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Form **990**

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)

2010

2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

\overline{A}	For the 20	10 calend	dar year, or tax year beginning 7/01 , 2010, and ending	6/3	30	2011			
	Check if appli		y and y and y and we growning - / / V & y and of the life		D Employer Identif				
_	Address		Eastern Oklahoma State College		23-72819				
		-	Developement Foundation, Inc.	ŀ	E Telephone numb				
	Name ch	•	1301 W. Main Street	į	•				
	Initial re		Wilburton, OK 74578	(918) 465-2361					
	Termina			ŀ		222	000		
	Amende				G Gross receipts \$		298.		
	Applicat	on pending	- · · · · · · · · · · · · · · · · · ·		group return for affil affiliates included?	⊨ '''	X No		
			<u> </u>		amiliates included? attach a list (see inst	ructions) Yes	No		
<u></u>	Tax-exemp		X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		·	•			
<u>J</u>	Website	:► WW			exemption number				
K	Form of or		X Corporation Trust Association Other► L Year of Formation	on 1973	M State of le	gal domicile OK			
Pε		<u>Summa</u>	ry						
	1 Brie	fly descri	be the organization's mission or most significant activities: The Found	<u>lation</u>	's primary	purpose	<u>is</u>		
0	ـــ ا	<u>provi</u>	de resources and to seek external support for	<u>schola</u>	rships, fa	culty			
a	_de [.]	velopn	<u>ment, equipment, and campus projects, which sup</u>	port E	astern_Okl	ahoma Sta	te		
Ē	وع ا		a community college in Southeast Oklahoma.						
R Activities & Governance	2 Che	ck this bo		e than 25°	1	ts.			
ن ∞	3 Nun		oting members of the governing body (Part VI, line 1a)		3		<u>13</u>		
8	4 Nun		dependent voting members of the governing body (Part VI, line 1b)		4		<u> </u>		
₹	D C Tota		r of individuals employed in calendar year 2010 (Part V, line 2a)		5		0		
<u>ਰੂ</u>	70 TOTA	ai numbel al uprolet	r of volunteers (estimate if necessary)		7a		20		
Le	/4 100 	gi ui il elati Libralata	ed business revenue from Part VIII, column (C), the VID		7a 7b		<u> 0.</u>		
	P D Mer	unrelated	d busiless taxable income noni i oni 390-111111119	Т в		C			
AN	e Con	stributions	and grants (Port VIII, line 1b)	<u> </u>	355,942.	Current Y	, 580 .		
97	8 Cor 9 Pro		s and grants (Part VIII, line 1h)		93,694.		, 380. , 087.		
<u>.</u>	10 Inve	-	ncome (Part VIII, column (A), lines 3,4, and 7d)		162,887.		, 087. , 794.		
ê,	11 Oth		ue (Part VIII, column (A), lines 5, 6d, 8c, 60, BC EDBL 1 4)	-	6,085.	210	, , , , ,		
Z	12 Tota		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		618,608.	593	,461.		
S. A. A. M. Revenue	13 Gra		similar amounts paid (Part IX, column (A), lines 1-3)	+	214,389.		,053.		
6.	14 Ber		I to or for members (Part IX, column (A), line 4)		221,005.	101	, 000.		
T	15 Sal		er compensation, employee benefits (Part IX, column (A), lines 5-10)		· - · · - ·				
ø	Į.								
Expenses			fundraising fees (Part IX, column (A), line 11e)						
χ	b Tota	al fundrai	sing expenses (Part IX, column (D), line 25) ►						
ш	17 Oth	er expen	ses (Part IX, column (A), lines 11a-11d, 11f-24f)		223,862.	294	,344.		
	18 Tot	al expens	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)		438,251.	478	,397.		
	19 Rev	venue les	s expenses. Subtract line 18 from line 12		180,357.	115	,064.		
ъ <u>8</u>				Beginnir	ng of Current Year	End of Ye	ar		
Ž	20 Tot	al assets	(Part X, line 16)		,903,252.	3,213			
Net Assets or Fund Balancos	21 Tot	al liabilitie	es (Part X, line 26)		0.		0.		
žį	22 Net	t assets o	r fund balances. Subtract line 21 from line 20	2	2,903,252.	3,213	. 416.		
P			ire Block		. <u> </u>		<u> </u>		
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cor	nplete Declar	ration of pre	declare that I have examined this return, including accompanying schedules and statements, and the series of the property of the series of the	o ale best of	my knowledge and b	ener, it is due, con	ect, and		
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			or print name and title						
_		Print/Type	preparer's name Preparer's signature Date		Check If	PTIN			
D.	aid	1	D. Hinkle, CPA James D. Hinkle, CPA			P00532558			
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٠.	y	Firm's add	TULSA, OK 74146-5201		Firm's EIN ► 27-1494012 Phone no (918) 492-3388				
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IVIS	iy trie IRS	uiscuss t	his return with the preparer shown above? (see instructions)			A Tes	No		

