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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning, 2010, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: OKLAHOMA CHAMBER OF COMMERCE EXECUTIVES ASSOCIATION, INC. D Employer identification number: 73-0712609. E Telephone number: (405) 235-3669. F Group Exemption Number

G Accounting method: X Cash. H Check: X if the organization is not required to attach Schedule B. I Website. J Tax-exempt status: 501(c)(3) X 501(c)(6) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 40,787.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I. X

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes handwritten notes like 'RECEIVED' and 'ATCH. 1', 'ATCH. 2', 'ATCH. 3', 'ATCH. 4'. Revenue total: 27,790. Expenses total: 16,155. Net Assets total: 45,630.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

SK



Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Table with columns Yes, No and row 33 with X in No column

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name

Table with columns Yes, No and row 34 with X in No column

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T

Table with columns Yes, No and row 35 with X in No column

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 8033(e) notice, reporting, and proxy tax requirements?

Table with columns Yes, No and row 35a with X in No column

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?

Table with columns Yes, No and row 35b with X in Yes column

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Table with columns Yes, No and row 36 with X in No column

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a

Table with columns Yes, No and row 37a with X in No column

b Did the organization file Form 1120-POL for this year?

Table with columns Yes, No and row 37b with X in No column

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Table with columns Yes, No and row 38a with X in No column

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

Table with columns Yes, No and row 38b with X in No column

39 Section 501(c)(7) organizations Enter:

a Initiation fees and capital contributions included on line 9

39a

Table with columns Yes, No and row 39a with X in No column

b Gross receipts, included on line 9, for public use of club facilities

39b

Table with columns Yes, No and row 39b with X in No column

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

Table with columns Yes, No and row 40a with X in No column

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Table with columns Yes, No and row 40b with X in No column

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

Table with columns Yes, No and row 40c with X in No column

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

Table with columns Yes, No and row 40d with X in No column

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Table with columns Yes, No and row 40e with X in No column

41 List the states with which a copy of this return is filed

OK

42a The organization's books are in care of CORPORATION Telephone no 405-235-3669 Located at 330 NE 10TH STREET, OKC, OK ZIP + 4 73104

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Table with columns Yes, No and row 42b with X in No column

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country

Table with columns Yes, No and row 42c with X in No column

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44a with X in No column

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44b with X in No column

c Did the organization receive any payments for indoor tanning services during the year?

Table with columns Yes, No and row 44c with X in No column

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Table with columns Yes, No and row 44d with X in No column

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ		
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	M. BRANDON YOUNG	<i>M. Brandon Young</i>	7-26-11		P00440841
	Firm's name	Firm's EIN		Firm's address	
GRANT THORNTON LLP	36-6055558		211 N ROBINSON STE 1200 OKLAHOMA CITY, OK 73102		
Firm's address	Phone no.		405-218-2800		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events		
		ANNUAL MEETING (event type)	SPRING CONFERE (event type)	1. (total number)	(add col (a) through col (c))		
Revenue	1	Gross receipts	17,082.	5,375.	1,960.	24,417.	
	2	Less: Charitable contributions					
	3	Gross income (line 1 minus line 2)	17,082.	5,375.	1,960.	24,417.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	7,665.	4,307.	1,025.	12,997.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					( 12,997.)
	11	Net income summary. Combine line 3, column (d), and line 10					11,420.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
	8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain \_\_\_\_\_

- 11. Does the organization operate gaming activities with nonmembers?  Yes  No
- 12. Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13. Indicate the percentage of gaming activity operated in
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14. Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a. Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b. If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c. If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16. Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17. Mandatory distributions

- a. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization **OKLAHOMA CHAMBER OF COMMERCE  
EXECUTIVES ASSOCIATION, INC.**

Employer identification number  
**73-0712609**

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	968.
<b>TOTAL</b>	<u>968.</u>

ATTACHMENT 2

FORM 990EZ, PART I - FUNDRAISING EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
SPRING CONFERENCE	5,875.	4,307.	1,568.
ANNUAL MEETING	17,082.	7,665.	9,417.
CHAMBER MANAGEMENT INST.	1,960.	1,025.	935.
<b>TOTALS</b>	<u>24,917.</u>	<u>12,997.</u>	<u>11,920.</u>

ATTACHMENT 3

FORM 990EZ, PART I - OTHER REVENUE

MISCELLANEOUS	3,152.
<b>TOTALS</b>	<u>3,152.</u>

ATTACHMENT 4

FORM 990EZ, PART I - OTHER EXPENSES

CONFERENCES, CONVENTIONS	400.
D&O INSURANCE	637.
BANK SERVICE CHARGES	33.
MANAGEMENT FEES	4,500.
AWARDS	88.
LEGISLATIVE RECEPTION	500.
WASHINGTON RECEPTION	500.
GIFTS	50.
CONTINGENCY	3,000.
<b>TOTAL</b>	<u>9,708.</u>

