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SCANNED MAY 1-8 2011

EXTENSION ATTACHED

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of this return to satisfy state re

OMB No 1545-0052 2009

		nt of the T evenue Se	reasury rvice	Note	: The foundation	n may l	Treated as a Priv be able to use a copy of	ate Foundati this return to s	on satisfy state	герог	ing requir	ements		<u> U9 </u>
Fo	r ca	lendar			ax year begin		07,	/01 , 2009	, and end	ing			06/3	30 , 20 10
			hat apply	Τ	Initial return			of a former p					Final reti	urn
_	• • • • • • • • • • • • • • • • • • • •				Amended re		·	ss change	Γ	<u> </u>	ame cha	nae 🗀		
_			Name of fou	indat	<u></u>					_			cation numbe)r
		ne IRS												
٠	lab		FRONTIE	RS	OF SCIENC	CE FO	OUNDATION OF OF	KLAHOMA				73-	0642039)
(wise,					mail is not delivered to stree		Room/su	ute	B Telephone	number (see	page 10 of the m	structions)
	pri	int	''''''''	0	30, (0, 1 . 0 30x .			,			•,	,,_,,,		
	or ty	ype.	Р.О. ВО	x 2	26967					ı		(40	5) 290-	-5600
		pecific			ite, and ZIP code				L	-	C If exemp			
Ir	istru	ctions.	City or town	, sta	ite, and zir coo	•				1		check here		· · []
			OKLAHOM	Δ (CITY, OK	73126	5			ı			ions, check here	-
	Cha	ale treat					c)(3) exempt private	foundation		\dashv	85% 1	est, check h	tions meeting the ere and attach	
7	_	• •	-						tion	1	comp	utation .		–
Ή.					empt charitable		Other taxable pr		crual				n status was terr	- 1 1
'			et value of all					JND ACCOU		1		•)(1)(A), check he	
	•	•	m Part II, coi 8-				ther (specify)Fi				•		in a 60-month to	. []
	_	▶ \$				` 	Column (a) mast be or	T Casir Dasis)		 	unaerse	ection 507(b	(1)(B), check he	ursements
Li	arti	Analy total o	/SIS Of Reve famounts in c	nue olun	and Expense nns (b), (c), and	es (Ine '(d)	(a) Revenue and	(b) Net inv	estment	(0) Adjuste	d net		aritable
		may n	ot necessanly	equ	ial the amounts	in	expenses per books	incon	ne		income	•		ooses
-					of the instruction		2,500						(cash b	asis only)
	1	Contribu	tions, gifts, grants,	etc . a	received (attach sche dation is not requi	edule) . Ired to	2,300			 				
	2				dation is not requ		62		62.				ATCH	1
	3		-	-	porary cash invest		26,656	1	26,656.				ATCH	
	4				rom securities .		20,030	 	.0,030.		·····		AICH	
														
	b Net rental income or (loss)		-6,537			 								
ne	6a	Net gan	n or (loss) from sales price for all	sale	of assets not on li	ne 10		1			477		<u> </u>	
/en		assets o	on line 6a			595.		 	RE() EI	VED_	_	 	
Revenue	7	Capital	l gain net inco	ome	(from Part IV, III	ne 2) .		1				10) 		
_	8				ain			980	H MAY	1 6	2011	Ö	 	
	9		e modification ales less returns			• • •	· · · · · · · · · · · · · · · · · · ·	1 6	WAI	-	2011	S S	 	
		and allo	wances · · ·	• •				 	001	VC D	1 150	<u> </u>		
			ost of goods sold						OG	<i>J</i> ĭ⊂()	V. U		ļ	
					ach schedule)								ATCH	
	11				hedule)		32,681		26,718.				AICH	
_					gh 11			 	20,710.	 	·		<u> </u>	
	13				irectors, trustees,		0	 		<u> </u>				
S	14		•		and wages			ļ		 			 	
and Administrative Expenses	15		•		e benefits			ļ		 			 	
cbe	16a	Legal	ees (attach so	hedi	ule)		4,950	 	2,475.	-		0.	ļ	 0.
Ü	b				schedule) ATCH		4, 530	1	2,313.	 -			<u> </u>	 .
tive	С				(attach schedule			 		ļ				·
tra	17					4.4	3,930	 		ļ			<u> </u>	
nis	18	•	•		page 14 of the instr		3,930	1		 			 	
Ē	19	-	•		nedule) and dep								 -	
Ad	20	-	•					 		 				
Pu	21				I meetings			ļ		-				
ga	22				S		26		2 E	 			 	
Operating	23				schedule) ATC		35	1	35.	-			 	
era	24		-		ministrative exp		0.016		2 510			0		^
ď			_		3		8,915		2,510.	 		0 .	 	41,500
	25				nts paid		41,500		2 510	 			 	
_	26				ents. Add lines 24	and 25	50,415	 	2,510.	<u> </u>		0.	 	41,500
	27	Subtra	ct line 26 fror	m lın	ie 12		12.704							
				•	es and disburseme		-17,734		24 222	<u> </u>			ļ	
					(if negative, ent			 	24,208.	 			ļ	
	c	Adjust	ed net incom	e (if	negative, enter	-0-)	1	1		1		-0-	1' -	

