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Return of Private Foundation

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

OMB No 1545-0052

For callendary year 2010, or has year beginning			nt of the Treasury	Note, The fo		to be able to use a copy of this return to satisfy state reporting requirements.							U IU
Check all that apply. Initial return Initial seturn of a former public channy Final return Andrews change Name of Sundation Annothed return Andrews change Name of Sundation Annothed return Andrews change Name of Sundation Name of Boundation Name of Bounda	_				<u></u>	-							
Name of foundation LAIRA AND SCOTT MITCHELL CHARITABLE 13-4253867				Initial retu	rn	Init			charity	Name ch		1	
A 1420 I ROUEN COURT City of town, state, and 2/P code OKLAHOMA CITY, OK 73142 I Control Court (1) Foreign organizations. (Like Section 507(c)) germoty invale foundation I Far market value of all assets at end of year 1/2 Accounting method: (Like Court (1)		_	LAURA AN FOUNDATI	D SCOTT	г мітсн			·		A Emplo	oyer identification -4253867		
OKLAHOMA CITY, OK 73142 Check bye of organization Section 5916(3) earmot private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at end of year Amounting method. Cash Accrual Frequency organizations, check here	Nu	mber a	•			address)			Room/suite			55	
Far market value of all assets at end of year (from Part II, cot (p), line 16) \$ 13, 028. (Part I, cot (p), line 16) \$ 13, 028. (Part I, cot (p), line 16) \$ 13, 028. (Part I, cot (p), line 16) \$ 10, 028. (Part I, cot (p), line 16) \$ 10, 028. (Part I, cot (p), line 16) \$ 10, 028. (Part I, cot (p), line 16) \$ 10, 028. (Part I, cot (p), line 16) \$ 10, 028. (Part I, cot (p), line 16) \$ 10, 028. (Part I, cot (p), line 16) \$ 10, 028. (Part I, cot (p), line 16) \$ 10, 028. (Part I, cot (p), line 16) \$ 10, 028. (Part I, cot (p), line 16) \$ 10, 028. (Part I, cot (p), line 16) \$ 10, 028. (Part I, cot (p), line 16) \$ 10, 028. (Part I, cot (p), line 16) \$ 10, 028. (Part I, cot (p), line 16) \$ 10, 028. (Part I, cot (p), line 16) \$ 10, 028. (Part I, cot (p), line 16) \$ 10, 038. (Part I, cot (p), line 16) \$ 10, 038. (Part I, cot (p), line 16) \$ 10, 038. (Part I, cot (p), line 16) \$ 10, 038. (Part I, cot (p), line 16) \$ 10, 038. (Part I, cot (p), line 16) \$ 10, 038. (Part I, cot (p), line 16) \$ 10, 038. (Part I, cot (p), line 16) \$ 10, 038. (Part I, cot (p), line 16) \$ 10, 038. (Part I, cot (p), line 16) \$ 10, 038. (Part I, cot (p), line 16) \$ 10, 038. (Part I, cot (p), line 16) \$ 10, 038. (Part I, cot (p), line 16) \$ 10, 038. (Part I, cot (p), line 16) \$ 10, 038. (Part I, cot (p), line 16) \$ 10, 038. (Part I, cot (p), line 16) \$ 10, 038. (Part I, cot (p), line 16) \$ 10, 038. (Part I, cot (p), line 16) \$ 10, 048. (Part I), line 16 \$ 10, 048. (Part I), line 10,		Check	OKLAHOMA type of organization:	CITY, X Section	on 501(c)(3) ex	empt private		ation.		D 1 For	eign organizations	, check here	▶□
Part	(f.	air ma	arket value of all assets Part II, col (c), line 1	at end of year	J Account	ng method: ther (specify)	X Cash	Accr	ual	under F If the I	section 507(b)(1) foundation is in a f	(A), check he 60-month ter	mination
2 Check X det knutchter is set required to stack Sc 8 to Interest on abundance and interropary 2 and investments 5 to Gross cents 4 Developed and interest from securities 5 Gross cents 5 Not cental income of (cess) 5 Gross cents 6 Not cental income of (cess) 6 Not cental income of (cess) 7 Capital gain of cental cental cental cental gain 9 Income modifications (cental cental cental gain 1 Capital gain 1	_		Analysis of Revenue	and Expenses	S nd (d) may not	(a) Rev	enue and	(b) Net in			Adjusted net	(d) Dist	oursements ble purposes
Seash investments STATEMENT 1 STATEMEN		1								<u> </u>	N/A		
5a Gross rents b Net rental income or (loss) 6a Net gan or (loss) from sale of assets not on kine 10 Cross sales price for all b assets on line 6a 7 Capital gain reli income from Part IV, kine 2) 8 Net short-term capital gain 9 Income modifications 10a and allowances 10 Less Cost of goods sold 6 Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 96. 96. 96. 