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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2009

OMB No 1545-0052

For	<u>calen</u>	idar year 2009, oi	r tax yea	ar beginning			, a	nd ending		
G	heck	all that apply:	<u> </u>	Initial retur	-	Initial return o	-	blic charity	Final returi	n
				Amended r	eturn	X Address	hange		Name change	
١	the abel	HARLAN	ANI	D VIRG	INIA K	RUMME			A Employer identification 73–1604802	
	print	Number and st	reet (or P	O box numbe	r if mail is not de	livered to street address)		Room/suite	B Telephone number	
	r type	14043 1	AST	35TH	PLACE			i.	918-745-23	333
	Spec ructio	I GRV OF LOWIL	, state, a	ınd ZIP code					C If exemption application is p	pending, check here
	uvu	"" TULSA,	OK	7410					D 1 Foreign organization	
H_C	_	type of organizati				empt private foundatio			2 Foreign organizations me check here and attach co	eeting the 85% test, omputation
		ction 4947(a)(1) r		_		Other taxable private fo			E If private foundation sta	atus was terminated
		arket value of all as		end of year	l ——	-	sh	Accrual	under section 507(b)(1)(A), check here
		Part II, col (c), lir		c 000		her (specify) mn (d) must be on c	ach bases l		F If the foundation is in a	
	·\$ art l	Analysis of Rev							under section 507(b)(1	Τ
		The total of amoun necessarily equal to	nts in colu he amour	ımns (b), (c), an nts ın column (a	d (d) may not i))	(a) Revenue and expenses per book	(S	let investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gif				49,68	5.		N/A	
	2	Check X if the Interest on savings			o attach Sch B	1,35	1	1,351.		STATEMENT 1
	4	cash investments Dividends and inf	taract fr	om contritio	,	1,33	- •	1,331.		SIAIEMENI I
	1	Gross rents	ici cot ili	om securities	•					
		Net rental income or	(loss)			······································				
d)	_	Net gain or (loss) fro	· · ·	assets not on	line 10					
Revenue	Ь	Gross sales price for assets on line 6a	rall							
eve	7	Capital gain net inco	ome (from	Part IV, line 2)				0.		
<u> </u>	8	Net short-term ca	apıtal ga	ıın						
	9	Income modificat Gross sales less reti		1					-	
	10a	and allowances	ums							
		Less Cost of goods					 			-
	Į.	Gross profit or (le Other income	oss)					.		
	12	Total. Add lines	1 throug	nh 11		51,03	5	1,351.		
	13	Compensation of of			etc.		0.	0.		0.
2010	14	Other employee s		•	-, 5.0					
	15	Pension plans, ei	mployee	benefits						
U Z enses	16a	Legal fees	RE(CEIVE	D					
	b	- Accountido fees								
בֿ בֿ	C	Other profession	al fees	2 9 20	in löl					<u> </u>
ţi Ş	17	IIII 4	001	N 0 60	RS-OS					<u></u>
nd Administrative Expe	18	Taxes			<u> </u>					
	19	Depreciation and	deblen	DEN.	JT					
, P	20	Occupancy Traval appleases		maatinaa						 -
and /	21	Travel, conference Printing and pub		-						 -
a	23	Other expenses	iications	•				-		
atin	24	Total operating	and adn	ninistrative						
Operating	-`	expenses. Add la					0.	0.		0.
0	25	Contributions, gr	fts, grar	nts paid		19,00	0.			19,000.
	26	Total expenses a	and disl	bursements.						
	L.	Add lines 24 and	25			19,00	0.	0.		19,000.
	27	Subtract line 26	from lin	e 12:		_				
	a	Excess of revenue of	ver expe	nses and disbu	rsements	32,03	6.			
	1	Net investment i						1,351		<u> </u>
0235		Adjusted net inc					<u> </u>		N/A	- 000 55
02-0	01 2-10	LHA For Priva	acy Act	and Paperwo	ork Reduction	Act Notice, see the in	structions.			Form 990-PF (2009)

HARLAN AND VIRGINIA KRUMME

Form 990-PF (2009)