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Par	t III		ement o	_			•			. –		-					
		Chec	k if Schedu	ıle O conta	ins a re	esponse to	any qu	uestion	in this Part	111			······································				$oldsymbol{oldsymbol{oldsymbol{\sqcup}}}$
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2		-		ndertake ar	ny signi	ficant prog	gram se	rvices	during the y	ear which	were no	t listed	on the prior			₹.	
			990-EZ?	•	•		_				• •		•	Ш	Yes	X	No
_		-	cribe these												V	₩.	
3		_			_		gnitican	it chan	ges in how it	conduct	s, any pr	ogram s	ervices? .		Yes	X	No
		-	cribe these	•										0	~ ~ t . ~ ~	E01(~)	(2)
4	and 50)1(c)(4	e exempt p) organiza ind revenue	tions and s	section	4947(a)(1)	trusts :	are rec	nization's th quired to rep ed	ort the ar	nount of	grants a	ind allocatio	ns to ot	hers, t	he tota	al
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
ε	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		<u>x</u>
	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		х
	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		x
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	X	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 14a		X
	b Did the organization maintain an office, employees, or agents outside of the officed states: b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV.	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 ь		

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Schedule J Х **24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No 'go to line 25 24a Х 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b X Schedule L. Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Х 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a X **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28b Х **c** An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV* 28c X X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 31 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, X 34 35 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? . 35 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,' complete Schedule R, Part V, line 2 X No **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI X 37

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Form 990 (2010)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O

Check if Schedule O contains a response to any question in this Part V			
		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable.	\neg		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? .	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3ь		
4a 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)?	4a		Х
b If 'Yes,' enter the name of the foreign country [.] ▶	1		
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	ı		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5ь		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			<u> </u>
as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a	Ī	Ī
b Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		
10 Section 501(c)(7) organizations. Enter:	Ė		
a Initiation fees and capital contributions included on Part VIII, line 12 10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		•	
11 Section 501(c)(12) organizations. Enter:	[ŀ	l
a Gross income from members or shareholders . 11a	f 1	Ī	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	19-	Ī	f
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	 	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand		L	<u> </u>
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year 1b **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 2 X officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Х 6 Does the organization have members or stockholders?. 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7 a governing body? 7b **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. X 8a a The governing body? 8b Х **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10 a Does the organization have local chapters, branches, or affiliates? b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10 b and branches to ensure their operations are consistent with those of the organization?. $\bar{\mathsf{X}}$ 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X 120 Schedule O how this is done See Schedule O X 13 13 Does the organization have a written whistleblower policy? X 14 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х 15_b **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Х taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure OK List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 it applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website |X|Upon request Own website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule 0 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Ann Owens 1301 W. Main Street Wilburton OK 74578 (918) 465-1761

Form 990 (2	010) E	astern	Oklahoma	State	College	Э

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Form 990 (2010)