P	art II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
			amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ıng	7,299.	8,388.	8,388.
- 1	2	Savings and temporary	cash investments	-34,508.	17,645.	17,645.
J	3	Accounts receivable -				
		Less allowance for dou	btful accounts ▶			
	4			ļ		
		Less allowance for dou	btful accounts ▶			
	5					
			fficers, directors, trustees, and other			
			ach schedule) (see page 16 of the instructions)	İ		
	7		eceivable (attach schedule)			
			btful accounts			
ß	8	Inventories for sale or us				
Assets	9		eferred charges			
AS			e government obligations (attach schedule)			
			stock (attach schedule) ATCH 7	19,701.	19,701.	36,560.
			bonds (attach schedule)			
	11	Investments - land, building	s, >			
		and equipment basis Less accumulated deprecia	ation			
	12	(attach schedule)	loans			
- 1	13	Investments - other (atta	loans	966,659.	895,683.	779,898.
	14	Land, buildings, and				
		equipment, basis Less accumulated deprecia	ation	i e		
	15	(attach schedule)	>			
	16		pleted by all filers - see the		·····	
			age 1, item I)	959,151.	941,417.	842,491.
\neg	17		accrued expenses		<u> </u>	
	18					
i	19					
.≝	20		ors, trustees, and other disqualified persons		 	
bil	21		otes payable (attach schedule)			
۳	22		e ►)			
		Other madmines (accorde	· /			
	23	Total liabilities (add line	es 17 through 22)			
			low SFAS 117, check here ► X			
			24 through 26 and lines 30 and 31.			
es	24	· ·		195,260.	177,526.	
ınc	25		1			
Jale	26			763,891.	763,891.	
P	24 25 26 27		not follow SFAS 117,			
'n			plete lines 27 through 31.			
Z.	27		cipal, or current funds			
ts (28		r land, bldg , and equipment fund			
Net Assets	29		ulated income, endowment, or other funds			
As	30	· ·	d balances (see page 17 of the			
let	•		. , ,	959,151.	941,417.	
_	31	Total liabilities and net	t assets/fund balances (see page 17			
	• •		· · · · · · · · · · · · · · · · · · ·	959,151.	941,417.	
Þ	art II		anges in Net Assets or Fund			
			alances at beginning of year - Part II,		agree with	
•			d on prior year's return)			959,151.
2	Ento	r amount from Dart I	u on phoryears leturn,			-17,734
2	Otha	r increases not includ	line 27a ed in line 2 (itemize) ▶	• • • • • • • • • • • • • • • • • • • •	2	11,134
						941,417
		lines 1, 2, and 3	lino 2 (tomizo) >		_	241,411
		eases not included in		lino 5) Dort II column (h)	5	941,417.
<u>o</u>	iotal	net assets of fund ba	alances at end of year (line 4 minus l	ine ο) - καπ II, column (b)	, line 30 6	941,41/

Part IV

(a) List and 2-story br	acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
la SEE PART IV SCHE	DULE				
b					
C					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
a					
b					
С			<u> </u>		
d					
e					
Complete only for assets st	nowing gain in column (h) and ov	vned by the foundation on 12/31/69		Gains (Col (h) g	
(i) F.M.V as of 12/31/69	col	(k), but not less Losses (from co			
а					
b	<u> </u>		ļ		
<u>c</u>			ļ	· · · · · · · · · · · · · · · · · · ·	
d			ļ <u> </u>		<u>. </u>
e		_	<u> </u>		
2 Capital gain net income or		If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2		-6,537.
Net short-term capital gain	or (loss) as defined in sections 1	1222(5) and (6)			
If gain, also enter in Part I,	line 8, column (c) (see pages 13	3 and 17 of the instructions)			
	ine 8		3		
Part V Qualification Ur	der Section 4940(e) for Red	duced Tax on Net Investment In	come		
		ributable amount of any year in the b	ase perio	d? [Yes N
	not qualify under section 4940(e		oforo mal	ung any entries	
1 Enter the appropriate amo		ar, see page 18 of the instructions b	elore mai	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchaπtable-use assets	<u> </u>	Distribution (col (b) divided b	
2008			ļ		
2007					
2006					
2005		<u> </u>			
2004			<u> </u>		· · · · · · · · · · · · · · · · · · ·
? Total of line 1, column (d)	factor Europhan and de	de the total on line 2 by 5 or by the	2		
<u>-</u>	-	de the total on line 2 by 5, or by the			
number of years the found	dation has been in existence if le	ss than 5 years	3		
Enter the net value of non	charitable-use assets for 2009 f	rom Part X, line 5	4		
Multiply line 4 by line 3			5		
6 Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distribution If line 8 is equal to or group Part VI instructions on page	eater than line 7, check the boxe 18	c in Part VI, line 1b, and complete	8 that part	using a 1% ta	ax rate See ti

Capital Gains and Losses for Tax on Investment Income

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	e inst	ructio	ns)
1 a	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 ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		4	84.
	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, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		4	84.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		4	84.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 698.			
þ	Exempt foreign organizations-tax withheld at source			
¢	Tax paid with application for extension of time to file (Form 8868) 6c 100.			
d	Backup withholding erroneously withheld		_	
7	Total credits and payments Add lines 6a through 6d		7	98.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			1.4
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		3	14.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 314 · Refunded ▶ 11			
	t VII-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		Yes	No
	participate or intervene in any political campaign?	<u>1a</u>		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			v
	of the instructions for definition)?	1b		X
	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.			v
	Did the foundation file Form 1120-POL for this year?	1 c		Х
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 ►\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			v
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.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			Х
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	- 14	
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a	N	<u> </u>
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		X
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	_		Х
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7		
Вa	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
_	instructions) ► OK,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	ا ا	Х	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8Ъ		
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 on page			Х
	27)? If "Yes," complete Part XIV	9		 ``
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	_		х
	names and addresses	10		

to all years listed, answer "No" and attach statement - see page 20 of the instructions) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

enterprise at any time during the year? 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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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? Form 990-PF (2009)