CHARITABLE TRUST

73-1604802

Page 2

_ 	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
드	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	424,864.	456,900.	456,900.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	ı	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation		_	
	15	Other assets (describe)			
			404.064	456 000	456 000
	1	Total assets (to be completed by all filers)	424,864.	456,900.	456,900.
		Accounts payable and accrued expenses			
	18	Grants payable Deferred revenue			
Liabilities	19				
Ē	20 21	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable			
Ë		Other liabilities (describe			
		The inabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	o.i	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted			
ă	25	Temporarily restricted			
Ba	26	Permanently restricted			
pu		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balance	29	Retained earnings, accumulated income, endowment, or other funds	424,864.	456,900.	
Red	30	Total net assets or fund balances	424,864.	456,900.	
	1				
_	31	Total liabilities and net assets/fund balances	424,864.	456,900.	
P	art	III Analysis of Changes in Net Assets or Fund B	Balances		
=			. 20	1-1	
1		I net assets or fund balances at beginning of year - Part II, column (a), line	: 30		121 061
0	•	st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a			424,864. 32,036.
		r increases not included in line 2 (itemize)		2	32,036.
		lines 1, 2, and 3		3	456,900.
		eases not included in line 2 (itemize)		5	430,900.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	456,900.
<u>~</u>					Form 990-PF (2009)

		E TRUST es for Tax on In	vestment	Income			7	<u>3-160</u>	4802	Page 3
(a) List and desc	ribe the kind(s) of property sold (e.g. common stock, 200 shs	, real estate,		(b)	How acquired - Purchase - Donation	(c) Date (mo., d	acquired ay, yr.)	(d) Dat (mo., da	e sold ay, yr.)
1a					-	Donau.				
b NO	NE									
C										_
<u>d</u>				·	_					
<u>e</u>					Ι,	, l.				
(e) Gross sales price		reciation allowed r allowable)		t or other basis xpense of sale				ain or (loss) s (f) minus (_
<u>a</u>						!				
c				-			***			
d										
e						•				
Complete only for assets showing	ng gain in coli	ımn (h) and owned by t	he foundation	on 12/31/69		() Gains (C	ol. (h) gaın	minus	
(i) F.M.V. as of 12/31/69	(j) A	adjusted basis of 12/31/69	(k) Ex	cess of col. (ı) col. (ı), ıf any		co'	l. (k), but r	ot less than (from col. (I	ı -0-) or	
<u>a</u>										
<u>b</u>										
C						-				
<u>d</u>									· · · · · · · · · · · · · · · · · · ·	
_ e										
2 Capital gain net income or (net ca	apıtal loss)	If gain, also enter If (loss), enter -0-			}	2				
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,		in sections 1222(5) and	d (6):		Ĵ					
If (loss), enter -0- in Part I, line 8		+: 4040(-) f	Didiood	7 N-A		3				
		tion 4940(e) for					come			
(For optional use by domestic private	e foundations	subject to the section 4	940(a) tax on	net investment in	come	e.)				
If section 4940(d)(2) applies, leave t	hıs part blank									
Was the foundation liable for the sec	tion 4042 tax	on the distributable am	ount of any vo	or in the bace per	und?					X No
If "Yes," the foundation does not qua				•	lou r				res	LAL NO
Enter the appropriate amount in					es.			-		
(a)		(b)		,,	(c)	· · · · · · · · · · · · · · · · · · ·		5	(d)	
Base periód years Calendar year (or tax year beginni	na in)	Adjusted qualifying dist	ributions	Net value of no	ncha	, rıtable-use assets	.	Distrib col. (b) divi)	ùtión ratio ded by col.	(c))
2008	* 1	1	3,000.			390,214	_	,		33315
2007			2,957.			368,460				62305
2006		1.	2,842.			339,098	3.		.0	37871
2005		1	4,168.			291,790		··	.0	<u> 48555</u>
2004		1	<u>0,327.</u>			258,047	7.		.04	<u>40020</u>
2 Total of line 1, column (d)							2		. 2:	22066
3 Average distribution ratio for the the foundation has been in existe			on line 2 by 5,	or by the number	of ye	ears	3		.0	44413
4 Enter the net value of noncharital	ole-use assets	s for 2009 from Part X, I	ıne 5				4		427	,056.
5 Multiply line 4 by line 3		,								,967.
., ,	/40/	41 Las 071 1					5		10	
6 Enter 1% of net investment incor	ne (1% of Pai	T I, IINE 2/D)					6			14.
7 Add lines 5 and 6							7			<u>,981.</u>
8 Enter qualifying distributions from If line 8 is equal to or greater that	•		1h and come	lete that nart usin	na 1	% tay rate	8		19	,000.
See the Part VI instructions.	mio 7, 61166	and box in r art vi, life	τυ, απα συπιμ	ioto triat part USIII	ya I	/v tax (atc.				