13 Compensation of officers, directors, frustees, etc 14 Other employee salaries and wages 15 Pension plane, employee benefits 16a Legal fees 9 Accounting fees 7 Interest 17 Interest 18 Taxes 19 Depreciation and depletion 20 Coupancy 17 Travel, conferences, and meetings 21 Total persons 22 Printing and administrative 23 Other expenses 24 Total persons 25 Total expenses and disbursements Add lines 24 and 25 7 Total expenses and disbursements Add lines 24 and 25 7 Total expenses and disbursements Add lines 25 Introgule 23 7 Total expenses and disbursements Add lines 25 Introgule 23 7 Total expenses and disbursements Add lines 25 Introgule 23 7 Total expenses and disbursements Add lines 25 Introgule 26 Irom line 12: 8 Excess of reverse over expenses and disbursements b Net linvestment income (of regative, exter-6-) 9 Accounting leas 1 Total person and administrative 2 Subtract line 26 Irom line 12: 8 Excess of reverse over expenses and disbursements b Net linvestment income (of regative, exter-6-) 9 Accounting leas 1 Total person and expenses and disbursements 1 Total expenses and disbursements 2 Add lines 26 Irom line 12: 8 Excess of reverse over expenses and disbursements 5 N/A	Revenue	3 4	cash investments		s		96.		96.			STATE	IENT 1
68 Net game of (assist from sale of assets not on line 10 basets on line flat of assist and line flat of assist and assist and assist assist assist and assist assis		5a	Gross rents		-								
8 Net Sindr-term capital gain 9 Income modifications 10a and allowances 0 Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 96. 96. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 9 Accounting fees 9 Accounting fees 9 Cother professional fees 9 Interest 9 Depreciation and depletion 9 Occupancy 9 21 Travel, conferences, and meetings 9 Pinting and publications 12 Total expenses Add lines 13 through 23 23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23 25 Total expenses and disbursements Add lines 24 and 25 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12; 28 Excess of revenue over expenses and disbursements Add lines 24 and 25 28 Net investment income (if negative, enter -0-) 29 Adjusted the income (if negative, enter -0-) 29 Adjusted the income (if negative, enter -0-) 20 Adjusted the income (if negative, enter -0-) 20 N/A		62	Net gain or (loss) from sal		line 10								
10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 96. 96. 96. 13 Compensation of officers, directors, trustees, etc 0. 0. 0. 0. 0. 0. 0. 0		7 8)				0.				
c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 1 Accounting fees 2 C Other professional fees 1 Total rest 1 Taxes 1 Total conferences, and meetings 2 Printing and publications 2 Occupancy 2 Printing and publications 2 Other expenses 2 Total expenses and disbursements 2 Add lines 24 and 25 2 Subtract line 26 from line 12: 2 a Excess of revenue over expenses and disbursements 3 Not investment income (if negative, enter -0-) 4 C Adjusted net income (if negative, enter -0-) 5 C Adjusted net income (if negative, enter -0-)		1 -	Gross sales less returns										
12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 2 c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, grifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (of negative, enter -0-) c Adjusted net income (of negative, enter -0-)		i	Gross profit or (loss)										
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees C Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		1		ough 11			96.		96.		RECEIVI	<u>-D</u>	
15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 2 c Other professional fees 7 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, grifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		1		•	s, etc		0.	·= ,	0.	1	NOV 1 8 2	011 10	0.
b Accounting fees STMT 2 395. 0. 0. c Other professional fees 71 Interest 72 Interest 73 Depreciation and depletion 74 Cocupancy 75 Travel, conferences, and meetings 76 Per 20 Occupancy 77 Other expenses 78 Taxes 79 Depreciation and depletion 70 Occupancy 70 Travel, conferences, and meetings 70 Occupancy 70 Travel, conferences, and meetings 70 Occupancy 70 Occup	s)	Pension plans, emplo	_							OGDEN		
Interest Taxes Interest Intere	cpens	b	Accounting fees				395.		0.	1	OGDEN		0.
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	ive E	17 D	Interest	S			<u>-</u>						
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	nistra	.18 519	Taxes Depreciation and depl	etion									
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	∦Adm	21	Occupancy Travel, conferences, a	nd meetings									
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	jûê Bu	22 23	Printing and publication Other expenses	ons									
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	CA∯pelatin	24	Total operating and a expenses Add lines	dministrative	!		395.	•	0.				0.
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A		25 26	Contributions, gifts, gi	rants paid	Í								700.
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	<u>(v)</u>	07	Add lines 24 and 25	line 10:		-	1,095.		0.				700.
C Adjusted net income (if negative, enter -0-)		a	Excess of revenue over ex	penses and disbu	- 1		<999.	>	- 0.5				
	0000	С			ì			<u>-</u>	96.	1	N/A		