Х

X

Х

XINO

3a Did the foundation hold more than a 2% direct or indirect interest in any business

Form **990-PF** (2009)

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

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	rees,
3 Five highest-paid independent contractors for professional services (see page 23 of the 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 receiving over \$50,000 for professional services	▶ NONE
Part IX-A 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 beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE	Amount
1 NONE	:
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
2	
All other program-related investments. See page 24 of the instructions	
3 NONE	
Total. Add lines 1 through 3	

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions)	gn foundatior	18,
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	840,439.
b	Average of monthly cash balances	1b	34,936.
C		1c	0.
d	Total (add lines 1a, b, and c)	1d	875,375.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	875,375.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	13,131.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	862,244.
6	Minimum investment return. Enter 5% of line 5	6	43,112.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here and do not complete this privations.		
1	Minimum investment return from Part X, line 6	1	43,112.
2 a	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) 2b	]	
С	Add lines 2a and 2b	2c	484.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	42,628.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	42,628.
6	Add lines 3 and 4  Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	42,628.
Pa	art XII Qualifying Distributions (see page 25 of the 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	41,500.
b		1b	0.
2	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
-		2	0.
3	Amounts set aside for specific charitable projects that satisfy the	<del>-</del>	
а	Suitability test (prior IRS approval required)	3a	0.
b		3b	0.
4	Cash distribution test (attach the required schedule)  Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	41,500.
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 page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	41,500.
U	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating v	<u> </u>	
	qualifies for the section 4940(e) reduction of tax in those years	**************************************	AIGGUII

Form 990-PF (2009)

73-0642039

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				42,628.
2	Undistributed income, if any, as of the end of 2009				
- a	Enter amount for 2008 only			41,093.	
b			8,297.		
3	Excess distributions carryover, if any, to 2009				
	From 2004				
b	From 2005				
c	From 2006				
d	From 2007			j	
e	From 2008				
f	Total of lines 3a through e	0.			
4	Qualifying distributions for 2009 from Part XII,				
	line 4· ▶ \$ 41,500.				
а	Applied to 2008, but not more than line 2a			41,093.	
	Applied to undistributed income of prior years (Election				
-	required - see page 26 of the instructions)				
c	Treated as distributions out of corpus (Election				
•	required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				407.
е	Remaining amount distributed out of corpus	0.			· · · · · · · · · · · · · · · · ·
5	Excess distributions carryover applied to 2009	0.			0.
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
_	1	0.			
	Corpus Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income Subtract line 4b from line 2b		8,297.		
С	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		8,297.		
A	Subtract line 6c from line 6b Taxable				
u	amount - see page 27 of the instructions				
e	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions				
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2010				42,221.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	:			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	0.			
	Analysis of line 9.				
	Excess from 2005			1	
b					
С	Excess from 2007				
đ	Excess from 2008				
е	Excess from 2009 0 .				

Form 990-PF (2009)

Pa	rt XIV Private Oper	ating Foundations	see page 27 of the	e instructions and P	art VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has foundation, and the ruling					
b	Check box to indicate wh					)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	<del></del>	(e) Total
	justed net income from Part I or the minimum investment	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
	return from Part X for each year listed					
b	85% of line 2a	·		<del> </del>		
С	Qualifying distributions from Part					
d	XII, line 4 for each year listed .  Amounts included in line 2c not					
	used directly for active conduct of exempt activities					
e	Qualifying distributions made					
	exempt activities Subtract line					
3	2d from line 2c Complete 3a, b, or c for the					
a	afternative test relied upon "Assets" afternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section		:			
b	4942(j)(3)(B)(i) "Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
_	line 6 for each year listed					
С	"Support" alternative test - enter (1) Total support other than					
	gross investment income (interest, dividends, rents,	<u> </u>				
	payments on secunties loans (section 512(a)(5)),					
	or royalties) (2) Support from general			<del></del>		
	public and 5 or more exempt organizations as					
	provided in section 4942 (i)(3)(B)(III)					
	(3) Largest amount of sup- port from an exempt					
	organization					
Pa					idation had \$5,000	or more in assets
<del>_</del>	Information Regardin	during the year - se		iistructions.)	· · · · · · · · · · · · · · · · · · ·	
a	List any managers of	the foundation who I	nave contributed mo	re than 2% of the to	otal contributions received	ved by the foundation
			hey have contributed	more than \$5,000)	(See section 507(d)(2))	
_	RODMAN A.		100/			
ь	List any managers of ownership of a partne	the foundation who rship or other entity) o	f which the foundation	or the stock of a colon has a 10% or great	rporation (or an equaliy ter interest	y large portion of the
	N/A					
2	Information Regardin	g Contribution, Gran	t, Gift, Loan, Scholars	ship, etc., Programs:		
					aritable organizations a ge 28 of the instruction	
	organizations under of				ige 20 of the mendeth	oney to marriagais or
а	The name, address, a	· ·	of the person to who	om applications should	be addressed	
b	The form in which app		bmitted and informa	tion and materials the	ey should include	
	CONTACT FR	ONTIERS OF SCI	ENCE FOUNDATIO	N FOR APPLICA	TION FORM.	
	Any submission deadl		202 100110111110			
-						
_	APRIL 1	imitations on aviarda	such as hy some	ranhical areas short	utable fields binds of	inetitutions of other
a	Any restrictions or I factors	miliations on awards	, such as by geog	raphical areas, char	itable lielus, Kirius Of	msututions, or other
JSA	ATTACHM	ENT 11				
JOA						Form 990-PF (2009

