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Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$1,250,000 at the end of the year

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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

Color Address change Address change Name change Initial return See Specific Initial return Application pending
Name change Specific Specific Instituctions Name change Specific Instituctions Name change Specific Instituctions Name change Specific Instituctions Specific Instituctions Name change Specific Instituctions Number Nu
Name change Initial return Type See Initial return Application pending See See See See See See See See See Se
Initial return Amended return Application pending Section 501(c/3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: ► N/A
Amended return Application pending Specific Instructions
Application pending tions Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). GACCOUNTING method X Cash Accruate Other (specify) ► H 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 1. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 Fart I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: ► N/A
must attach a completed Schedule A (Form 990 or 990-EZ). 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). 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 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 ► \$ 264,242 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received 1 154,897
Website: ► N/A required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
Tax-exempt status (check only one) — X 501(c) (3) ◄ (insert no) 4947(a)(1) or 527 990-EZ, or 990-PF). K Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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 and 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 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received
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Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received 1 154,897
1 Contributions, gifts, grants, and similar amounts received 1 154, 897
2 Program service revenue including government fees and contracts . 2
3 Membership dues and assessments 3
4 Investment income 4 28, 381
5a Gross amount from sale of assets other than inventory 5a 93,276.
b Less: cost or other basis and sales expenses 5b 107,765.
c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) See Statement 1 5c -14,489
c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) See Statement 1 Sc — 14, 489 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$
a Gross revenue (not including \$ of contributions
reported on line 1)
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances 7a
b Less. cost of goods sold CENVE 7b 7b 7c Gross profit or (loss) from sales of inventory Subtract line 7b 10m line 7a 7c
8 Other revenue (describe > See Statement 2 000) 8 -12,312
9 Total revenue. Add lines 1, 2, 20, 5c, 14AVc, 2 and 8 9 156, 477
10 Grants and similar amounts paid (attach schedule) See Statement 3 10 17, 190
11 Benefits paid to or for members 11
X 12 Salaries, other compensation, and employee benefits.
P 12 Salaries, other compensation, and employee beneats. P 13 Professional fees and other payments to independent contractors 13 8, 478
N 14 Occupancy, rent, utilities, and maintenance
F 15 Printing, publications, postage, and shipping 15 3,519
16 Other expenses (describe ► See Statement 4) 16 28,642
17 Total expenses. Add lines 10 through 16 ► 17 57, 829
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 98, 648
N s 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year
g figure reported on prior year's return). 19 632, 265
20 Other changes in net assets or fund balances (attach explanation) . See Statement 5 20 189,046
21 Net assets or fund balances at end of year. Combine lines 18 through 20 P19, 959
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
(See the instructions for Part II.) (A) Beginning of year (B) End of year
22 Cash, savings, and investments 632, 265. 22 919, 959
23 Land and buildings 23
24 Other assets (describe ►)
25 Total assets 632, 265. 25 919, 959
26 Total liabilities (describe ►
BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form 990-EZ (200

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Form 990-EZ (2009)

Form 990-EZ (2009) Oklahoma City G	eological Foundati	on		73-1 <u>4</u>	39474 Page 2
Part III Statement of Program Se	rvice Accomplishment	s (See the instruct	ions.)		Expenses
What is the organization's primary exempt purpose? Ad	lvancement of Scien	ce Education		(Rec	ured for section c)(3) and (4) nizations and section (a)(1) trusts, optional
Describe what was achieved in carrying out the describe the services provided, the number of	e organization's exempt purp	oses. In a clear and cor	ncise manner,	orga	nizations and section
program title	persons beliefted, or other i	elevant illiormation for	eacn	for c	thers.)
28 Administrative Reception	- Legends Dinner				
				-1	
				-1	
(Grants \$) If th	is amount includes foreign gr	ants, check here	(28 a	10,017.
29 Administrative Reception					
- 1.0011.1561351.51.10595015.1		-		- 1	
				-	
(Grants \$) If th	s amount includes foreign gr	ants shock hara			7,922.
30 Administrative Reception		ants, check here			1,322.
30 Administrative reception	Awards_banquet				
(Grants \$) If th		ants shock hara		- 30a	5,603.
31 Other program services (attach schedule		ants, check here		SV a	
(Grants \$ 17,190.) If the	See Statement 6 is amount includes foreign gr	ants chack hare	▶ [ק 31 a	
32 Total program service expenses (add lin		unts, check fiere		▶ 32	23,542.
Part IV List of Officers, Directors		nolovees. List each o	ne even if not c		
List of Officers, Birectors	(b) Title and average hours		(d) Contribution		(e) Expense account
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit	olans and	
	to position		deferred compe		
Lance Ruffel	Treasurer	0.		0.	0.
210 Park Avenue, Suite 2150	0		}		}
Oklahoma City, OK 73102					
Thomas C. Cronin	Chairman	0.		0.	0.
3317 E. Memorial Rd, Suite 2	po o		ĺ		
Edmond, OK 73013					
William M. Smith	Secretary	0.		0.	0.
911 NW 57th	0				
Oklahoma City, OK 73118					
Michael Root	Corp Dev Chairm	0.		0.	0.
1015 Waterwood Pkwy, Suite J	0				
Edmond, OK 73034	<u> </u>				
Jason Hamilton	Prg Endw Chairm	0.	·	0.	0.
210 Park Ave, Suite 3000	0			••	
Oklahoma City, OK 73102					
OKIAHOMA CITY, OK 75102					
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BAA		1/30/10			Form 990-EZ (2009)
	,				· · · · · · · · · · · · · · · · · · ·