Form 990-PF (2010) FOUNDATION 13-4253867 Page 2 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 14,027. 13,028. 2 Savings and temporary cash investments 13,028. 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 8 Inventories for sale or use 9 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 I Less accumulated depreciation 15 Other assets (describe ▶ 14.027. 13.028 13,028. 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31 Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright X$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Net Assets or 27 Capital stock, trust principal, or current funds 0. 0 28 Paid-in or capital surplus, or land, bldg., and equipment fund 14,027. 13,028 29 Retained earnings, accumulated income, endowment, or other funds 14,027. 13,028 30 Total net assets or fund balances 14,027 13,028 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	14,027.
2	Enter amount from Part I, line 27a	2	<999.>
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3		13,028.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	13,028.

	e the kind(s) of property sold (e g nouse; or common stock, 200 sh			1 , b	P - Purchase D - Donation		acquired day, yr.)	(d) Date sold (mo., day, yr.)	
1a				<u> </u>					
b NON	<u> </u>			-					
<u>C</u>				-					
<u>d</u>				-					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) ((e) plu	Gain or (loss) is (f) minus (g)	
a		<u> </u>							
b		ļ							
C									
<u>d</u>						=			
Complete only for assets showing of	nain in column (h) and owned by	the foundation	on 12/31/69			I) Gains (Col. (h) gain	miniis	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	cess of col. (I)			l. (k), but	not less than s (from col. (f	1 -0-) or	
a		<u> </u>							
b									
С				[_			
d									
е		<u> </u>							
2 Capital gain net income or (net capita	al loss) $ \begin{cases} If gain, also ente \\ If (loss), enter -0 \end{cases} $	r in Part I, line)- in Part I, line	7 7	}	2				
Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, col		nd (6):		}					
If (loss), enter -0- in Part I, line 8 Part V Qualification Und	ler Section 4940(e) for	Reduced	Tay on Net	Inv	3 ∣ estment Ind	ome			
f section 4940(d)(2) applies, leave this Was the foundation liable for the section f "Yes," the foundation does not qualify Enter the appropriate amount in eac	4942 tax on the distributable an under section 4940(e). Do not co	omplete this pa	rt.					Yes X No	
(a) Base period years Calendar year (or tax year beginning i	n) Adjusted qualifying dis	stributions	Net value of no	(c) nchar	ıtable-use assets		(d) Distribution ratio (col. (b) divided by col. (c))		
2009	<u> </u>	1,295.			14,080			.091974	
2008		600.			10,209			.058772	
2007		0.						.000000	
2006		635.			284			2.235915	
2005		1,000.			7,847	•		.127437	
2 Total of line 1, column (d)		l 0 b. 5	as hor the prombas	-6		2	<u> </u>	2.514098	
3 Average distribution ratio for the 5-ye the foundation has been in existence		on line 2 by 5,	or by the number	oi yea	ars	3	ļ	.502820	
Enter the net value of noncharitable-	use assets for 2010 from Part X,	line 5				4_	<u> </u>	13,159.	
Multiply line 4 by line 3						5	<u> </u>	6,617.	
Enter 1% of net investment income (1% of Part I, line 27b)					6		1.	
Add lines 5 and 6						7		6,618.	
3 Enter qualifying distributions from Pa		. 1h and	lote that part war-	~ a 4^	/ towards	8		700.	
If line 8 is equal to or greater than line See the Part VI instructions.	e 7, check the box in Part VI, line	io, and comp	ete that part usin(y d 17	o tax rate.		 	rm 990-PF (2010)	