Part XV Supplementary Information (continued)  3 Grants and Contributions Paid During the Year or Approved for Future Payment									
Recipient	If recipient is an individual,	Foundation status of							
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount					
a Paid during the year	Of Obbstatute Contributes								
ATTACHMENT 12									
		1							
		]							
	•								
			<b>.</b>	41,500					
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	▶ 3a	11/300					
b Approved for fature payment									
Total		<u> </u>	21						
Total	<u></u>		<b>&gt;</b> 3b	<u></u>					

gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
rogram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
<del>-</del>					<u> </u>
	_				
Fees and contracts from government agencies					
lembership dues and assessments					
terest on savings and temporary cash investments			14	62.	
ividends and interest from securities			17	26,656.	<del></del>
let rental income or (loss) from real estate					
Debt-financed property					· <del></del> -
Not debt-financed property					· <del>-</del>
et rental income or (loss) from personal property					
ther investment income				C 507	
ain or (loss) from sales of assets other than inventory			18	-6,537.	<del></del>
let income or (loss) from special events					
cross profit or (loss) from sales of inventory					
other revenue. a				10.000	
ATTACHMENT 13				10,000.	
	ł		1		
		<del> </del>		1	
				20 101	
Subtotal. Add columns (b), (d), and (e)				30,181.	30 1
oubtotal. Add columns (b), (d), and (e)	to verify calco	ulations ) complishment of E	xempt Purp		
tubtotal. Add columns (b), (d), and (e)	to verify calci	ulations) complishment of E	xempt Purp	ooses  (e) of Part XVI-A cont	
tubtotal. Add columns (b), (d), and (e)	to verify calci	ulations) complishment of E	xempt Purp	ooses  (e) of Part XVI-A cont	tributed important
tubtotal. Add columns (b), (d), and (e)	to verify calci	ulations) complishment of E	xempt Purp	ooses  (e) of Part XVI-A cont	tributed important
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tubtotal. Add columns (b), (d), and (e)	to verify calci	ulations) complishment of E	xempt Purp	ooses  (e) of Part XVI-A cont	tributed important
tubtotal. Add columns (b), (d), and (e)	to verify calci	ulations) complishment of E	xempt Purp	ooses  (e) of Part XVI-A cont	tributed important
tubtotal. Add columns (b), (d), and (e)	to verify calci	ulations) complishment of E	xempt Purp	ooses  (e) of Part XVI-A cont	tributed important
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tubtotal. Add columns (b), (d), and (e)	to verify calci	ulations) complishment of E	xempt Purp	ooses  (e) of Part XVI-A cont	tributed important
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tubtotal. Add columns (b), (d), and (e)	to verify calci	ulations) complishment of E	xempt Purp	ooses  (e) of Part XVI-A cont	tributed important

Form	990-PF	(2009)					73-06	42039			Pa	age 13
Par	rt XVII	Information Exempt Orga		ransfers To an	d Transa	ctions	and R	Relationsh	ips With	Nonc	harit	able
1 a	in se organi Trans	he organization directly ction 501(c) of the Control c	ode (other than oundation to a no	section 501(c)(3) on concharitable exempt org	organizations) ganization of	) or in	section	527, relating	g to politica	nt	Yes	No X
		ash										X
	_	ther assets					• • • •			. 1a(2)	<b> </b>	<del>  ^-</del>
D		transactions								45.43	!	x
		ales of assets to a nonch								1		$\frac{x}{x}$
		urchases of assets from								1		X
		ental of facilities, equipm										X
		eimbursement arrangeme										<u>x</u>
		oans or loan guarantees erformance of services o									1	X
		ng of facilities, equipmen									<u> </u>	X
d		e answer to any of t	-				-			•	fair	market
		of the goods, other			=				•			
		in any transaction or		•								
		,		<b></b>	(-,			30000,				
(a) L	ine no	(b) Amount involved	(c) Name of r	noncharitable exempt orga	anization	(d) De	scription o	f transfers, tran	sactions, and s	hanng arra	ıngeme	nts
		N/A				N/A						
				· · · · · · · · · · · · · · · · · · ·								
				·								
			<del> </del>					<del> </del>		<del></del>		
						<del></del>						
							···					
		<del></del>		<del> </del>		· · · · · ·						
							<del></del>	<del></del>	·			
	sectio	foundation directly or n 501(c) of the Code (oth s," complete the following	ner than section 5				exempt (	-	described i		es	X No
		(a) Name of organization	n	(b) Type of c	organization			(c) Desc	cription of relat	ionship		
					<del></del>					<del></del>		
			<del></del>		·							
				<u> </u>								
	Under belief,	penalties of perjury, I declit is true, correct, and com	are that I have explete Declaration of	of preparer (other than to	axpayer or fidu	nying scholiciary) is t	edules and pased on a	ill information	and to the bes	arer has a	nowled	ige and wiedge
ere	Sı	gnature of officer or trustee	<i>" (()</i>	Richard Godgre	<u> </u>	Date	· 	Title	1-			
Sign Here	id arer's Only	Preparer's signature	. PM	4	Date <b>5.6</b>	·-11	Checi self-e	k if employed ►	number page 30	r's identi (See Sign of the inst 10841	ature o	n s)