Form 990-PF (2009) CHARITABLE TRUST 73-1604802 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here | and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% 14. 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, col. (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2 Add lines 1 and 2 3 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 -0-5 Credits/Payments: a 2009 estimated tax payments 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) 6с d Backup withholding erroneously withheld 6d 7 Total credits and payments. Add lines 6a through 6d 0. Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached 8 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 9 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 Refunded D 11 Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? X 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? Х 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? X 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0. (2) On foundation managers. ▶ \$ 0. (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0. 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? Х 2 If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4h 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 6 Х 7 Did the foundation have at least \$5,000 in assets at any time during the year? 7 X If "Yes," complete Part II, col. (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered (see instructions) 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 8b X 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV X

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

HARLAN AND VIRGINIA KRUMME

Form **990-PF** (2009)

	HARLAN AND VIRGINIA RRUME			
	<u>n 990-PF (2009) CHARITABLE TRUST 73-160</u>	4802		Page 5
Pa	art VII-A Statements Regarding Activities (continued)			
11	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 application?	13	х	
	Website address ► N/A			
14	The books are in care of ▶ JILL K. BURNS Telephone no. ▶ 918-7	45-2	333	
• •	Located at ▶2200 SOUTH UTICA PLACE, SUITE 400, TULSA, OK ZIP+4 ▶7			36
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			Ť
10	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
Pá	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		<i>,</i>	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1.	a During the year did the foundation (either directly or indirectly):		100	110
10				
	(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			
	(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)?			
	(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.)			
t	b If any answer is "Yes" to 1a(1)-(6), did any 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 page 20 of the instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
0	c 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?	1c		<u>X</u>
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)):			
ŧ	a 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 \blacktriangleright ,,,,,			
1	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
(this provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	1		
	b 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 approved 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) N/A	3b		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	70		 -
'	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		x
	mas may aver to make a more property poroto the most day of the tax year beginning in £000.	עד ן		

HARLAN AND VIRGINIA KRUM	ME		72 16040	00	0 •
orm 990-PF (2009) CHARITABLE TRUST Part VII-B Statements Regarding Activities for Which I	orm 4720 May Bo E	Poguirod (seeks	73-16048	04	Page 6
	orm 4/20 May be F	required (contin	uea)		1
5a During the year did the foundation pay or incur any amount to:				1	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indire			1	
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Ye	8 X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for			
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the excentions described i				
section 53.4945 or in a current notice regarding disaster assistance (see instru		iii riogalations	N/A	5b	•
	•			30	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi			l		
expenditure responsibility for the grant?		I∕A	s L No		
If "Yes," attach the statement required by Regulations section 53 494	` '				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No		<u> </u>
b If yes, did the foundation receive any proceeds or have any net income attribut	able to the transaction?		N/A	7b	
Information About Officers, Directors, Trust		nagers, Highly			
Part VIII Paid Employees, and Contractors	•		•		
List all officers, directors, trustees, foundation managers and their	compensation.			·	
-	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp account	oenșe
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account allowa	, otner inces
DIANE K. COX	TRUSTEE	0			
701 E. 17TH STREET	11100122				
SAND SPRINGS, OK 74063	0.00	0.	0.		0.
	TRUSTEE	0.	0.		<u> </u>
· · · · · · · · · · · · · · · · · · ·	IKOSIEE				
3843 E. 35TH PLACE	0.00		0		^
PULSA, OK 74105	0.00	0.	0.		0.
Compensation of five highest-paid employees (other than those inc	T	enter "NONE."	(-1) a		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deterred compensation	allowa	inces
NONE					
	1				
_					
	1				
				 	
	1				
		-			· · ·
	1	1		!	