LAURA AND SCOTT MITCHELL CHARITABLE

	n 990-PF (2010) FOUNDATION		<u> 425:</u>			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	<u>4948</u>	- see	instru	ictio	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.		1			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	<u> </u>	<u> </u>			2.
	of Part I, line 27b					
	: 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				0.
3	Add lines 1 and 2	3				2.
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-	5	1			2.
6	Credits/Payments:	1	 	_		
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a					
	Exempt foreign organizations - tax withheld at source 6b	1				
	E Tax paid with application for extension of time to file (Form 8868)	┪				
		4				
		┥,				0.
_	Total credits and payments. Add lines 6a through 6d	7	+			•
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	+			2.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	+	-		
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	 			
	Enter the amount of line 10 to be: Credited to 2011 estimated tax	11	ــــــــــــــــــــــــــــــــــــــ			
	art VII-A Statements Regarding Activities				Vaa	Ma
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in		-	res	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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 publish	ed or				
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0	<u>.</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. > \$ 0 .			1		
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 incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	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.	e 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			· ·		
٥.	Enter the states to which the foundation reports or with which it is registered (see instructions)					l
04	OK					
L						1
0	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			8b	X	1
	of each state as required by General Instruction G? If "No," attach explanation	anda-		00	Λ_	$\overline{}$
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	mual				v
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10	DE /	
			For	m 990	-66 (ZU IU)

023\$31 12-07-10

valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

b If "Yes," did it have excess business holdings in 2010 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 beguest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

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

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

Form 4720, to determine if the foundation had excess business holdings in 2010)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

023541

N/A

N/A

Yes X No

2b

36

4a

Form 990-PF (2010)

X

statement - see instructions.)

during the year?

Page 6

Part VII-B Statements Regarding Activities for Which I	Form 4/20 May Be I	Required (contin	ued)		_	
5a During the year did the foundation pay or incur any amount to:					ľ	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Yo	es 🗶 No		ľ	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire			1	ı	
any voter registration drive?			s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?						
(4) Provide a grant to an organization other than a charitable, etc., organization described in section						
509(a)(1), (2), or (3), or section 4940(d)(2)?						
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for						
the prevention of cruelty to children or animals?		Ye	es X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	ın Regulatıons				
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b		
Organizations relying on a current notice regarding disaster assistance check h	ere			İ		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for				İ		
expenditure responsibility for the grant?	N	I/A	s No	- 1		
If "Yes," attach the statement required by Regulations section 53.494	, ,			ļ		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			- 1		
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		<u>_X</u>
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		Y€	s X No		}	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b		
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	inagers, Highly	/			
List all officers, directors, trustees, foundation managers and their	compensation					
List all Officers, directors, a distees, foundation managers and their		(c) Compensation	(d) Contributions to	10) Exne	nse
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances		other
	to position	enter -0-)	compensation	l ai	iowani	ces
	PRESIDENT/TRU	STEE		ł		
L4201 ROUEN COURT	0.00	0.	0.			Λ
OKC, OK 73142	VICE PRESIDEN	-		 		0.
SCOTT A. MITCHELL L4201 ROUEN COURT	AICE EKESIDEN	ILLIKOSIEE				
OKC, OK 73142	0.00	0.	0.			0.
	SECRETARY/TRU		<u> </u>	 		<u> </u>
14201 ROUEN COURT	SECKETARI/IKU	DIEE				
OKC, OK 73142	0.00	0.	0.			0.
JRC, OR /3142	0.00			<u> </u>		<u></u>
				ĺ		
				Ì		
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		<u> </u>		
	(b) Title, and average		(d) Contributions to employee benefit plans) Expe	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation		ount, d Iowand	
NONE						
		1				
]				
		j l				
				<u> </u>		
otal number of other employees paid over \$50,000						0
			Form	990-I	PF (2	010)

000561

Form **990-PF** (2010)

Total. Add lines 1 through 3

All other program-related investments. See instructions.