73102

Form **990-PF** (2009)

36-6055558

Phone no. 405-218-2800

Preparer's signature

and ZIP code

Firm's name (or yours if

self-employed), address,

GRANT THORNTON LLP

OKLAHOMA CITY,

211 N ROBINSON STE 1200

OK

FRONTIERS OF SCIENCE FOUNDATION OF OKLAHOMA 73-064
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kınd of F		NS AND LOSSES FOR TAX ON INVESTI					Date acquired	Date sold
Gross sale price less expenses of sale	Deprectation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis	D.	Gain or (loss)	
38,595.		3,991.727 S 45,132.					05/17/2007 -6,537.	06/25/201
OTAL GAIN(L	OSS)				•••••		<u>-6,537.</u>	

# - INTEREST ON TEMPORARY CASH INVESTMENTS FORM 990PF, PART I

NET INVESTMENT INCOME	35. 1. 26.	62.
REVENUE AND EXPENSES PER BOOKS	35. 1. 26.	62.
		TOTAL
DESCRIPTION	BANK OF AMERICA PRUDENTIAL MONEY MARKET INTERNAL REVENUE SERVICE	

## - DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

NET INVESTMENT INCOME	1,435. 1,064. 24,157. 26,656.
REVENUE AND EXPENSES PER BOOKS	1,435. 1,064. 24,157. 26,656.
	TOTAL
DESCRIPTION	FIRST UNION SECURITIES HYPERION FUNDS VAN KAMPEN GOV'T SECURITIES FUND

FORM 990PF, PART I - OTHER INCOME

REVENUE AND

EXPENSES PER BOOKS

10,000.

DESCRIPTION
REFUNDED GRANT FROM PRIOR FISCAL YEAR

TOTALS

10,000.

FORM 990PF, PART I - ACCOUNTING FEES

REVENUE
AND
EXPENSES IN
PER BOOKS

EXPENSES INVESTMENT
PER BOOKS

4,950. 2,475.

TOTALS

TAX PREP FEES

DESCRIPTION

CHARITABLE PURPOSES

ADJUSTED NET

INCOME

ATTACHMENT 4

66K0BJ 700L

FORM 990PF, PART I - TAXES

REVENUE

AND **EXPENSES** 

DESCRIPTION

PER BOOKS

EXCISE TAXES

3,930.

TOTALS

3,930.

## - OTHER EXPENSES FORM 990PF, PART I

	NET	INVESTMENT	INCOME	
REVENUE	AND	EXPENSES	PER BOOKS 35.	
			DESCRIPTION MISCELLANEOUS	

TOTALS

35.

35.

ATTACHMENT 6

PAGE 22

		560.	560.
ATTACHMENT 7	ENDING FMV_	36,560	36,560
ATTAC	ENDING BOOK VALUE	19,701.	19,701.
STOCK	BEGINNING BOOK VALUE	19,701.	19,701.
ll ll			TOTALS
FORM 990PF, PART II - CORPORATE	DESCRIPTION	OKLAHOMA GAS & ELECTRIC	

PART II - OTHER INVESTMENTS

FORM 990PF,

ATTACHMENT 8	ENDING	14. 9,008. 2,250. 768,626.
ATTAC	ENDING BOOK VALUE	18, 479. 2, 250. 874, 940. 895, 683.
	BEGINNING BOOK VALUE	50,000. 18,479. 2,264. 895,916.
IOMI JOHN THE CHIEN INVESTIGATION	DESCRIPTION	EVERGREEN MONEY MKT FD CL A HYPERION TOTAL RETURN FUND PRUDENTIAL MONEY MARKET FUND VAN KAMPEN AM.GOVT.SEC FUND A

OKLAHOMA	
FOUNDATION OF	
SCLENCE	
CF.	
FRONTIERS	

FORM 990PF, PART VIII - LIST OF OFFICERS,

DIRECTORS, AND TRUSTEES

EXPENSE ACCT AND OTHER ALLOWANCES	. 0	. 0	·	Ö	Ö	0.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	Ö	°O	.0	.0	ö	0.
COMPENSATION	0		0	. 0	.0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CHAIRMAN 1.00	PRESIDENT 1.00	SECRETARY 1.00	TREASURER 1.00	DIRECTOR 1.00	GRAND TOTALS
NAME AND ADDRESS	RODMAN A. FRATES P.O. BOX 26967 OKLAHOMA CITY, OK 73126	ROBERT S. ABERNATHY P.O. BOX 26967 OKLAHOMA CITY, OK 73126	JAMES WORK P.O. BOX 26967 OKLAHOMA CITY, OK 73126	RICHARD H. GODFREY, JR. P.O. BOX 26967 OKLAHOMA CITY, OK 73126	RICHARD E. SWAN P.O. BOX 26967 OKLAHOMA CITY, OK 73126	

