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## Form 990-PF

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

OMB No 1545 0052

2009

Department of the Treasury Internal Revenue Service Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning , 2009, and ending G Check all that apply: Initial return Initial Return of a former public charity Final return Amended return Address change Name change Employer identification number Use the VISION ADVANCEMENT FOUNDATION, INC. 3615 S.E. KENTUCKY IRS label. 73-1568142 Otherwise, Telephone number (see the instructions) print BARTLESVILLE, OK 74006 918-333-2020 or type. See Specific If exemption application is pending, check here Instructions. D 1 Foreign organizations, check here н Check type of organization: X Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated Fair market value of all assets at end of year Accounting method: X Cash under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here 184,185 (Part I, column (d) must be on cash basis) Analysis of Revenue and Part I (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) expenses per books ıncome income for charitable purposes (cash basis only) (see the instructions).) 60,727 Contributions, gifts, grants, etc. received (att sch) Ck ► If the foundn is not req to att Sch B Interest on savings and temporary cash investments 1,069 1,069 1,069 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) R 6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a EVENU Capital gain net income (from Part IV, line 2) رمر، Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances : b Less Cost of goods sold c Gross profit/(loss) (att sch) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 796 ,069 1,069 600 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 520 16a Legal fees (attach schedule) SEE ST 1 SCANNED NOV 9 3 4444 3,305 b Accounting fees (attach sch) SEE ST 2 c Other prof fees (attach sch)  $\tilde{\mathbf{S}}$ NOV 1 6 2010 17 Interest SEE STM 3 53 18 Taxes (attach schedule)(see instr.) Depreciation (attach sch) and depletion 8,269 OGDEN, UI Occupancy Travel, conferences, and meetings 8,820 22 Printing and publications Other expenses (attach schedule) SEE STATEMENT 181 24 Total operating and administrative expenses. Add lines 13 through 23 21,748 Contributions, gifts, grants paid PART XV 10,155 10,155 Total expenses and disbursements. Add lines 24 and 25 31,903 0 0 10,155 Subtract line 26 from line 12: a Excess of revenue over expenses 29,893 and disbursements . . 1,069 b Net investment Income (if negative, enter -0-) .069 C Adjusted net income (if negative, enter -0-)

Form	1 <b>990</b> -	PF (2009) VISION ADVANCEMENT FOUNDATION, IN	ISION ADVANCEMENT FOUNDATION, INC. 73-1568142				
Dar	नान	Balance'Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year			
r, ar	11/12	Column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash – non-interest-bearing		2,475.	2,475.		
	2	Savings and temporary cash investments	154,293.	134,851.	134,851.		
	3	Accounts receivable					
		Less: allowance for doubtful accounts					
	4	Pledges receivable					
		Less: allowance for doubtful accounts					
	5	Grants receivable .			<del></del>		
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)					
	7	Other notes and loans receivable (attach sch)					
A	_	Less: allowance for doubtful accounts		·	<del></del>		
S	8	Inventories for sale or use					
A S S E T S	9	Prepaid expenses and deferred charges		<del></del>			
Ţ	1	•					
3		a Investments – U.S. and state government obligations (attach schedule)					
		b Investments — corporate stock (attach schedule).					
	1	c Investments — corporate bonds (attach schedule)					
	11	Investments — land, buildings, and equipment: basis.			,		
		Less: accumulated depreciation (attach schedule)					
	12	Investments – mortgage loans					
	13	Investments – other (attach schedule) .					
	14	Land, buildings, and equipment basis55,128.					
		Less: accumulated depreciation (attach schedule) SEE STMT 5 - 8,269.		46,859.	46,859.		
	15	Other assets (describe ►)					
	16	Total assets (to be completed by all filers — see instructions. Also, see page 1, item I)	154,293.	184,185.	184,185.		
<del></del> -	17	Accounts payable and accrued expenses	134,293.	104,103.	104,103.		
ī	18				ļ		
A B	19	Grants payable Deferred revenue					
ĭ	20	· · · · · · · · · · · · · · · · · · ·		·			
Ļ		Loans from officers, directors, trustees, & other disqualified persons .  Mortgages and other notes payable (attach schedule)			-		
÷	21	· · · · · · · · · · · · · · · · · ·					
I E	22	Other liabilities (describe					
Š	23	Total liabilities (add lines 17 through 22)	0.	0.			
		and complete lines 24 through 26 and lines 30 and 31.					
N F E U T N	24	Unrestricted .					
ΤŇ	25	Temporarily restricted.		<del></del>			
D	26	Permanently restricted					
ASBALAN SELAN		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.		:			
EL	27	Capital stock, trust principal, or current funds					
	28	Paid-in or capital surplus, or land, building, and equipment fund					
O E	29	Retained earnings, accumulated income, endowment, or other funds .	154,293.	184,185.			
ŔŜ	30	Total net assets or fund balances (see the instructions)	154,293.	184,185.			
	31	Total liabilities and net assets/fund balances (see the instructions)	154,293.	184,185.			
Part	111 1	Analysis of Changes in Net Assets or Fund Balance		104,100.	<u> </u>		
1	otal	net assets or fund balances at beginning of year — Part II, colur of-year figure reported on prior year's return)	nn (a), iine 30 (must ag	ree with	154,293.		
		r amount from Part I, line 27a		2	29,893.		
		increases not included in line 2 (itemize)		3			
		ines 1, 2, and 3		4	184,186.		
		ises not included in line 2 (itemize) > SEE STATEMENT	<u> </u>	<del></del>	1.		
-		· · · · · · · · · · · · · · · · · · ·			10110		