P	art X , Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, se	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
Ь	Average of monthly cash balances	1b	0. 13,359.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	13,359.
е	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	13,359.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	200.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	13,159.
6	Minimum investment return Enter 5% of line 5	6	658.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	- 1
1	Minimum investment return from Part X, line 6	1	658.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	2.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	656.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	656.
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	656.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	700.
b	Program-related investments - total from Part IX-B	1b	0.
5	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	700.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	700.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for th	ne section
	4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				656.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
		_ 0.		
3 Excess distributions carryover, if any, to 2010:		· <u> </u>		
a From 2005 473.				
b From 2006 621.				
c From 2007				•
d From 2008 90.				
e From 2009593.				
f Total of lines 3a through e	1,777.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$			_	
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				656.
e Remaining amount distributed out of corpus	44.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below;				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,821.			
b Prior years' undistributed income. Subtract	İ			
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				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		İ		
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	473.			
9 Excess distributions carryover to 2011				
Subtract lines 7 and 8 from line 6a	1,348.			
Analysis of line 9:				
a Excess from 2006 621.				
b Excess from 2007	ľ			
c Excess from 2008 90.				
d Excess from 2009 593. e Excess from 2010 44.				
e Excess from 2010 44.				Form 990-PF (2010)

Part XV Supplementary Informatio		D		
3 Grants and Contributions Paid During the Recipient	If recipient is an individual,	l		·
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business) a Paid during the year AMERICAN RED CROSS 601 NE 6TH ST. OKLAHOMA CITY, OK 73104	any foundation manager or substantial contributor	status of recipient	CHARITABLE	700
Total	_ <u></u>		> 3a	700
b Approved for future payment				
NONE				
1.01.2				
		•		
			1	
Total			▶ 3b	_ 0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded	by section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Allount	
å	— 				
b	_				
C	_		+-+		
d	_				
e					
f	— 				
g Fees and contracts from government agencies					
2 Membership dues and assessments	<u> </u>	<u> </u>	+		
3 Interest on savings and temporary cash			14	0.5	
investments			14	96.	
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	1		1 1		
than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory			_ _		
1 Other revenue:					
a					·
b					
C	_				
d	_				
e					
2 Subtotal. Add columns (b), (d), and (e)		0	<u>.ll.</u>	96.	0 <u>.</u>
3 Total. Add line 12, columns (b), (d), and (e)				13	96.
See worksheet in line 13 instructions to verify calculations	i-)				
Part XVI-B Relationship of Activitie	s to the Accor	nnlishment of F	Exempt P	urnoses	
Total of Activitie					
Line No Explain below how each activity for which in	ncome is reported in	column (e) of Part XVI	-A contributed	d importantly to the accomp	lishment of

	LIMITED	TO	INVESTMENTS	ONLY			
	 					 	
						 	
			······································			 	
	 					 	
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12-07-10

, ,	LAURA AND SCOTT MITCHELL CHARITABLE		
rm 990-PF (20	10) FOUNDATION	13-4253867	Page
Part XVII	Information Regarding Transfers To and Transactions and Relationships Exempt Organizations	With Noncharitable	
Did the org	anization directly or indirectly engage in any of the following with any other organization described in section 50	1(c) of	Yes N