10:13:40 AMV 09-9.3

## FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

FRONTIERS OF SCIENCE FOUNDATION P.O. BOX 26967 OKLAHOMA CITY, OK 73126 405-290-5600

## 990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

THE SCHOLARSHIP IS AVAILABLE TO ALL GRADUATING OKLAHOMA HIGH SCHOOL STUDENTS WHO ARE INTERESTED IN ATTENDING A COLLEGE/UNIVERSITY WITHIN OKLAHOMA AND ARE OR WILL PURSUE AN ACADEMIC PROGRAM RELATED TO THE APPLIED SCIENCE FIELD OF STUDY.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ONTRIBUTOR	
SUBSTANTIAL C	
TO	
RELATIONSHIP	

	NEW CONTRIBUTION		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AMERICAN SOCIETY FOR MATHEMATICS P O. BOX 60434 OKLAHOWA CITY, OK 73146	NONE	SCHOLARSHIP	1,500.
OKLAHOMA SCHOOL OF SCIENCE & MATHEMATICS FDTN. 1141 NORTH LINCOLN BLVD OKLAHOMA CITY, OK 73104	NONE	SCHOLARSHIP	12,000.
OKLAHOMA MEDICAL RESEARCH FOUNDATION 825 N.E. 13TH STREET OKLAHOMA CITY, OK 73104	NONE	SCHOLARSHIP	15,000.
OKLAHOMA STATE ENVIRONTHON 1900 W. WILL ROGERS CIRCLE, SUITE C CLAREMORE, OK 74017	NONE	SCHOLARSHIP	3,000.
NORTHWESTERN OSU FOUNDATION 709 OKLAHOMA BLVD. ALVA, OK 73717	NONE	SCHOLARSHIP	10,000.

41,500.

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 12 PAGE 27

7130120.38477

PART XVI-A - ANALYSIS OF OTHER REVENUE REFUND OF PREVIOUS YEAR GRANT TOTALS FORM 990-PF, DESCRIPTION

ATTACHMENT 13

RELATED OR EXEMPT FUNCTION INCOME

AMOUNT

EXCLUSION CODE

AMOUNT

BUSINESS CODE

10,000.

10,000.

01

## SCHEDULE D (Form 1041)

**Capital Gains and Losses** 

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

FRONTIERS OF SCIENCE FOUNDATION OF OKLAHOMA

Employer identification number 73-0642039

Note Par	r: Form 5227 filers need to complete only Pa		Held One Ye	ar or Less		
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales pnce	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a						
	······································		-,			
b	Enter the short-term gain or (loss), if any, t	from Schedule D	-1, line 1b			b
2	Short-term capital gain or (loss) from Form	ns 4684, 6252,	6781, and 882	¹⁴		
3	Net short-term gain or (loss) from partners					
4	Short-term capital loss carryover. Enter the					
5	Carryover Worksheet	es 1a through 4	in column (f)	Enter here and on lir	ne 13,	<i>'</i>
Par	column (3) on the back		More Than O	o Voor	▶	
rai	(a) Description of property	(b) Date acquired	<u> </u>	1	(e) Cost or other basi	s (f) Gain or (loss) for the entire year
	(Example 100 shares 7% preferred of "Z" Co )	(mo , day, yr )	(mo, day, yr)	(d) Sales price	instructions)	Subtract (e) from (d)
6a						
			<u> </u>			
		<del>  .                                   </del>			<del>-</del>	
		<u> </u>				
b	Enter the long-term gain or (loss), if any, fi	om Schedule D-	-1. line 6b		6	-6,537.
_	·					
7	Long-term capital gain or (loss) from Form	ns 2439, 4684,	6252, 6781, a	nd 8824		·
8	Net long-term gain or (loss) from partners	hips, S corporat	ions, and other	estates or trusts		
9	Capital gain distributions					
4.0	Com from Form 4707 Boot I				1.	
10 11	Gain from Form 4797, Part I Long-term capital loss carryover Enter the	amount, if any	, from line 14 (	of the 2008 Capital Lo	ss 10	<u>,                                     </u>
	Carryover Worksheet				<u>  1</u> -	1 (
12	Net long-term gain or (loss). Combine line column (3) on the back	s 6a through 11	I in column (f)	Enter here and on li	ne 14a,	-6,537.
For I	Paperwork Reduction Act Notice, see the Instru			• • • • • • • • • • • • • • • • • • • •		ule D (Form 1041) 2009