Form 990-PF (2009)

184,185.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Add lines 5 and 6

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Enter qualifying distributions from Part XII, line 4

7

Form 990-PF (2009)

		3-1568142		Page 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	ee the instruc	tions)	
1	a Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instr.)			
	b Domestic foundations that meet the section 4940(e) requirements in Part V,	1		21.
	check here ► and enter 1% of Part I, line 27b			
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
	foundations only Others enter -0-)	2		0.
3	Add lines 1 and 2	3		21.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			<u>0.</u> 21.
5	Credits/Payments:	5		
	a 2009 estimated tax pmts and 2008 overpayment credited to 2009 6a			
	b Exempt foreign organizations — tax withheld at source 6b			
	c Tax paid with application for extension of time to file (Form 8868)			
	d Backup withholding erroneously withheld  6d			
	Total credits and payments Add lines 6a through 6d	_ <sub>7</sub>	<u></u>	0.
8		8		
9		<b>▶</b> 9		21.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ 10		
11	Enter the amount of line 10 to be. Credited to 2010 estimated tax	► 11		
Pa	A Statements Regarding Activities			
1	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Y	es No
	participate or intervene in any political campaign?		1a	X
	<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes			
	(see the instructions for definition) 3		1 b	X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials or distributed by the foundation in connection with the activities	published		
	c Did the foundation file Form 1120-POL for this year?		1 c	X
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation   (2) On foundation managers   (3) Section 4955 imposed during the year:  (4) On foundation managers   (5) Section 4955 imposed during the year:	0.		30.74
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impose			
	foundation managers \bigsim \\$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	X
	If 'Yes,' attach a detailed description of the activities			<u> </u>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, artic	cles i	و منا	
	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3	X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	X
_	b If 'Yes,' has it filed a tax return on Form 990-T for this year?.		4b	N/A
5			5	X
6	If 'Yes,' attach the statement required by General Instruction T  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
v	By language in the governing instrument, or	İ		-
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that with the state law remain in the governing instrument?	conflict	6	Х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV.	•		x i
8	Enter the states to which the foundation reports or with which it is registered (see the instructions)			
	OK (cc ac a			
ı	b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation		8ь	Х
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	or 4942(1)(5)		
	for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' comp	lete Part XÌV	9	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their	r names		
PAA	and addresses	<u> </u>	10	X
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	n 990-PF (2009) VISION ADVANCEMENT FOUNDATION, INC.	73-1568	142	Page 5
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		. 11	х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption	on application?	13	X
14	The books are in care of DENTAL-MEDICAL ECONOMICS, INC. Telephon		881	1501
15	Located at ► 101 E. PARK BLVD, STE 300 PLANO TX ZIP + 4 ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			<u>`</u>
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15		N/A
Pan	RIVILED Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	<b>原</b>	Yes No
1 a	During the year did the foundation (either directly or indirectly)		1	The sales of
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No	i i	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .	Yes X No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X No		
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )	Yes X No		
b	olf any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instruction	ons)?	. 1b	N/A
	Organizations relying on a current notice regarding disaster assistance check here	. ▶ 🔲		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts that were not corrected before the first day of the tax year beginning in 2009?	•	1 c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		Ž.	
	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes X No		
	If 'Yes,' list the years ► 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942 <b>all</b> years listed, answer 'No' and attach statement — see the instructions)	2(a)(2) (a)(2) to	2b	N/A
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years $\stackrel{\blacktriangleright}{}$ 20 , 20_ , 20_ , 20	here	(200 <del>2)</del>	
_				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X No		
	If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approve by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	ed	3 b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	·	4b	X