_	Exempt Organizations	<u> </u>				
1 Did	the organization directly or indirectly engage in any of the f	following with any other organization	described in section 501(c) of		Yes	No
the	Code (other than section 501(c)(3) organizations) or in sec	ction 527, relating to political organiz	ations?			
a Tra	insfers from the reporting foundation to a noncharitable exe	mpt organization of:				
	Cash			1a(1)		X
(2)	Other assets			1a(2)		X
b Oth	ner transactions:				ļ ,	ļ
(1)	Sales of assets to a noncharitable exempt organization			1b(1)		X
(2)	Purchases of assets from a noncharitable exempt organization	ation		1b(2)		X
(3)	Rental of facilities, equipment, or other assets			1b(3)		X
(4)	Reimbursement arrangements			1b(4)		X
(5)	Loans or loan guarantees			1b(5)		<u>X</u>
(6)	Performance of services or membership or fundraising so	licitations		1b(6)		X
	aring of facilities, equipment, mailing lists, other assets, or p			1c		_X_
d If ti	ne answer to any of the above is "Yes," complete the followin	ng schedule. Column (b) should alwa	iys show the fair market value of the goods	, other ass	ets,	
	services given by the reporting foundation. If the foundation		in any transaction or sharing arrangement,	show in		
	umn (d) the value of the goods, other assets, or services red		I			
Line n		aritable exempt organization	(d) Description of transfers, transactions, and	d sharing arr	rangeme	nts
	N N	/A				
	 					
	_					
	 					
	 					
	 					
	 					
	 					
	 					
	 					
	 					
	- 					
	<u>-L</u>					
	he foundation directly or indirectly affiliated with, or related t		tions described r		\ \ \	٦.,
	ection 501(c) of the Code (other than section 501(c)(3)) or	in section 527?	L	Yes	LX	No
b If "\	/es," complete the following schedule.	(h) Time of properties	(a) Description of relation			
	(a) Name of organization	(b) Type of organization	(c) Description of relation	2111h		
	N/A					
		- - - - - - - - - - 				
	Under penalties of perjury, I declare that I have examined this return	Including accompanying schedules and s	tatements, and to the best of my knowledge and b	elief. it is tru	e. correc	et.
Sign	and complete Declaration of properer (other than taxpayer or fiducia				,	•
Here	, suguifice	1/1-/1-/	1 marage	•		
.0.0	Signature of officer or trustee	Date	Title			
			Date Check If PTIN			
	rimo typo proparor s namo		solf ampleyed			
Paid	PADEN ALLEN	en a. allen !	1/9/11 self-elliployed			
repa	KAREN ALLEN VAL FIRM'S name ▶ PETERS & CHANDL		Firm's CIN			
Jse C		ER, F.C.	Firm's EIN ►			
,5 c (DOCWAY COO DACT				
		ESSWAY 600 EAST	Dh / 40E	\042	_02'	71
	OKLA CITY, OK	/3114	Phone no. (405)843	-93 DE#	

Form **8868**

(Rev. January 2011)
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

 If you Do not Electric require of time Person 	ou are filing for an Automatic 3-Month Extension, completed are filing for an Additional (Not Automatic) 3-Month Extension for an Additional (Not Automatic) 3-Month Extension for an Additional (Not Automatic) 3-Month Extension for an Additional (Not automatic) 3-month for any of the forms listed in Part I or Part II with the extension all Benefit Contracts, which must be sent to the IRS in parawwirs.gov/efile and click on e-file for Chanties & Nonprofits I Automatic 3-Month Extension of Times	an automa you need onth exten ception of per format	complete only Part II (on page 2 of this atic 3-month extension on a previously fa 3-month automatic extension of time sion of time. You can electronically file form 8870, Information Return for Trail (see instructions). For more details on the same complete in	iled Fo to file (Form 8 nsfers	orm 8868. (6 months for a corp 8868 to request an e Associated With Ce	extension ertain			
A corp	oration required to file Form 990 T and requesting an auto- only	matic 6-me	onth extension - check this box and cor	nplete	>	• 🗆			
	er corporations (including 1120-C filers), partnerships, REN ncome tax returns.	fiCs, and t	trusts must use Form 7004 to request a	n extei	nsion of time				
Type o	pe or Name of exempt organization				Employer identification number 13-4253867				
file by the	Number, street, and room or suite no. If a P.O. box, see instructions.								
	return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions OKLAHOMA CITY, OK 73142								
Enter t	he Return code for the return that this application is for (file	e a separa	ate application for each return)			0 4			
Applic	ation	Return	Application			Return			
ls For		Code	Is For			Code			
Form 9	990	01	Form 990-T (corporation)		<u> </u>	07			
Form S	990-BL	02	Form 1041-A	/	<u> </u>	08			
Form S	90-EZ	03	Form 4720	_/_	· · · · · · · · · · · · · · · · · · ·	09			
Form §		04	Form 5227			10			
Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069			11			
Form §	90-T (trust other than above)	06	Form 8870			12			
Tele	LAURA MITCHELL books are in the care of \blacktriangleright 14201 ROUEN COU sphone No. \blacktriangleright 405-775-9355 be organization does not have an office or place of business		FAX No. ▶	314	.2	. [
• If the box • 1	is is for a Group Return, enter the organization's four digit let it is for part of the group, check this box request an automatic 3-month (6 months for a corporation	Group Exe and atta required t organiza	emption Number (GEN) If th ich a list with the names and EINs of all	<u>memb</u> til	pers the extension is				
2	f the tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return Fina	al retur	'n				
	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or nonrefundable credits. See instructions	or 6069, e	nter the tentative tax, less any	3a	\$	0.			
-	f 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. 3b \$						0.			
-	Balance due. Subtract line 3b from line 3a. Include your pa								
	by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$					0.			
Cautio	n. If you are going to make an electronic fund withdrawal w	vith this Fo	orm 8868, see Form 8453-EO and Form	8879-	EO for payment inst	ructions			
LHA	For Paperwork Reduction Act Notice, see Instructions	•			Form 8868 (R	ev 1-2011)			