Page 2
tal
,537.
, 537 . aıns, go
aıns, go
, 000 )
II and

Schedule	D (Form	1041)	2009

Sche	dule D (Form 1041) 2009					Page 2
Pai	t III Summary of Parts I and II		(1) Beneficiaries'	(2) Est	ate's	(3) Total
	Caution: Read the instructions before completing this pa	art.	(see page 5)	or tru	st's	(o) rotal
13	Net short-term gain or (loss)	13				
14	Net long-term gain or (loss):	1				
а		14a				-6,537.
		14b				
C	28% rate gain	14c				
	Total net gain or (loss). Combine lines 13 and 14a ▶ ☐		L	<del> </del>		-6,537.
Note	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form	n 990	-T, Part I, line 4a) If line	s 14a and 1	5, colu	mn (2), are net gains, go
	rt V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Pa	πινε	and the Capital Loss Car	ryover work	Sneet,	as necessary
	t IV Capital Loss Limitation			· · · · · · · · · · · · · · · · · · ·		
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa					2 000
a	The loss on line 15, column (3) or b \$3,000	: :	- 00 (a. 5 000 T (		16	( 3,000)
Note Cany	i: If the loss on line 15, column (3), is more than \$3,000, <b>or</b> if Form 1041, page <b>over Worksheet</b> on page 7 of the instructions to figure your capital loss carryover	ı, IIn	e 22 (or Form 990-1, II	ne 34), is a	ioss, c	omplete the Capital Loss
	t V Tax Computation Using Maximum Capital Gains Rates					
	n 1041 filers. Complete this part only if both lines 14a and 15 in colun		2) are gains, or an an	nount is en	tered	in Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more					
Cau	tion: Skip this part and complete the worksheet on page 8 of the instruct	tions	ıf.			
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or					
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.				0 0 _	
	n <b>990-T trusts.</b> Complete this part <b>only</b> if both lines 14a and 15 are orm 990-T, <b>and</b> Form 990-T, line 34, is more than zero. Skip this part					
	orm 990-1, <b>and F</b> orm 990-1, line 34, is more than zero. Skip this part er line 14b, col. (2) or line 14c, col. (2) is more than zero.	l and	complete the work	sneet on p	aye o	of the instructions if
		•	14-1		<del></del>	<u> </u>
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34	·) .	17			
18	Enter the smaller of line 14a or 15 in column (2)					
	but not less than zero					
19	Enter the estate's or trust's qualified dividends					
	from Form 1041, line 2b(2) (or enter the qualified					
20	dividends included in income in Part I of Form 990-T)		<del>-  </del>			
20			<del> </del>			
21	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g, otherwise, enter -0 <b>21</b>		22			
22	Subtract line 21 from line 20 If zero or less, enter -0		23	<del></del>	{	
23	Subtract line 22 from line 17 If zero or less, enter -0	• •	23		<b> </b>	
24	Enter the smaller of the amount on line 17 or \$2,300		24		]	
24 25	Enter the smaller of the amount on line 17 or \$2,300		24			
20	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box	,	1 1			
	No. Enter the amount from line 23		25			
26	Subtract line 25 from line 24				<b>1</b>	
27	Are the amounts on lines 22 and 26 the same?	• • •			1	
۲.	Yes. Skip lines 27 thru 30, go to line 31  No. Enter the smaller of line 17 or line	a 22	27			
	1 6 3. Skip lines 27 tillu 30, go to line 37	-			ţ '	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		i '	
20	Effect the amount from the 25 (if this 25 is blank, office -5-7), , ,		· ·		1 '	
29	Subtract line 28 from line 27		29			ļ
30			• • • • • • • • • • • • • • • • • • • •		30	
31	Multiply line 29 by 15% (15)					· · · · · · · · · · · · · · · · · · ·
•	(see the Schedule Ginstructions in the instructions for Form 1041)	31				
	· · · · · · · · · · · · · · · · · · ·					
32	Add lines 30 and 31				32	
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rate Schedule for Estates and Trusts					
	(see the Schedule Ginstructions in the instructions for Form 1041)					
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 h					
	G, line 1a (or Form 990-T, line 36)	34				
					Sche	edule D (Form 1041) 2009

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side FRONTIERS OF SCIENCE FOUNDATION OF OKLAHOMA

**Employer Identification number** 73-0642039

Part II Long-Term Capital Gains an	d Losses - Asset	s Held More Tha	an One Year		
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr.)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a 3,991.727 SH VAN KAMPEN INVEST.	05/17/2007	06/25/2010	38,595.	45,132.	-6,537.
				•	
	-			-	
<del></del>					
<del></del>					
	<u> </u>				
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6b Total. Combine the amounts in colum	nn (f) Enter here a	nd on Schedule D,	line 6b		-6,537.

## FEDERAL FOOTNOTES

ELECTION UNDER REG. SEC. 53.4942(A)-3

----- THE TAXPAYER HEREBY ELECTS UNDER REG. SEC. 53.4942(A)-3(D)(2) TO TREAT THE CURRENT YEAR DISTRIBUTIONS OF \$41,500 AS HAVING BEEN MADE OUT OF UNDISTRIBUTED INCOME FOR THE FOLLOWING YEARS: YEAR ENDED 6/30/09 \$41,500.

## Form **8868**

(Rev. April 2009)