Name of the organization **OKLAHOMA CHAMBER OF COMMERCE  
EXECUTIVES ASSOCIATION, INC.**

Employer identification number  
**73-0712609**

ATTACHMENT 5FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	33,995.	45,630.
TOTALS	<u>33,995.</u>	<u>45,630.</u>

ATTACHMENT 6FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO ENCOURAGE THE HIGHEST PROFESSIONAL STANDARDS FOR THE MEN AND WOMEN  
IN CHAMBER OF COMMERCE MANAGEMENT AND TO ADVANCE CLOSE UNITY AMONG  
ITS MEMBERS.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
DANNA FOWBLE 330 NE 10TH STREET OKLAHOMA CITY, OK 73104-3220	EXEC. VP/TREASURER 1.00	0.	0.	0.
SUE HARRIS 330 NE 10TH STREET OKLAHOMA CITY, OK 73104-3220	CHAIR ELECT/DIRECTOR 1.00	0.	0.	0.
MATT PIVARNIK 330 NE 10TH STREET OKLAHOMA CITY, OK 73104-3220	CHAIR 1.00	0.	0.	0.
DELLA WILSON 330 NE 10TH STREET OKLAHOMA CITY, OK 73104-3220	DIRECTOR 1.00	0.	0.	0.
TRACY MOSLEY 330 NE 10TH STREET OKLAHOMA CITY, OK 73104-3220	DIRECTOR 1.00	0.	0.	0.
BECKY JULIAN 330 NE 10TH STREET OKLAHOMA CITY, OK 73104-3220	DIRECTOR 1.00	0.	0.	0.
J.C. KINDER 330 NE 10TH STREET	DIRECTOR 1.00	0.	0.	0.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
OKLAHOMA CITY, OK 73104-3220				
CHARITY O'DONNELL 330 NE 10TH STREET OKLAHOMA CITY, OK 73104-3220	DIRECTOR 1.00		0.	0.
LISA FRIDEN 330 NE 10TH STREET OKLAHOMA CITY, OK 73104-3220	SECRETARY/DIRECTOR 1.00		0.	0.
KEN MOORE 330 NE 10TH STREET OKLAHOMA CITY, OK 73104-3220	DIRECTOR 1.00		0.	0.
KIM BROWN 330 NE 10TH STREET OKLAHOMA CITY, OK 73104-3220	DIRECTOR 1.00		0.	0.
JOHN GONZALES 330 NE 10TH STREET OKLAHOMA CITY, OK 73104-3220	DIRECTOR 1.00		0.	0.
JACK WESENBERG 330 NE 10TH STREET OKLAHOMA CITY, OK 73104-3220	DIRECTOR 1.00		0.	0.

OKLAHOMA CHAMBER OF COMMERCE

73-0712609

ATTACHMENT 7 (CONT'D)

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
MITA BATES 330 NE 10TH STREET OKLAHOMA CITY, OK 73104-3220	PAST CHAIR 1.00	0.	0.	0.
FRED MORGAN 330 NE 10TH STREET OKLAHOMA CITY, OK 73104-3220	DIRECTOR 1.00	0.	0.	0.
GRAND TOTALS				
		0.	0.	0.

# Application for Extension of Time to File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
  - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

## Part I Automatic 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 box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization OKLAHOMA CHAMBER OF COMMERCE EXECUTIVES ASSOCIATION, INC.	Employer identification number 73-0712609
File by the due date for filing your return See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 330 NE 10TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OKLAHOMA CITY, OK 73104-3220	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (other than a trust)	07
Form 990-BL	02	Form 1041 (other than a trust)	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

INTERNAL REVENUE SERVICE  
W&T-FIELD ASSISTANCE  
OKLAHOMA CITY, OK 73102  
MAY 06 2011  
RECEIVED  
42207

- The books are in the care of  CORPORATION

Telephone No.  FAX No.

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 2010 or

tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I ( on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b> File by the extended due date for filing your return See instructions	Name of exempt organization <b>OKLAHOMA CHAMBER OF COMMERCE EXECUTIVES ASSOCIATION, INC.</b>	Employer identification number <b>73-0712609</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>330 NE 10TH STREET</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>OKLAHOMA CITY, OK 73104-3220</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) ..... **03**

Application Is For	Return Code	Application Is For	Return 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

**INTERNAL REVENUE SERVICE**  
**W & I - FIELD ASSISTANCE**  
**OKLAHOMA CITY, OK 73102**  
**JUL 22 2011**  
**RECEIVED**  
**42202**

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of  CORPORATION  
Telephone No.  405 235-3669 FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ..... If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15, 2011.
- For calendar year 2010, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE TAX RETURN.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b> \$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b> \$	0.
<b>c</b> <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b> \$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title CPA Date 7-22-11