREET OKLAHOMA CITY, OK 73104-3200	DIRECTOR 10.00	0.	0.	0.
DAVID RAINBOLT 330 N.E. 10TH STREET OKLAHOMA CITY, OK 73104-3200	DIRECTOR 10.00	0.	0.	0.
<u>GRAND TOTALS</u>		<u>0.</u>	<u>0.</u>	<u>0.</u>

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - 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 Form 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 File by the due date for filing your return See instructions	Name of Exempt Organization OKLAHOMA 2000, INC. D/B/A OKLAHOMA 21ST CENTURY	Employer identification number 73-1114164
	Number, street, and room or suite no If a P O box, see instructions 330 N.E. 10TH STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions OKLAHOMA CITY, OK 73104-3200	

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

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► ERIC BLAKENEY

Telephone No ► 405 235-3669 FAX No ►

- 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 08/15 2010 to file the exempt organization return for the organization named above The extension is for the organization's return for

MAY 14 2010

RECEIVED
42208

- calendar year 2009 or
- tax year beginning _____ and ending _____

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	\$	0.
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	\$	0.
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.

• 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 File by the extended date for filing the return See instructions	Name of Exempt Organization OKLAHOMA 2000, INC. D/B/A OKLAHOMA 21ST CENTURY	Employer identification number 73-1114164
	Number, street, and room or suite no If a P O box, see instructions 330 N.E. 10TH STREET	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions OKLAHOMA CITY, OK 73104-3200	

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

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> 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 ERIC BLAKENEY
Telephone No 405 235-3669 FAX No

• 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 11/15/2010

5 For calendar year 2009, or other tax year beginning _____, and ending _____

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 ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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 \$	0.
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 \$	0.
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 \$	0.

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 M. TRUMP Title CPA Date 8-11-10

GRANT THORNTON LLP
211 N ROBINSON STE 1200
OKLAHOMA CITY, OK 73102

Form 8868 (Rev 4-2009)

INTERNAL SERVICE
OKLAHOMA CITY, OK 73102
AUG 11 2010
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