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										e
(A)	(B)	(C)				(D)	(E)	(F)		
Name and title	Average		tion (all t	hat appl	y)	Reportable compensation from	Reportable	Estimated
	hours per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Karin Woodruff										
Trustee	1	X						0.	0.	0.
(2) Jason Winborn Trustee	1	х						0.	0.	0.
(3) Amy Johns	 	 	\vdash	Н						
Trustee	1 1	X				İ		0.	0.	0.
(4) Evans McBride	1									
Trustee	1	Х			1			0.	0.	0.
(5) Gene Walker										
Trustee	1	Х	ļ			1		0.	0.	0.
(6) Jim Pratt										
Trustee	1	X	ł	<u>L</u>		<u> </u>	L	0.	0.	0.
<u>Mar Kuriakose</u> Exec Assistant	$\frac{1}{1}$	x						0.	0.	0.
(8) Frances Lerblance	 	 ^	1	┢┈	 	\vdash	\vdash			<u></u>
Trustee	1 1	X		Ì	1		ļ	0.	0.	0.
(9) Mr. DeRoy Forwoodson	1	1 -			1	 	T			
Emeritus Member	7 1	X		l		ļ	l	0.	0.	0.
(10) Mr. Bob Cooper							Г			
Emeritus Member	7 1	X	1		ļ		Ì	0.	0.	0.
(11) Ann Owens]						Π			
Executive Direc	1	X	<u> </u>		<u> </u>	<u> </u>	L	0.	0.	0.
(12) Dr. Steve Smith]									
Ex-Officio	1	X	<u> </u>	_	L	<u> </u>	L	0.	0.	0.
(13) Lynn Edwards	_	ł	1		L	}	1			
Vice Chairman	1 1		↓_	X	<u> </u>	<u> </u>	L	0.	0.	0.
(14) Ray Henson	-	1		1	1		İ		}	
Secretary	1	<u> </u>	1	X	↓_	ļ	<u> </u>	0.	0.	0.
15 Jimmy Williams	4	1	Į.		j	ļ]		_
Chairman	1_1_	-	1	X	├		┼-	0.	0.	0.
<u>(16)</u>	+									
<u>(II)</u>	1		\top		T					
		1		<u> </u>			1_	<u></u>		

TEEA0107L 12/21/10

Part VII Section A. Officers, Directors, Trus		∢ey	En			es,	, an			
(A)	(B) Average	Posit	tion ((d check	-	hat ar	(vlac	(D) Reportable	(E) Reportable	(F) Estimated
Name and title	hours per week (describe hours for related organi- zations in Sch O)			_	_		Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(18)										-
(19)									-	
(20)				-						
(21)	-									
(22)										
(23)										
(24)										
(25)									1	
(26)										
<u>(27)</u>										
(28)	-									
(29)										
1 b Sub-total							>	0.	0.	
c Total from continuation sheets to Part VII, Section	A						>	0.	0.	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limite	d to the	se lis	sted	abo	ove)	who	rec	<u>-</u>	<u></u>	
from the organization 0										
Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in the such in	or trust	ee,	key	emp	oloy	ee, d	or hi	ghest compensate	ed employee	Yes N
For any individual listed on line 1a, is the sum of rethe organization and related organizations greater:	portable	e cor	npe)0?	nsat If 'Y	tion 'es'	and com	othe plete	er compensation f Schedule J for	rom	
such individual 5 Did any person listed on line 1a receive or accrue of	compans	atio	n fr	om s	anv	unre	ılate	d organization or	undıvıdı ıal	4 2
for services rendered to the organization? If 'Yes,'	complet	e So	hea	lule	J fo	r suc	ch p	erson		5 2
Section B. Independent Contractors 1 Complete this table for your five highest compensa	ted inde	pen	dent	cor	ntrad	ctors	tha	t received more th	nan \$100,000 of	
compensation from the organization.										
(A) Name and business addre	ss							Description	of services	(C) Compensation
								<u> </u>		
								-		
								 		
2 Total number of independent contractors (including	but not	lımı	ted	to t	1056	list	ed a	bove) who receive	ed more than	***************************************
\$100,000 in compensation from the organization >	00									