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Form **990-PF** (2009)

Form 990-PF (2009) VISION ADVANCEMEN				68142 Page <b>6</b>
Part VIEB Statements Regarding Activit	ies for Which Forn	n 4720 May Be Req	uired (continued)	
5a During the year did the foundation pay or incu	ir any amount to:			
(1) Carry on propaganda, or otherwise attempt	<del>-</del>	•	Yes	No
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ilic election (see section ation drive?	n 4955); or to carry 		No No
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No
(4) Provide a grant to an organization other to in section 509(a)(1), (2), or (3), or section	han a charitable, etc, o i 4940(d)(2)? (see instri	rganization described uctions)	Yes X	] No
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific in of cruelty to children	c, literary, or or animals?	Yes	] No
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or in (see instructions)?	the transactions fail to a current notice regar	qualify under the excep ding disaster assistance	tions	5b N/A
Organizations relying on a current notice rega	rding disaster assistan	ce check here	▶	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Reg	sibility for the grant?	•	N/A Yes	No
6a Did the foundation, during the year, receive air on a personal benefit contract?	ny funds, directly or ind	lirectly, to pay premium:	s ∐Yes ∑	No No
<b>b</b> Did the foundation, during the year, pay prem <i>If 'Yes' to 6b, file Form 8870.</i>	iums, directly or indirec	ctly, on a personal bene	fit contract?	6b X
7a At any time during the tax year, was the found	dation a party to a proh	ibited tax shelter transa	ction? Yes	No Man Man
b If yes, did the foundation receive any proceed	s or have any net incor	me attributable to the tra	ansaction? .	76  N/A
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Highly Paid	Employees,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions)	· · · · · · · · · · · · · · · · · · ·
1 List an officers, directors, trustees, foundation	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense account,
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
TODD A. CONE	DIRECTOR	0.	0.	200.
1611 SE KANE HILL DR	0			
BARTLESVILLE, OK 74006			·	
CHARLES HOLLAND, JR. 2409 SE CHAPEL HILL RD.	DIRECTOR 0	0.	0.	200.
BARTLESVILLE, OK 74006	D.T.D.C.T.C.T.			<del> </del>
DENNIS DOE 2708 KINGSTON DRIVE	DIRECTOR 0	0.	0.	200.
BARTLESVILLE, OK 74006				
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1— see ir	structions). If none,	enter 'NONE.'
(a) Name and address of each employee	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense account, other allowances
paid more than \$50,000	hours per week devoted to position		employee benefit plans and deferred compensation	other allowances
NONE				
	<u> </u>			
			<del></del>	
Total number of other employees paid over \$50,000	TEE 002061		<u>-</u>	Form <b>990-PF</b> (2009)

Form 990-PF (2009) VISION ADVANCEMENT FOUNDATION, INC.  [Partivilla] Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)	73-1568142 Page 7 y Paid Employees,
3 Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others recovered ever \$50,000 for professional converse	0
Total number of others receiving over \$50,000 for professional services	
Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 <u>N/A</u>	
2	
	. – – – –
3	
4	
Partix B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	nd 2. Amount
1 <u>N/A</u>	
2	
	·
All other program-related investments. See instructions.	
Total. Add lines 1 through 3	▶ 0.
BAA	Form <b>990-PF</b> (2009)

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Form 990-PF (2009)

see instructions.)	rt. Poreign foundations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities	1a
b Average of monthly cash balances	1b 133,607
c Fair market value of all other assets (see instructions).	1c
d Total (add lines 1a, b, and c)	1d 133,607
e Reduction claimed for blockage or other factors reported on lines 1a and 1c	
(attach detailed explanation)	0.
2 Acquisition indebtedness applicable to line 1 assets	2 0
3 Subtract line 2 from line 1d	<b>3</b> 133,607
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4 2,004
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 131,603
6 Minimum investment return. Enter 5% of line 5	. 6 6,580
Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private of and certain foreign organizations check here ► ☐ and do not complete the	
1 Minimum investment return from Part X, line 6	1 6,580
2a Tax on investment income for 2009 from Part VI, line 5	21.
b Income tax for 2009. (This does not include the tax from Part VI.)	
c Add lines 2a and 2b	. <b>2c</b> 21
3 Distributable amount before adjustments Subtract line 2c from line 1	3 6,559
4 Recoveries of amounts treated as qualifying distributions	4
5 Add lines 3 and 4	5 6,559
6 Deduction from distributable amount (see instructions)	6
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7 6,559
RankXIII Qualifying Distributions (see instructions)	
1. Amounts paid (including administrative evenence) to eccemplish should be a compared	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a 10,155
<b>b</b> Program-related investments — total from Part IX-B	1 b
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2 55,128
3 Amounts set aside for specific charitable projects that satisfy the	1.0
a Suitability test (prior IRS approval required)	3a
<b>b</b> Cash distribution test (attach the required schedule)	3 b
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4 65,283
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6 65,283
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	whether the foundation
qualifies for the section 4940(e) reduction of tax in those years	Whether the loundation