Page 2

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of	33		Х
34	each activity Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
1	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?	35a		Х
ı	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
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.	36		х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 0.	-f		.,
	b Did the organization file Form 1120-POL for this year?	37 b		X
38	a 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		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter.			
i	a Initiation fees and capital contributions included on line 9	-		
	b Gross receipts, included on line 9, for public use of club facilities. 39b N/A			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ►			
ı	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	40 Ь		Х
•	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	40 e		Х
41	List the states with which a copy of this return is filed ► OK			
4 2 a	a The organization's books are in care of ► TOM CRONIN Telephone no. ► 405-4 Located at ► 3317 E MEMORIAL RD, SUITE 200 EDMOND OK ZIP + 4 ► 73013	<u>75-9</u>	<u>010</u>	
		ſ	Yes	No
l	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:	42b	103	X
•	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:	42c		х
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year .			N/A N/A
44	Did the assessment we would be advantaged funded 15 IV-2 I Farms 000 minch be completed unched		Yes	No_
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
	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
2 4 4	TEE 400101 01/20/10	rm 991	1.F7 (''ጋበበርነ

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Form 99	DEZ (2009) Oklahoma City Geolo			73-143	
Part V	Section 501(c)(3) organization 501(c)(3) organizations and se	s and section 494 ction 4947(a)(1) no	7(a)(1) nonexem ponexemp	ot charitable trusts of ble trusts must answe	nly. All section
	46-49b and complete the table	s for lines 50 and	51.		tatement 7
46 Dic	the organization engage in direct or indirect	et nolitical campaign act	ivities on hehalf of or		
for	public office? If 'Yes,' complete Schedule C	c, Part I	ivides on ochan or or	in opposition to candidate.	46 X
	the organization engage in lobbying activiti	· · · · · · · · · · · · · · · · · · ·			47 X
	he organization a school as described in se			edule E	48 X
	the organization make any transfers to an Yes,' was the related organization a section		elated organization?	• •	49a X 49b
	•	-		-#	
50 Cor	mplete this table for the organization's five t ployees) who each received more than \$100	nignest compensated er 0,000 of compensation i	nployees (other than from the organization	officers, directors, trustees . If there is none, enter 'No	and key ne '
	(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 and deferred compensation	(e) Expense account and other allowances
None					
				 	
f Tot	al number of other employees paid over \$1	00.000			
		·		-	
51 Cor	mplete this table for the organization's five hopensation from the organization. If there is	nighest compensated in none, enter 'None,'	dependent contractors	s who each received more	than \$100,000 of
	(a) Name and address of each independent contr			(b) Type of service	(c) Compensation
None	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of Service	(c) Compensation
					
					
d Tot	al number of other independent contractors	each receiving over \$1	00,000		
	Under penalties of perjury, I declare that I have examine, correct, and complete Declaration of preparer (nined this return, including acco	mpanying schedules and st	atements, and to the best of my kn	owledge and belief, it is
	70	other than officer) is based on	all information of which prep	i .	
Sign	- Chomas C. Con	un		5/16/2010	<u> </u>
Here	Signature of officer			Date	
	Thomas C. Cronin Type or print name and title			Chairman	
	Type or print frame and the	<u> </u>	Date	Check if Pre	parer's Identifying Number e instructions)
Paid	Preparer's signature	Donnis	5/06/1		