023841 01-03-11

Form 8868	(Rev_1-2011)					Page 2		
 If you are 	e filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II and check this I	box		▶ X		
Note. Only	complete Part II if you have already been granted an	automatic	3-month extension on a previously file	d For	m 8868.			
	filing for an Automatic 3-Month Extension, comple	ete only P	art I (on page 1).					
Part II	Additional (Not Automatic) 3-Month E	Extensio	on of Time. Only file the original (no	copies	s needed)			
	Name of exempt organization			Em	ployer identi	fication number		
Type or I	LAURA AND SCOTT MITCHELL CHARITABLE							
	FOUNDATION					867		
File by the extended								
due date for 1	4201 ROUEN COURT							
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
instructions C	KLAHOMA CITY, OK 73142							
<u> </u>			•		-			
Enter the Re	eturn code for the return that this application is for (file	e a separa	ite application for each return)			0 4		
		•			•			
Application		Return	Application			Return		
Is For		Code	Is For					
Form 990		01						
Form 990-B		02	Form 1041-A					
Form 990-E2	7	03	Form 4720			09		
Form 990-Pf	-	04	Form 5227			10		
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	(trust other than above)	06	Form 8870			12		
STOP! Do n	ot complete Part II if you were not already granted	an auton	natic 3-month extension on a previou	usly fil	led Form 886	8		
	LAURA MITCHELL							
 The book 	s are in the care of > 14201 ROUEN COU	JRT -	OKLAHOMA CITY, OK	7314	42			
	e No. ► 405-775-9355		FAX No. ▶					
If the orga	anization does not have an office or place of business	in the Un	ited States, check this box			>		
If this is fo	or a Group Return, enter the organization's four digit (Group Exe	mption Number (GEN) If th	ns is fo	or the whole g	roup, check this		
oox 🕨 🗀	. If it is for part of the group, check this box 🕨 🔲	and atta	ch a list with the names and EINs of all	memi	bers the exten	ision is for.		
4 I reque	est an additional 3-month extension of time until	OVEM	BER 15, 2011					
5 For cal	endar year 2010, or other tax year beginning		, and ending					
6 If the ta	ax year entered in line 5 is for less than 12 months, ch	neck reaso	on: Initial return	Final	return			
	Change in accounting period							
7 State in	State in detail why you need the extension							
ADD:	ITIONAL TIME IS NEEDED IN W	HICH	TO GATHER AND ASSEM	BLE	ALL 3			
INF	DRMATION NECESSARY TO PREPA	RE AN	ID FILE A COMPLETE A	ND	ACCURAT	ľE		
RETU	JRN.							
8a If this a	pplication is for Form 990-BL, 990-PF, 990-T, 4720, o	r 6069, er	iter the tentative tax, less any					
nonrefu	undable credits. See instructions.			8a	\$	0.		
b If this a	pplication is for Form 990-PF, 990-T, 4720, or 6069, e	enter any r	refundable credits and estimated					
tax pay	ments made Include any prior year overpayment allo	wed as a	credit and any amount paid					
previo	usly with Form 8868.			8b	\$	0.		
	e due, Subtract line 8b from line 8a. Include your pay	ment with	this form, if required, by using	-				
	(Electronic Federal Tax Payment System). See instru			8c	\$	0.		
	Signa	ture and	d Verification	_		 		
nder penalties	of perjury, I declare that I have examined this form, includin			e best c	of my knowledge	and belief,		
is true, correc	t, and complete, and that I am authorized to prepare this for	m.			,			
ignature	asen a - allen Title >	CPA/	agent	Date	8/15	<u> 111 </u>		
			/ =		Form 88	68 (Rev 1-2011)		