Department of the Treasury

## Applic on for Extension of Time To ( ) an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Internal Revenue S							
	iling for an Automatic 3-Month Extension, complete only Part I and check this box	<b>×</b>					
<ul> <li>If you are f</li> <li>Do not comple</li> </ul>	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page te Part II unless you have already been granted an automatic 3-month extension on a prev	e 2 of this form) riously filed Form 8868					
Part   Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).						
A corporation	required to file Form 990-T and requesting an automatic 6-month extension - check this b	ox and complete					
Part I only							
	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 ome tax returns.	004 to request an extension of					
one of the re electronically i returns, or a c	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month auto turns noted below (6 months for a corporation required to file Form 990-T). However, f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated From 990-T. Instead, you must submit the fully completed and e details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for C	er, you cannot file Form 8868 990-BL, 6069, or 8870, group I signed page 2 (Part II) of Form					
Type or	Name of Exempt Organization	Employer identification number					
print	FRONTIERS OF SCIENCE FOUNDATION OF OKLAHOMA	73-0642039					
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.						
due date for	P.O. BOX 26967						
iling your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions						
nstructions	OKLAHOMA CITY, OK 73126						
Check type o	f return to be filed (file a separate application for each return):						
Form 990	, — , , , , , , , , , , , , , , , , , ,	m 4720					
Form 990	-BL Form 990-T (sec. 401(a) or 408(a) trust) Form	m 5227					
Form 990		m 6069					
X Form 990-	'Altremate h						
		CCICTABION-					
The books	are in the care of ▶ RICHARD GODFREY, JR. OKLAHOMA CIT	Y. OK 73102					
- me beend		3 3 1 1 3 1 2					
Telephone	No ► 405 848-0738 FAX No ► OCT 2 7	2010					
If the organ	ization does not have an office or place of business in the United States, che	VED ▶ □					
If this is for	a Group Return, enter the organization's four digit Group Exemption Number (GEN)	1 If this is					
or the whole a		d attach a list with the					
	Is of all members the extension will cover.	d attach a list with the					
		n 000 T) sytematics of time					
I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until $\frac{02/15}{2011}$ , to file the exempt organization return for the organization named above. The extension is for the organization's return for:							
	calendar year or						
	tax year beginning 07/01, 2009, and ending	06/30, 2010					
لت م	tax your beginning, and chang						
2 If this tax	year is for less than 12 months, check reason Initial return Final return	Change in accounting period					
3a If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any					
nonrefund	dable credits. See instructions.	3a \$ 1798					
b If this app	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p	ayments					
made. Inc	lude any prior year overpayment allowed as a credit.	36 \$ 698					
c Balance I	Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit						
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See						
instruction		3c \$ 100					
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO							
or payment ins							
	t and Panerwork Reduction Act Notice see Instructions	Form 8868 (Pay 4-2009)					

	•						
	(Rev 1-2011)				Page 2		
If you	are filing for an Additional (Not Automatic) 3-M	lonth Exten	sion, complete only Part II and che	ck this box	. <b>►</b> [X]		
	ly complete Part II if you have already been gra			viously filed Form 8868.			
If you	are filing for an Automatic 3-Month Extension,	complete o	nly Part I (on page 1).				
Part II	Additional (Not Automatic) 3-Month E	xtension o	of Time. Only file the original (no	copies needed).			
Type or	Name of exempt organization			Employer identification	number		
orint							
Number, street, and room or suite no. If a P.O. box, see instructions.							
extended lue date fo	P.O. BOX 26967						
iling your	City, town or post office, state, and ZIP code. For	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
etum. See nstructions	OKLAHOMA CITY, OK 73126						
ii bii dedoiis							
Enter the	Return code for the return that this application	is for (file a	a separate application for each return	)	0 4		
Applicati	An .	Return	Return Application				
	on .	Code	Is For		Return Code		
s For			13 1 01				
orm 99		01	Form 1041 A		80		
Form 990		02	Form 1041-A		09		
orm 990		03	Form 4720				
om 990		04	Form 5227		<u>10 .</u> 11		
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
	0-T (trust other than above)	06	Form 8870		12		
	o not complete Part II if you were not already		automatic 3-month extension on	a previously filed Form	1 0000.		
	ooks are in the care of ► RICHARD GODFR						
	none No. ▶ 405 848-0738		FAX No. ►		[- <del></del> -1		
	organization does not have an office or place of				▶ []		
	is for a Group Return, enter the organization's fo				s is		
or the w	hole group, check this box ▶ 🛄 .	If it is for pa	art of the group, check this box	▶ and atta	ıch a		
ist with t	ne names and EINs of all members the extension	on is for.					
4 I re	quest an additional 3-month extension of time ι	ıntil	05/15,				
5 For	calendar year, or other tax year beginn	ning	07/01 , 20 09 , and ending	06/30,2	20 <u>10</u> .		
	e tax year entered in line 5 is for less than 12 r		ck reason: Initial return	Final return			
	Change in accounting period			_			
7 Sta	te in detail why you need the extension ADDI	TIONAL 1	TIME IS NEEDED TO GATHER	₹ INFORMATION			
F	REQUIRED TO FILE A COMPLETE AND	ACCURAT	E TAX RETURN.				
		···					
8a If ti	nis application is for Form 990-BL, 990-PF, 9	90-T. 4720	), or 6069, enter the tentative tax	k, less any			
	refundable credits. See instructions.	.,		8a \$	0.		
	his application is for Form 990-PF, 990-T	4720. oi	6069, enter any refundable c				
	mated tax payments made include any p						
	ount paid previously with Form 8868.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	menpayment anomer as a cross	8b \$	0.		
	ance Due. Subtract line 8b from line 8a. Include	A VOLL DAVE	ent with this form if required by us				
	ectronic Federal Tax Payment System). See instr		ient with this form, if required, by a	8c \$	0.		
(E)6			d Varification				
	Significant of perjury, I declare that I have examined this form,		d Verification	to the heet of my knowledg	ne and helief		
	rrect, and complete, and that I am authorized to prepare this i		companying schedules and statements, and	to the best of the knowledg	je and bener,		
. ,							
	M' 1 / M M	_			.1		
Signature			Title ► CPA	Date ► 2.1/-/			
	GRANT THORNTON LLP			Form 8868	(Rev 1-2011)		
	211 N ROBINSON STE 1200						
	OKLAHOMA CITY, OK 73102						