Total number of other employees paid over \$50,000

	HARLAN AND	VIRGINIA	KRUMME				
Form 990-PF (2009)	CHARITABLE	TRUST			73-16	504802	Page 7
Paid Paid	rmation About Office Employees, and C	ontractors (co	ntinued)		ers, Highly		
3 Five nignest-paid	l independent contractor	rs for professiona	al services. It none,	enter "NONE."			
(a)	Name and address of each p	erson paid more tha	n \$50,000	(b) Type of service	(c) Comp	ensatio
NONE							

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
THE PARTY OF THE P		
	_	
Total number of others receiving over \$50,000 for professional services	<u></u>	▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the	Expenses
	Judeu, etc.	
1N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
· · · · · · · · · · · · · · · · · · ·		

Form **990-PF** (2009)

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	433,559.
	Fair market value of all other assets	1c	200,000.
d	Total (add lines 1a, b, and c)	1d	433,559.
	Reduction claimed for blockage or other factors reported on lines 1a and	-	
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	433,559.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,503.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	427,056.
6	Minimum investment return Enter 5% of line 5	6	21,353.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	21,353.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	14.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	21,339.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	21,339.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	21,339.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	19,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	· · · · · · · · · · · · · · · · · · ·
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	19,000.
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	5	14.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	18,986.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for th	e section

Form **990-PF** (2009)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				21,339.
2 Undistributed income, if any, as of the end of 2009				41,339.
a Enter amount for 2008 only			18,958.	
b Total for prior years:			10,330.	
y rotarior prior years.		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 19,000.				
a Applied to 2008, but not more than line 2a			18,958.	
			10,330.	
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			40
d Applied to 2009 distributable amount	0.			42.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))				0.
6 Enter the net total of each column as indicated below:	:			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		- 0.		
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract			<u> </u>	
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				21,297.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004			·	
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008			•	
			•	
e Excess from 2009		L		5 000 DE (000)

HARLAN AND VIRGINIA KRUMME

Form 990-PF (2009) CHARITABLE TRUST 73-1604802 Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling 4942(j)(3) or 4942(J)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (a) 2009 (b) 2008(c) 2007(d) 2006(e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a 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 e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year 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 Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here LX if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d, a The name, address, and telephone number of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

HARLAN AND VIRGINIA KRUMME

Form 990-PF (2009)

Form 990-PF (2009) CHARITABLE TRUST

Part XV Supplementary Information (continued)

73-1604802 Page 11

3 Grants and Contributions Paid During the Ye		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year THE UNIVERSITY OF TULSA MARCHING BAND 800 SOUTH TUCKER DRIVE TULSA, OK 74104-3189	NONE	EXEMPT	CONTRIBUTION	5,000.
UNIVERSITY UNITED METHODIST 500 S. COLLEGE STREET TULSA, OK 74104	NONE	EXEMPT	CONTRIBUTION	4,000.
FREELAND PERFORMING ARTS CENTER FOUNDATION P.O. BOX 562 BRISTOW, OK 74010	NONE	EXEMPT	CONTRIBUTION	10,000.
Total		1	▶ 3a	19,000.
b Approved for future payment NONE .				
Total			▶ 3b	0.

Form 990-PF (2009)

73-1604802

Page 12

Part XVI-A **Analysis of Income-Producing Activities** Unrelated business income Excluded by section 512, 513, or 514 Enter gross amounts unless otherwise indicated. (e) (C) Exclu-(a) Business code (b) (d) Related or exempt Amount Amount function income 1 Program service revenue: b đ Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash 14 1,351 investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate: a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income 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: 0. 1,351. 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 13 (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of Line No. the foundation's exempt purposes (other than by providing funds for such purposes). ▼