Par	t VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b 1,492. c Fundraising events. 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 295,088. g Noncash contributions included in lns la-1f: \$ h Total. Add lines 1a-1f >	296,580.			
PROGRAM SERVICE REVENUE	2a Program Service Fees b Program Income c d e	71,297. 14,790.	71,297. 14,790.		
ROGR	f All other program service revenue	86,087.			
	3 Investment income (including dividends, interest and other similar amounts). 4 Income from investment of tax-exempt bond proceeds.	69,249.	69,249.		
	(i) Real (ii) Personal 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis				
	and sales expenses 331, 837. c Gain or (loss) 141, 545. d Net gain or (loss)	141,545.	141,545.		
OTHER REVENUE	8a Gross income from fundraising events (not including \$				
	9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities	-			
	10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	<u> </u>			
	11a Miscellaneous Revenue				
	d All other revenue		<u> </u>		
	e Total. Add lines 11a-11d	-			
	12 Total revenue. See instructions	<u>593,461</u> .	296,881.	. 0	0.

Page 10

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do no	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.	184,053.	184,053.		
	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			,	
	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	0.
-	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				ļ
11	Fees for services (non-employees)				
а	Management				
ь	Legal	5,336.		5,336.	
c	Accounting	18,000.		18,000.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees	13,335.		13,335.	
ç	Other			ļ	
12	Advertising and promotion		ļ. <u></u>		
13	Office expenses .	45,780.		45,780.	
14	Information technology				
15	Royalties				
16	Occupancy .				
17	Travel	35,012.	ļ	35,012.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	8,378.	,	8,378.	
20	Interest			ļ	
21	Payments to affiliates		<u> </u>	ļ	
22	Depreciation, depletion, and amortization		<u> </u>	ļ	
23 24	Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)	810		810.	
	a Other Expenses	102,046		102,046.	
	b Contract Services	25,746		25,746.	
	c Equipment	23,289		23,289	
	d Prizes	7,671		7,671.	
	e Entry Fees	3,024		3,024	
	f All other expenses	5,917	•	5,917	
	Total functional expenses. Add lines 1 through 24f	478,397		. 294,344	0.
26 BA	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form 990 (2010

Balance Sheet **(B)** End of year (A) Beginning of year 477,381 1 311,624. Cash - non-interest-bearing 2 2 Savings and temporary cash investments Pledges and grants receivable, net 1,539 3 77,012 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges. 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 a 10b 10 c **b** Less: accumulated depreciation. 2,424,332 11 2,824,780 11 Investments - publicly traded securities. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34). 2,903,252 16 3,213,416. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 0. 26 0. X and complete lines Organizations that follow SFAS 117, check here ▶ 27 through 29 and lines 33 and 34. 30,565 Unrestricted net assets 27 62,400. 1,020,188. 28 1,271,226. Temporarily restricted net assets 1,852,499 29 $1,879,\overline{790}$ Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds

BAA

33

34

Total net assets or fund balances,

Total liabilities and net assets/fund balances

3,213,416. Form **990** (2010)

3,213,416.

2,903,252.

2,903,252

33

34

Forn	n 990 (2010) Eastern Oklahoma State College 2	3-7281986		Pa	ge 12			
Pa	₹ XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		93,4				
2	Total expenses (must equal Part IX, column (A), line 25)	2		78,3 15,0				
3								
4	, the same of the							
5	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	5	1	95, <u>1</u>	.00.			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,2	13,4	16.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				\Box			
				Yes	No			
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				· -			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	b Were the organization's financial statements audited by an independent accountant?		2b	X				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is separate basis, consolidated basis, or both:	sued on a						
	X Separate basis Consolidated basis Both consolidated and separate basis							
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Audit Act and OMB Circular A-133?	ne Single	За		X			
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the r or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	equired audit	3ь					
BA	A		Forn	n 990	(2010)			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Eastern Oklahoma State College Developement Foundation, Inc.