### Rank Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1 Distributable amount for 2009 from Part XI,				6,559.
2 Undistributed income, if any, as of the end of 2009:			,	
a Enter amount for 2008 only b Total for prior years: 20, 20, 20		0.	0.	
3 Excess distributions carryover, if any, to 2009.		<del></del> γ.	-25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 / 1 / 2 / 1 / 2 / 3 / 4 / 2 / 3 / 4 / 2 / 3 / 4 / 2 / 3 / 4 / 4 / 3 / 4 / 4 / 4 / 4 / 4 / 4
a From 2004				1796年1月1日
<b>b</b> From 2005			, , ,	1 2 2 2 2 2 2 2 2 2 2 2 2
<b>c</b> From 2006	1%		,	. "•
<b>d</b> From 2007 . 701 .	[2]			
e From 2008 8,250.	,	r	. *	,
f Total of lines 3a through e	8,951.			
4 Qualifying distributions for 2009 from Part		, , , , , , , , , , , , , , , , , , , ,		
XII, line 4: ► \$65, 283.	Š.			, ,
a Applied to 2008, but not more than line 2a	<u>.</u>		0.	
<ul> <li>Applied to undistributed income of prior years (Election required – see instructions)</li> </ul>		0.		
<ul> <li>Treated as distributions out of corpus (Election required – see instructions)</li> </ul>	0.		•	
d Applied to 2009 distributable amount	96 × 11	``		6,559.
e Remaining amount distributed out of corpus	58,724.	1		
5 Excess distributions carryover applied to 2009 .	0.	5,		0.
(If an amount appears in column (d), the same amount must be shown in column (a))	(A)	,		
6 Enter the net total of each column as	35	· · · · · · · · · · · · · · · · · · ·		, ·
indicated below:	67 675	``		
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	67,675.		5	, , , , , , ,
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.	•	
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency				
has been issued, or on which the section	,			- · · · · ·
4942(a) tax has been previously assessed		0.		<u> </u>
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from				
line 2a. Taxable amount — see instructions .			0.	
f Undistributed income for 2009 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2010.				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions).	0.			,
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a .	67,675.			
10 Analysis of line 9:	55. 55.			-
a Excess from 2005				
b Excess from 2006 c Excess from 2007 701.				
d Excess from 2007 701.		_	-	
e Excess from 2009 58,724.				.
E LACESS HOTH 2003	AF#5***		<u></u>	<u></u>

Form 990-PF (2009) VISION ADVANCEME				73-1568142	
RantixIV Private Operating Foundation					N/A
1 a If the foundation has received a ruling or our is effective for 2009, enter the date of the	ruling		•	_ •	
<b>b</b> Check box to indicate whether the foundate		erating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total
<b>b</b> 85% of line 2a		<u> </u>			
c Qualifying distributions from Part XII, line 4 for each year listed					·····
d Amounts included in line 2c not used directly for active conduct of exempt activities					<del></del>
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c</li> </ul>	!				
3 Complete 3a, b, or c for the alternative test relied upon:		ŀ			
a 'Assets' alternative test — enter.			}	]	
(1) Value of all assets.		<del> </del>	ļ		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					<del></del>
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Supplementary Information ( assets at any time during the	(Complete this e vear — see in	part only if the structions.)	organization ha	d \$5,000 or more	e in
Information Regarding Foundation Managa List any managers of the foundation who holose of any tax year (but only if they have NONE	ers:	ore than 2% of the t	total contributions re section 507(d)(2))	eceived by the found	ation before the
<b>b</b> List any managers of the foundation who c	wn 10% or more o	f the stock of a corp	poration (or an equa	ally large portion of t	he ownership of
a partnership or other entity) of which the NONE	foundation has a 1	0% or greater interë	est `		
2 Information Regarding Contribution, Gran Check here ► X if the foundation only makes requests for funds. If the foundation makes complete items 2a, b, c, and d	akes contributions	to preselected char	ritable organizations	s and does not accep anizations under othe	ot unsolicited er conditions,
a The name, address, and telephone number	r of the person to v	whom applications s	should be addressed	<b>i</b> :	
<b>b</b> The form in which applications should be s	ubmitted and infor	mation and materia	ls they should inclu	de:	
c Any submission deadlines:					
d Any restrictions or limitations on awards, s	uch as by geograp	hical areas, charitat	ole fields, kinds of i	nstitutions, or other	factors:
	· <del></del>				