Form 990-PF (2009)
Part XVII Inf

CHARITABLE TRUST

73-1604802

Page 13

_		Information Re Exempt Organ		ers To a	and Transactions	and Relat	ionships With Nonci	naritable	e	
1				the followin	g with any other organizati	ion described	in section 501(c) of		Yes	No
•					7, relating to political orga		11 3001011 30 1(0) 01	-	1.00	1.00
2			ation to a noncharitable		•	inzutions:				
•	(1) Cash	and reporting rounds	Allon to a monoria mable	o compt of	gumzation or.			1a(1)		х
	(2) Other ass	ets						1a(2)		X
,	Other transac							14(2)		
		-	ble exempt organization	n				1b(1)		X
			ncharitable exempt org					1b(2)		X
		facilities, equipment,	· · · · · ·	umzudom				1b(3)		X
	• •	sement arrangements						1b(4)		X
		loan guarantees						1b(5)		Х
			mbership or fundraisin	o solicitatio	ns			1b(6)		X
			iling lists, other assets,					1c		X
						lways show th	e fair market value of the good		sets.	
							saction or sharing arrangemer		•	
			other assets, or service							
(a)	Line no (b)	Amount involved	(c) Name of no	oncharitable	exempt organization	(d) Des	scription of transfers, transactions, a	and sharing ar	тапдете	ents
				N/A						
						:				
		• •								
							· · -			
_			<u></u>							
28		-	-	•	or more tax-exempt organ	lizations descr	ibed		_ 	7
			r than section 501(c)(3))) or in sect	ion 527?			Yes	L <u>X</u>	No
) If Yes, comp	lete the following scho (a) Name of org			(b) Type of organization	T	(c) Description of relation			
		N/A	anzation		(b) Type of Organization		(c) Description of relation	лыпр		
		N/A								
			-		· · · ·					
				_	·					
	Under penalties of	f perjury, I declare that I h	ave examined this return, if	ncluding acco	mpanying schedules and state	ments, and to the	best of my knowledge and belief,	it is true, corre	ect,	
					all information of which prepare					
		Il V Soul	1 1112		10/15/10	► CPA				
ere.	Signature	of officer or trustee		-	Date	Title	 			
Ĭ	Prepar		2/	7	/			parer's identif	ying num	nber
Sign Here	_ signati		- Sout			Date 9 19/10	self- employed ▶ □			
ر ر	Se On Brus var	ne (or yours HOGA	NTAYLOR LL	P			EIN ►			
	Paid Use parer's Use Only Usell-emi		S. UTICA	ليح	SUITE 400					
	address, a	nd ZIP code TULS					Phone no. (91	8) 74	5-2	333

Re-releval 5-12-10 8 p . a. 5.12.10

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

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 4-2009)

If you :			
	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		ightharpoons
If you:	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)	
Do not c	complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led For	n 8868.
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
A corpor	ation required to file Form 990·T and requesting an automatic 6-month extension - check this box and con	nolete	
Part I onl	, ,	•	>
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar	n extens	sion of time
noted be (not auto you mus	tic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron smatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cost submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file gov/efile and click on e-file for Charities & Nonprofits	ically if insolida	(1) you want the additional ted Form 990-T Instead,
Type or	Name of Exempt Organization	Emple	oyer identification number
print	HARLAN AND VIRGINIA KRUMME		
Fig. b Ab .	CHARITABLE TRUST	7:	3-1604802
File by the due date for filing your	Number, street, and room or suite no. If a P.O box, see instructions. 3119 S. COLUMBIA CIRCLE		
retum See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions TULSA, OK 74105		
Check ty	ype of return to be filed (file a separate application for each return):		
Fo	rm 990	227 069	
	JILL K. BURNS		
Teleph If the If this	JILL K. BURNS ooks are in the care of ▶ 2200 SOUTH UTICA PLACE, SUITE 400 - TUI hone No.▶ 918-745-2333 FAX No.▶ organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	is is for	the whole group, check this
Telephole If the If this	ooks are in the care of ► 2200 SOUTH UTICA PLACE, SUITE 400 - TUI hone No. ► 918-745-2333 FAX No. ► organization does not have an office or place of business in the United States, check this box	is is for	the whole group, check this
Telepi If the If this box	cooks are in the care of ▶ 2200 SOUTH UTICA PLACE, SUITE 400 - TUI hone No. ▶ 918-745-2333 FAX No. ▶ organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010, to file the exempt organization return for the organization named after the organization's return for:	is is for membe	the whole group, check this
Telepi If the If this box	cooks are in the care of ▶ 2200 SOUTH UTICA PLACE, SUITE 400 - TUI hone No. ▶ 918-745-2333 FAX No. ▶ organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010, to file the exempt organization return for the organization named after the organization's return for: X calendar year 2009 or	is is for membe	the whole group, check this
Telepi If the If this box	cooks are in the care of ▶ 2200 SOUTH UTICA PLACE, SUITE 400 - TUI hone No. ▶ 918-745-2333 FAX No. ▶ organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010, to file the exempt organization return for the organization named after the organization's return for:	is is for membe	the whole group, check this
Telepi If the If this box 1 I re	cooks are in the care of ▶ 2200 SOUTH UTICA PLACE, SUITE 400 - TUI hone No. ▶ 918-745-2333 FAX No. ▶ organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010, to file the exempt organization return for the organization named of the organization's return for: X calendar year 2009 or	member member til	the whole group, check this ers the extension will cover The extension
Telepi If the If this box 1 re Is 1	cooks are in the care of ▶ 2200 SOUTH UTICA PLACE, SUITE 400 - TUI hone No. ▶ 918-745-2333 FAX No. ▶ organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unaugust 15, 2010, to file the exempt organization return for the organization named after the organization's return for: X calendar year 2009 or, and ending, and ending	member member til	the whole group, check this ers the extension will cover The extension Change in accounting period
Telepi If the If this box 1 re 1 re 2 If t 3a If t	cooks are in the care of ▶ 2200 SOUTH UTICA PLACE, SUITE 400 - TUI hone No. ▶ 918-745-2333 FAX No. ▶ organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If the If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010, to file the exempt organization return for the organization named after the organization's return for: X calendar year 2009 or, and ending, and ending this tax year is for less than 12 months, check reason Initial return Final return.	til	the whole group, check this ers the extension will cover The extension Change in accounting period
Telepi If the If this box 1 re is 1 2 If t 3a If t no b If t	books are in the care of 2200 SOUTH UTICA PLACE, SUITE 400 − TUINT hone No. 918-745-2333 FAX No. organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the lit is for part of the group, check this box and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unintegrated to the organization's return for: AUGUST 15, 2010 , to file the exempt organization return for the organization named after the organization's return for: X calendar year 2009 or and ending and ending and ending and ending this tax year is for less than 12 months, check reason Initial return Final return this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any inrefundable credits. See instructions.	til	the whole group, check this ers the extension will cover The extension Change in accounting period \$ 14
Telepi If the If this box 1 re is 1 2 If t 3a If t tax	cooks are in the care of ▶ 2200 SOUTH UTICA PLACE, SUITE 400 − TUIN hone No. ▶ 918-745-2333 FAX No. ▶ organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unequest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unequired to file Form 990-T, and ending And ending In this tax year beginning, and ending And ending This tax year is for less than 12 months, check reason Initial return Final return his application is for Form 990-PF, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any inrefundable credits. See instructions. This application is for Form 990-PF or 990-T, enter any refundable credits and estimated	ttil	the whole group, check this ers the extension will cover The extension Change in accounting period \$ 14
Telepi If the If this box 1 I re Is 1 2 If t 3a If t no b If t tav c Ba	books are in the care of ▶ 2200 SOUTH UTICA PLACE, SUITE 400 — TUIN hone No. ▶ 918-745-2333 FAX No. ▶ organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the lift is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and extension is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any interfundable credits. See instructions. In application is for Form 990-PF or 990-T, enter any refundable credits and estimated a payments made. Include any prior year overpayment allowed as a credit.	ttil	the whole group, check this ers the extension will cover The extension Change in accounting period \$ 14