BAA

Form **990-EZ** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

Oklahoma City Geological Foundation 73-1439474												
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions												
The o	rganization is not a priv	vate foundation becaus	se it is. (For lines 1 throu	igh 11, c	heck on	ly one b	ox.)					
1	A church, convention	on of churches or asso	ociation of churches desc	cribed in	section	170(b)(I)(A)(i).					
2	A school described	in section 170(b)(1)(A	(X)(ii). (Attach Schedule E	E.)								
3	A hospital or coope	erative hospital service	organization described	ın sectio	n 170(b))(1)(A)(ii	i).					
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's											
name, city, and state												
5	170(b)(1)(A)(iv). (Complete Part II.)											
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.)											
8	_ ,		70(b)(1)(A)(vi). (Complete		-							
9	from activities relat investment income June 30, 1975. See	ed to its exempt funct and unrelated busines e section 509(a)(2). (Co	•	exception 5	ons, and 11 tax) i	(2) no i from bus	more th sinesse:	an 33-1/ s acquire	3 % of its	s support f	rom arc	oss
10	—	•	exclusively to test for put		-							
11	more publicly supp	orted organizations d	exclusively for the benefi escribed in section 509(a ation and complete lines	(1) or s	ection 5	09(a)(2)	tions of . See s	, or carr ection 5	y out the 09(a)(3). —	purposes Check the	of one box th	or at
	a	b Type II	c Type II	I — Fund	tionally	ıntegrat	ed		d []	Type III-	Other	
е	By checking this both than foundation ma 509(a)(2).	ox, I certify that the organizers and other than	ganization is not controlle n one or more publicly su	ed direct ipported	ly or ind organiz	irectly b ations d	y one o escribe	r more o d in sect	lisqualificion 509(a	ed person a)(1) or sec	s other ction	
f	If the organization check this box	received a written dete	ermination from the IRS I	that is a	Type I,	Type II (or Type	III supp	orting or	ganızatıon,		
g	Since August 17, 2	006, has the organization	tion accepted any gift or	contribu	ition fro	m any o	f the fol	lowing p	ersons?			
											Yes	No
	(i) a person who below, the go	directly or indirectly overning body of the si	controls, either alone or to upported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	ıd (III)	11 g (i)		
	(ii) a famıly mem	iber of a person desc	ribed in (i) above?.							11 g (ii)		
	(iii) a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
<u>h</u>	Provide the following	ng information about t	ne supported organization	ns.				.				
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat	ls the ion in col i in your frning ment?	the organ	(i) of	(vi) ł organizati (i) organiz U S	on in col	(VII) Amour	nt of Supp	ort
				Yes	No	Yes	No	Yes	No			
				_								—
				 -								
					<u></u>		ļ				_	
Total							,					

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

C	(Complete only if you checke	tu the box off life.	3, 7, 0, 0 011 alt 1	.)					
	tion A. Public Support								
begir	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	16,026.	113,439.	217,640.	206,748.	154,89	7. 708,750.		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.		
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.		
4	Total. Add lines 1-through 3	16,026.	113,439.	217,640.	206,748.	154,89	7. 708,750.		
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)						115,221.		
6	Public support. Subtract line 5 from line 4						593,529.		
Sec	tion B. Total Support								
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	16,026.	113,439.	217,640.	206,748.	154,89	7. 708,750.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	9,616.	42,445.	53,213.	50,427.	13,89	2. 169,593.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					· · · · · · · ·	0.		
11	Total support. Add lines 7 through 10 .						878,343.		
12	Gross receipts from related activi	ties, etc. (see inst	ructions)			_1	2 0.		
	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.								
	tion C. Computation of Pu				 		. 1		
	Public support percentage for 200			11, column (f)		<u> </u>	67.6%		
	Public support percentage from 2					_	54.8%		
16a	16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
b	33-1/3 support test — 2008. If the and stop here. The organization of	organizatıon dıd r qualıfıes as a publı	ot check a box or cly supported orga	i line 13, or 16a, anization.	and line 15 is 33-1	/3% or more,	check this box ►		
17 a	10%-facts-and-circumstances tes or more, and if the organization the organization meets the 'facts'	neets the 'facts-ar	ıd-cırcumstances'	test, check this b	ox and stop here.	Explain in Pa	rt IV how		
	10%-facts-and-circumstances tes or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ar I-circumstances' t	id-circumstances' est. The organiza	test, check this b ition qualifies as a	ox and stop here. a publicly supporte	Explain in Pa ed organization	rt IV how the		
18	Private foundation. If the organiz	ation did not chec	k a box on line, 13	s, 16a, 16b, 1 7a,	or 1/b, check this		mstructions 2000 E73 2000		

Schedule A (Form 990 or 990-EZ) 2009 Oklahoma City Geological Foundation

Part III Support Schedule for Organizations Described in Section 509(a)(2) 73-1439474

(Complete only if you checked the box on line 9 of Part I.)