Rant Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution status of **Amount** recipient Name and address (home or business) a Paid during the year VARIOUS INDIVIDUALS WITH NONE ASSISTANCE WITH 6,109. FINANCIAL NEEDS PROVIDING BARTLESVILLE, OK 74003 TRANSPORTATION TO MEDICAL SERVICES WILLIAM TOWNLEY NONE 97. ASSISTANCE WITH RT. 1 BOX 624 MEDICAL FEES FOR NEW BARNSDALL, OK 74002 LENS - ELDERLY PATIENT WITH VISION IN ONE EYE ONLY VARIOUS INDIVIDUALS AND GROUPS NONE ASSISTANCE WITH 3,949. BARTLESVILLE, OK 74003 PROVIDING VISION CONTINUING EDUCATION REGISTRATION FEES Total 10,155. 3a b Approved for future payment Total ▶ 3ь

Form 990-PF (2009)

#### Rank Analysis of Income-Producing Activities

BAA

Ente	er gross amounts unless otherwise indicated	Unrelate	d business income	Excluded by	section 512, 513, or 514	
	Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (see the instructions)
	a			1000		(See the mondons)
	b		<del></del>			
	С					
	d					
	e					
	f					
	g Fees and contracts from government agencies	-	·		<del></del>	
_	Membership dues and assessments	J		<del>                                     </del>	1 050	
3	• • • • • • • • • • • • • • • • • • • •	<del> </del>		14	1,069.	
4	Dividends and interest from securities  Net rental income or (loss) from real estate:			100 CONT. 304		
	a Debt-financed property					RANGE CONTRACTOR CONTRACTOR
	b Not debt-financed property	<del>                                     </del>				
6		<del>  </del>		<del>                                     </del>		
7			<del></del>	+ +		
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue:			BEAM ST		
•	ab					
١	b	<del>                                     </del>				
	c	<del> </del>		<del>                                     </del>		
	d	<del></del>	<del>-</del>	<u> </u>	<del></del>	
	Cubatal Add columns (b) (d) and (c)	ANGESTS.			1,069.	
	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)				1,009.	1,069.
	e worksheet in the instructions for line 13 to verify	calculations )			13	1,000.
					<del></del>	
<sub>k</sub> ar	Relationship of Activities to th	e Accompii	Snment of Exemp	t Purpose	'S	
Lin	e No. Explain below how each activity for which accomplishment of the foundation's exempt	income is repo	rted in column (e) of F	Part XVI-A co	ontributed important	ly to the he instructions )
	N/A		no. than by providing t		,,, pa, pooco,, (coo	
	V/A		<del></del>		<del></del>	
			· · · · · · · · · · · · · · · · · · ·			
			<del></del>		<del></del>	
					<del></del>	

TEEA0502L 07/06/09

# Form 990-PF (2009) VISION ADVANCEMENT FOUNDATION, INC. 73-1568142 PartXVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