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
FIRST LIBERTY BANK			•		96.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A			96.
FORM 990-PF	ACCOUNTING FEES				2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
PETERS & CHANDLER	395.	0.			0.
TO FORM 990-PF, PG 1, LN 16B	395.	0.			0.
	PART XV - L OF FOUNDATI			STATEMENT	3

NAME OF MANAGER

LAURA E. MITCHELL SCOTT A. MITCHELL

Form 8868 (Rev 1-2011)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II and check this b	ox	•	X	
Note. Only complete Part II if you have already been granted a				8868		
 If you are filing for an Automatic 3-Month Extension, comp 						
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no c	opies	needed)		
Name of exempt organization	oloyer identification	er identification number				
Type or LAURA AND SCOTT MITCHELL C						
FOUNDATION FOUNDATION	3-4253867					
File by the extended Number, street, and room or suite no If a P O box.	, see instruc	etions				
due date for 14201 ROUEN COURT						
return See City, town or post office, state, and ZIP code. For a	ı foreign add	dress, see instructions				
OKLAHOMA CITY, OK 73142						
						
Enter the Return code for the return that this application is for (file a separa	te application for each return)			0 4	
Application	Return	Application			Return	
ls For	Code	Is For			Code	
Form 990	01				 	
Form 990-BL	02	Form 1041-A			08	
Form 990-EZ	03	Form 4720			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec_401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above) 06 Form 8870					12	
STOP! Do not complete Part II if you were not already grante	ed an autor	<u>natic 3-month extension on a previou</u>	ısly file	ed Form 8868.		
LAURA MITCHELI						
 The books are in the care of ► 14201 ROUEN CO 	<u> TAUC</u>	OKLAHOMA CITY, OK 7	<u> 314</u>	.2		
Telephone No ► <u>405-775-9355</u>		FAX No 🕨				
 If the organization does not have an office or place of busine 	ess in the Ur	nited States, check this box		>		
 If this is for a Group Return, enter the organization's four dig 		emption Number (GEN) If th	is is fo	r the whole group,	check this	
box 🕨 🔛 If it is for part of the group, check this box 🕨 🔽		ich a list with the names and EINs of all	memb	ers the extension is	for	
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2011				
5 For calendar year 2010 , or other tax year beginning		, and ending			·	
If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return						
Change in accounting period						
7 State in detail why you need the extension						
ADDITIONAL TIME IS NEEDED IN						
INFORMATION NECESSARY TO PREI	PARE A	ND FILE A COMPLETE A	תוח	ACCURATE		
RETURN.			Τ			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720), or 6069, e	nter the tentative tax, less any			^	
nonrefundable credits See instructions			8a_	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069						
tax payments made Include any prior year overpayment allowed as a credit and any amount paid					^	
previously with Form 8868			8b	\$	0.	
c Balance due. Subtract line 8b from line 8a Include your p		h this form, if required, by using			^	
EFTPS (Electronic Federal Tax Payment System) See inst		4.1/2	8c	\$	0.	
		d Verification				
Under penalties of perjury, I declare that I have examined this form, incluting true, correct, and complete, and that I am authorized to prepare this	iding accomp form.	anying schedules and statements, and to the	e best o	it my knowledge and b	ellet,	
Signature ► Title ►			Date	<u> </u>		
				Form 8868 (R	ev 1.2011)	