ンせじし	tion A. Public Support							
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009)	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				_==			
	The value of services or facilities furnished by a governmental unit to the organization without charge			· · · · · · · · · · · · · · · · · · ·				
7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons.							
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b				,			
8	Public support (Subtract line							
	7c from line 6)							
Sect	tion B. Total Support							
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	9	(f) Total
	Amounts from line 6		1			-		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business						- -	
	activities not included inline 10b, whether or not the business is		•				1	
	regularly carried on					· · · · · · · · · · · · · · · · · · ·		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12)							
13	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is	s for the organiza	tion's first, second	I, third, fourth, o	r fifth tax year as	a section 50	1(c)(3)	
13 14	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	stop nere.	·	I, third, fourth, or	r fifth tax year as	a section 50	1(c)(3)	. ▶ 🗍
13 14 Sect	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	stop nere Iblic Support I	Percentage		r fifth tax year as	a section 50		
13 14 Sect	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pupulic support percentage for 20	iblic Support I 09 (line 8, column	Percentage (f) divided by line		r fifth tax year as	a section 50	15	▶ □
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Page 3

Schedule /	(Form 990 or 9	990-EZ) 2009	Oklahoma	City	Geological	Foundation	73-1439474	Page 4
Part IV	Supplemen	tal Informat	ion. Comple	ete this	part to provi	de the explanat	73-1439474 ions required by Part II, line nal information. See instruc	10:
<u> </u>	Part II, line	17a or 17b;	and Part III	, line 1	2. Provide ar	y other addition	nal information. See instruc	tions.
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009	Federal Statements		Page 1
	Oklahoma City Geological Foundation		73-143947
Statement 1 Form 990-EZ, Part I, Line 5c Net Gain (Loss) from Noninve	entory Sales		
Publicly Traded Securit	ies		
Gross Sales Price: Cost or Other Basis:	92,947. 107,765.		
	Total Gain (Loss) Publicly Traded Secu	rities 🕏	-14,818.
	Total Net Gain (Loss) From Noninventory	Sales \$	-14,489.
Statement 2 Form 990-EZ, Part I, Line 8 Other Revenue		_	
PENGROWTH ENERGY TRUST ENTERPRISE PRODUCTS Teppco Partners LP. ONEOK PARTNERS, L.P.	7	\$ Fotal <u>\$</u>	498. -192. -1,654. -10,964. -12,312.
Statement 3 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts	Paid		
Class of Activity: Donee's Name: Donee's Address: Cash Amount Given:	KATE SCHOLARSHIP Okla City Geol. Society 227 W Park Ave Okla City, OK 73102,	\$	5,000
Class of Activity: Donee's Name: Donee's Address:	S. TAKKEN SCHOLARSHIP Okla City Geol. Society 227 W Park Ave Okla City, OK 73102,		
Class of Activity:	BETH CRONIN ENDOWMENT	\$	5,000
Donee's Name:	Okla City Geol. Society 227 W Park Ave Okla City, OK 73102,	•	3,500
Donee's Address: Cash Amount Given:		\$	3,300
Donee's Address:	DAVIS SCHOLARSHIP Okla City Geol. Society 227 W Park Ave Okla City, OK 73102,	\$	1,500

2009	Federal Statements	Page 2
	Oklahoma City Geological Foundation	73-1439474
Statement 3 (continued) Form 990-EZ, Part I, Line Grants and Similar Amount Class of Activity: Donee's Name: Donee's Address: Cash Amount Given:	10 nts Paid EESE-PUTNAM CITY HS Okla City Geol. Society 227 W Park Ave Okla City, OK 73102,	\$ 2,190.
Statement 4 Form 990-EZ, Part I, Line Other Expenses Awards Banquet Bank Charges Credit Card Charge Donor Reception Foundation Donation Legends Dinner Small Receptions Travel Website	16	\$ 5,603. 187. 41. 7,922. 1,000. 10,017. 2,549. 1,194. 129. Total \$ 28,642.
Statement 5 Form 990-EZ, Part I, Line 2 Other Changes In Net Ass Net Unrealized Gains,	sets Or Fund Balances	\$ 189,046. \$ 189,046.
Statement 6 Form 990-EZ, Part III, Line Statement of Program Ser	rvice Accomplishments Description	Program Service Grants Expenses
Donation to Okla City Awards & Endowments. 2009 Kate Award 2009 Takken Award Beth Cronin Elementar Davis Scholarship Foundations Excellence	1,500	17,190. \$ 17,190. \$ 0.

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2009 **Federal Statements** Page 3 **Oklahoma City Geological Foundation** 73-1439474 Statement 7 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No No