a (	Did the organization directly described in section 501(c) relating to political organization transfers from the reporting (1) Cash (2) Other assets (1) Sales of assets to a not (2) Purchases of assets from (3) Rental of facilities, equivalent arrang (4) Reimbursement arrang (5) Loans or loan guarante (6) Performance of service Sharing of facilities, equipment of services.	of the Code (cations? g foundation to incharitable exion a noncharit ipment, or othe ements es s or members!	other than section 50 to a noncharitable exempt organization able exempt organization are assets	1(c)(3) organiza	izations) or i	organization n section 527,		1a (1) 1a (2) 1b (1) 1b (2) 1b (3) 1b (4) 1b (5) 1b (6)	Yes No X X X X X X X X X X X X X X X X X X X
d l	If the answer to any of the the goods, other assets, or any transaction or sharing	above is 'Yes,' services given arrangement, s	complete the follows by the reporting fou- show in column <b>(d)</b> th	ing schedule. ndation. If the ne value of the	Column (b) : foundation goods, other	should always s received less th er assets, or se	how the fair lan fair mark rvices receive	market value et value in ed.	e of
_ <b>(a)</b> Lir			of noncharitable exempt or			ption of transfers, t			
N/A									
		_							
		4							
		ļ							
	<u> </u>								
		ļ	····						
		<del></del>	- <del> </del>						
		4							
		<u> </u>							
		<del>. _</del>							
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		ļ. <u> </u>							<del></del>
		<u> </u>							
	<u></u>							<u>-</u>	
d	s the foundation directly or described in section 501(c) f 'Yes,' complete the follow	of the Code (o	ated with, or related ther than section 501	to, one or mo (c)(3)) or in	ore tax-exem section 527?	pt organizations	s	Yes	XNo
	(a) Name of organizat	ion	(b) Type of a	organization		(c) Desc	cription of re	lationship	
N/A									
							<del></del>		
Unde	er penalties of perjury, I declare that older Declaration of preparer (other	I have examined the than taxpayer or fid	is return, including accomp. luciary) is based on all infor	anying schedules mation of which p				belief, it is true,	correct, and
s P	- Hem	>10C			11/12	<del>,                                     </del>	<u> JIRECTDE</u>		
S   P	Signature of officer or trustee		*	<u>.</u> .	Date	Til	1		
- 1	. Preparer's	<i>M</i> -	-1		Date	Check	ıf Prej	parer's Identifying Signature in th	g number e instrs)
H Paic	signature	WHAT A WH	KIE, CPA		11/05/	10 self- employ		0742965	
I Pair	er's Firm's name (or M. W	HITE & AS	SOCIATES LLC	<u> </u>		EIN	<b>►</b> 41-22	61464	
Use	, employed), LUI	E PARK BL	VD STE 300						
	address, and PLAN	O, TX 750	74-8864			Phone	no. ► 972	2-881-15	01
BAA									PF (2009)

#### Schedule B. (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization Employer Identification number VISION ADVANCEMENT FOUNDATION, INC 73-1568142 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(\_ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule -For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II) Special Rules -For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year **Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule Name of org	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
	N ADVANCEMENT FOUNDATION, INC.	<b>1</b>	r identification number 568142
	Contributors (see instructions.)		300142
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROBERT GRIMES ESTATE  1208 GARDEN DRIVE  BARTLESVILLE, OK 64003	\$60,727 <u>.</u>	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
(a)	(b)	\$ (c)	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
Number	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
RΔΔ	TEFA07021 06/23/09	Schedule R (Form 99)	990.EZ or 990.PE) (2009)

Schedule <b>B</b> (F	<del>-</del> or <u>m</u> 990,	990-EZ, or	990-PF	(2009)
----------------------	-------------------------------	------------	--------	--------

of 1

Name of organization

VISION ADVANCEMENT FOUNDATION, INC.

Employer identification number 73-1568142

Partill	Noncash	<b>Property</b>	(see	instructions)	,
---------	---------	-----------------	------	---------------	---

	Noncash Property (see instructions )	<del></del> -		
(a) No. from Part I	(b) Description of noncash property given	F (	(c) FMV (or estimate) see instructions)	(d) Date received
	N/A	$\dashv$		
		-		
		\$_		
(a) No. from Part I	(b) Description of noncash property given	F (	(c) FMV (or estimate) see instructions)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	F	(c) MV (or estimate) see instructions)	(d) Date received
		$\exists$ .		
		\$_		
(a) No. from Part I	(b) Description of noncash property given	F	(c) FMV (or estimate) see instructions)	(d) Date received
		7		
		$\exists$		
		\$		
(a) No. from Part I	(b)  Description of noncash property given	F (:	(c) MV (or estimate) see instructions)	(d) Date received
		$\dashv$		
		\$_		
(a) No. from Part I	(b)  Description of noncash property given	F (:	(c) MV (or estimate) see instructions)	(d) Date received
-				
		$\exists$		
}		<b>-</b>  \$_		