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

<u>Form</u>	8868 (Rev. 4-2009)			Page 2		
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	×	<u> </u>	▶ X		
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		8868	,		
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			_		
Par	t II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies r	eeded)			
T	Name of Exempt Organization	Empl	loyer identi	fication number		
Type	or HARLAN AND VIRGINIA KRUMME		-			
File by extended due date	CHARITABLE TRUST	73-1604802				
		For IF	RS use only			
			•			
filing th	See City, town or post office, state, and ZIP code. For a foreign address, see instructions					
instruct	TULSA, OK 74105					
Chec	k type of return to be filed (File a separate application for each return).					
	Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870					
	Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	Fo	rm 6069			
	NB					
5101	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form 886	i8. —————		
JILL K. BURNS • The books are in the care of ▶ 2200 SOUTH UTICA PLACE, SUITE 400 - TULSA, OK 74114-1736						
Telephone No ▶ 918-745-2333 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	request an additional 3-month extension of time until NOVEMBER 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					
	INFORMATION NECESSARY TO COMPLETE THIS RETURN IS NOT A	VAI	LABLE	TO FILE		
	A TIMELY 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	\$	14.		
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_	\$	14.		
С	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					
	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the ue, correct, and complete, and that I am authorized to prepare this form.	best o	f my knowled	ge and belief,		
Signat	ture ▶ Title ▶ CPA	Date	>			

FORM 990-PF INTEREST	ON SAVINGS AND TEMPORARY CASH INVESTMENTS	STATEMENT 1	
SOURCE	AMOUNT		
ANADARKO BANK & TRUST	1,351.		
TOTAL TO FORM 990-PF,	1,351.		
FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 2	
NAME OF CONTRIBUTOR	ADDRESS		
VIRGINIA KRUMME	3119 S. COLUMBIA CIRCLE TULSA, OK 74105		