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

	3 (Form 990, 990-EZ, or 990-PF) (2009)		Page 1	of 1	of Part III			
Name of organ				Employer Identificat				
	ADVANCEMENT FOUNDATION, INC	·		73-1568142				
	Exclusively religious, charitable, e organizations aggregating more t	nan \$1,000 for the year.(C	omplete cols	(a) through (	7), (8), or (10) e) and the follow	ng line entry.)		
	For organizations completing Part III, enter contributions of \$1,000 or less for the year	total of <i>exclusively</i> religious, cl (Enter this information once –	haritable, etc, see instruction	ons )	<b>►</b> \$	N/A		
(a)	(b)	(c)		_	(d)			
No. from Part I	Purpose of gift	Use of gift		Desci	ription of how gif	t is held		
	N/A							
		(e)			<del></del>	<del>_</del>		
	Transferee's name, addres	Transfer of gift	Rela	tionship of t	ransferor to trans	sferee		
i								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Descr	(d) ription of how gif	t is held		
						<del></del>		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee				
	<u> </u>							
				<del> </del>				
						<del></del>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	-	Descr	(d) ription of how gif	t is held		
			<del></del>			<del></del>		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee				
}								
ŀ						<del></del>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Descr	(d) ription of how gift	t is held		
}	<del>-</del>							
	Transferee's name, addres	Relationship of transferor to transferee						
				<u> </u>				
	<del></del>							

2009	FEDERAL STATEMENTS	PAGE 1
CLIENT 2339-170	VISION ADVANCEMENT FOUNDATION, INC.	73-1568142
STATEMENT 1 FORM 990-PF, PART I, LINE 1 LEGAL FEES	6A	03:03PM
LEGAL FEES .	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  TOTAL \$ 520. \$ 0.	(D) CHARITABLE PURPOSES  5 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 10 ACCOUNTING FEES	6B	
TAX PREPARATION AND CONS	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  SULTING \$ 3,305. TOTAL \$ 3,305. \$ 0.	(D) CHARITABLE PURPOSES  \$ 0.
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES	В	
TAXES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 53.  TOTAL \$ 53. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES  \$ 0.
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES	3	
BOARD OF DIRECTORS EXPENFINANCE CHARGE & INTERESOFFICE & ADMNISTRATION	ST. 60.	(D) CHARITABLE PURPOSES  \$ 0.

2009 . FEDERAL STATEMENTS PA	AGE 2
CLIENT 2339-170 VISION ADVANCEMENT FOUNDATION, INC. 73-	1568142
11/05/10	03:03PM
STATEMENT 5 FORM 990-PF, PART II, LINE 14 LAND, BUILDINGS, AND EQUIPMENT	
ACCUM. BOOK FAIR MACATEGORY BASIS DEPREC. VALUE VALU	RKET E
AUTO./TRANSPORTATION EQUIP. \$ 0.\$ 0.\$ 46	, 859.
MISCELLANEOUS 55,128. 8,269. 46,859. TOTAL \$ 55,128. \$ 8,269. \$ 46,859. \$ 46	0. ,859.
STATEMENT 6 FORM 990-PF, PART III, LINE 5 OTHER DECREASES	
ROUNDING	1.
TOTAL \$	<del></del>
	1

J

# Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

-	e filing for an Automatic 3-Month		•				► <u>[X]</u>	
-	filing for an Additional (Not Aut			•	-	•		
	plete Part II unless you have alrea					iled Form 8868.		
Gangiage /	Automatic 3-Month Extens	ion of Time.	origit origit	nai (no copies i	needed).			
A corporation	required to file Form 990-T and	requesting an au	itomatic 6-month ext	ension – check th	is box and o	complete Part I	only ►	
All other corp income tax r	porations (including 1120-C filers) eturns	), partnerships, R	PEMICS, and trusts m	ust use Form 700	4 to request	an extension o	f time to file	
Form 990-1	iling (e-file). Generally, you can ed below (6 months for a corporatival (not automatic) 3-month extens Instead, you must submit the full it www.irs.gov/efile.and.click.on.	v combleted and	signed bage 2 (Part	t a 3-month auton ver, you cannot fil ), or 8870, group r II) of Form 8868	natic extens e Form 886 eturns, or a For more de	on of time to fight of the section of time to fight of the section	le one of the if (1) you want onsolidated ctronic filing of	
	Name of Exempt Organization			· · · · · · · · · · · · · · · · · · ·		Employer identifica	ation number	
Type or print								
•	VISION ADVANCEMENT F					73-1568142		
File by the due date for	Number, street, and room or suite number	If a P.O box, see inst	ructions.					
filing your return See	3615 S.E. KENTUCKY							
instructions	City, town or post office, state, and ZIP coo	_	ss, see instructions					
	BARTLESVILLE, OK 740							
	of return to be filed (file a separate	¬ ``	•	_	_			
Form 990	<u></u>	_ Form 990-T (co	. ,	_	Form 472			
Form 990	<b> </b>	-i `	ection 401(a) or 408(	· · · )_	Form 522			
Form 990	L	⊶ `	ust other than above	) _	Form 606			
X Form 990	)-PF	Form 1041-A	<del></del>		Form 887	<u>'0</u>		
Telephone If the orga If this is for check this the extension	e No (972) 881-1501 anization does not have an office or a Group Return, enter the organism box. If it is for part of the sion will cover.	or place of busing anization's four dhe group, check	FAX No ►ness in the United Stigit Group Exemption this box ► and	Number (GEN) attach a list with ti	If ne names a			
•	st an automatic 3-month (6 month	•	•	•				
	8/15, 20 _10 _, to file ension is for the organization's re		nization return for the	e organization nan	ned above			
	calendar year 20_09_ or	eturn for.						
	tax year beginning	20	and andina	20				
	tax year beginning	' 20'						
2 If this ta	x year is for less than 12 months	s, check reason:	Initial return	Final return		hange in accou	nting period	
3a If this ap nonrefu	pplication is for Form 990-BL, 99 indable credits. See instructions	0-PF, 990-T, 472	0, or 6069, enter the	tentative tax, less	any	3a \$	21.	
	pplication is for Form 990-PF or 9 nclude any prior year overpayme			d estimated tax p	ayments	3b \$	0.	
deposit	Due. Subtract line 3b from line 3 with FTD coupon or, if required, tructions	Ba Include your play using EFTPS	payment with this for (Electronic Federal T	m, or, if required, ax Payment Syste	em).	3c \$	21.	
Caution. If yo cayment instr	u are going to make an electroni uctions.	c fund withdrawa	l with this Form 8868	3, see Form 8453-	EO and For	m 8879-EO for		
BAA For Priv	acy Act and Paperwork Reducti	on Act Notice, se	e instructions.			Form <b>886</b>	8 (Rev 4-2009)	

Form 8868	(Rev 4-2009)				Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check	this box .		- X
	complete Part II if you have already been granted an automatic 3-month exte			m 8868.	_
	are filing for an Automatic 3-Month Extension, complete only Part I (on page				
Part W	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original			
	Name of Exempt Organization		Employer ider	itification nur	mber
Type or print	VISION ADVANCEMENT FOUNDATION, INC.		73-1568		
File by the	Number, street, and room or suite number If a P.O. box, see instructions		For IRS use or	nly	
extended due date for filing the return See	M. WHITE & ASSOCIATES LLC 101 E PARK BLVD STE 300	,			
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions				
	PLANO, TX 75074-8864		<u></u>		
Form 99 Form 99	90-BL Form 990-T (section 401(a) or 408(a) trust) 90-EZ Form 990-T (trust other than above)	Form 1041-A Form 4720 Form 5227		Forr	n 6069 n 8870
	not complete Part II if you were not already granted an automatic 3-month ex	tension on a previ	ously filed I	Form 8868	J
	ks are in care of DENTAL-MEDICAL ECONOMICS, INC.				
· · · · · · · · · · · · · · · · · · ·	one No ► (972) 881-1501 FAX No ►				
	rganization does not have an office or place of business in the United States,				
	s for a Group Return, enter the organization's four digit Group Exemption Nun				this is for the
	p, check this box .  If it is for part of the group, check this box .	and attach a list wi	tn tne name	s and Eliv	is of all
	ne extension is for. lest an additional 3-month extension of time until 11/15 , 20 1	<u></u>			
		, and ending_		20	)
	tax year is for less than 12 months, check reason I initial return	Final return	Change	- <i> '</i>	ting period
	in detail why you need the extension TAXPAYER RESPECTFULLY				
	HER INFORMATION NECESSARY TO FILE A COMPLETE AND				
8a If this nonre	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta fundable credits. See instructions	ative tax, less any	. 8a	\$	21.
payme	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable clents made. Include any prior year overpayment allowed as a credit and any a form 8868	redits and estimate mount paid previou	d tax isly 8b	\$	0.
c Balan with F	ce Due. Subtract line 8b from line 8a. Include your payment with this form, of TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	r, if required, depos System) See instr	sit		21.
	Signature and Verification				
Under penalties correct, and cor	of perjury, I declare that I have examined this form, including accompanying schedules and statements inplete, and that I am authorized to prepare this form	s, and to the best of my k	nowledge and b	elief, it is true	
Signature	Title ▶		Da	te ►	
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