Employer identification number 23-7281986

Par	t I	Reason for Publi	c Charity Status	(All organizations	must o	comple	te this	part.) See	nstruc	tions.		
he c	rgai	nization is not a private	foundation because	it is (For lines 1 through	gh 11, ch	neck only	y one bo	x.)					
1		A church, convention	of churches or associ	ation of churches descr	ribed in s	section '	170(Ь)(1)	(A)(i).					
2	П	A school described in	section 170(b)(1)(A)(i	ii). (Attach Schedule E.	.)								
3	П	A hospital or a cooper	ative hospital service	organization described	l ın secti	on 170(l	χ1χΑχ	iii).					
4		A medical research or	ganızatıon operated ı	n conjunction with a ho	spital de	scribed	ın secti o	on 170(t	χΑχτχ	iii) Ente	r the hospi	tai's	
		name, city, and state:											
5	X	An organization opera 170(b)(1)(A)(iv). (Com	ited for the benefit of inplete Part II.)	a college or university	owned o	r operat	ed by a	governr	nental u	ınıt desci	ribed in sec	ction	
6				vernmental unit describ									
7		in section 170(b)(1)(A)	(vi). (Complete Part	•		_	ernment	al unit o	or from t	he genei	ral public d	escrib	ed
8		•		l(b)(1)(A)(vi). (Complete									
9		An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
11	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												or at
		a Type I	b Type II	c 🗌 Type III	– Func	tionally	integrate	ed		d 🗌	Type III -	Othe	r
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).													
f		If the organization red check this box.	ceived a written deteri	mination from the IRS t	hat is a	Type I,	Type II c	r Type	III suppo	orting or	ganızatıon,		
ç	I	Since August 17, 200	6, has the organizatio	on accepted any gift or	contribu	ition fron	n any of	the foll	owing p	ersons?	ı		
		6							()	()	r	Yes	No
		(i) A person who d below, the gove	rectly or indirectly co	ntrols, either alone or toported organization?	ogewier	with per	sons de	scribed	ın (ıı) ar	ia (iii) ·	11 g (i)		
		(ii) A family member	er of a person describ	ed in (i) above?							11 g (ii)		
				lescribed in (i) or (ii) ab	ove?						11 g (iii)		
ŀ	3			supported organization									
		(1) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	Is the sation in I) listed in overning ment?	(v) Did yo the organ columi your su	ızatıon in 1 (I) of	colur organize	s the ation in nn (I) ed in the	(vii) Amoun	nt of sup	port
					Yes	No	Yes	No	Yes	No			
			i										
(A)					<u> </u>								
(B)						ļ	ļ						
							1						
<u>(C)</u>					<u> </u>	 	ļ		 				
.				İ									
<u>(D)</u>					 		-		 				
<u>(E)</u>													
Tota													
100	LI		P.	ł	1	•		I .	1	+ 1			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support						-			
Calen pegin	dar year (or fiscal year ning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')	341,970.	366,060.	369,263.	355,942.	296,580.	1,729,815.			
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	341,970.	366,060.	369,263.	355,942.	296,580.	1,729,815.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.			
6	Public support. Subtract line 5 from line 4						1,729,815.			
Sec	tion B. Total Support									
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
7	Amounts from line 4	341,970.	366,060.	369,263.	355,942.	296,580.	1,729,815.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	113,788.	140,881.	70,208.	77,046.	69,249.	471,172.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV	209.	3,538.	7,035.	6,085.		16,867.			
11	Total support. Add lines 7 through 10						2,217,854.			
12	Gross receipts from related activ	vities, etc (see inst	ructions)			12	0.			
13	First five years. If the Form 990 organization, check this box and		tion's first, second	d, third, fourth, or	fifth tax year as a	a section 501(c)(3)	▶ □			
Sec	tion C. Computation of P		Percentage		<u> </u>					
	Public support percentage for 20			e 11, column (f))		14	78.0%			
	Public support percentage from					15	79.2%			
16 a	a 33-1/3% support test — 2010. If the and stop here. The organization	the organization di qualifies as a pub	d not check the billicly supported or	ox on line 13, and ganization	the line 14 is 33-	1/3% or more, che	eck this box ► X			
1	33-1/3% support test — 2009. If and stop here. The organization	the organization di qualifies as a pub	d not check a box licly supported or	on line 13 or 16a ganization .	a, and line 15 is 33	3-1/3% or more, c	heck this box			
17:	17a 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
١	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts-a nd-circumstances'	and-circumstances test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Part i ed organization	V how the ►			
18		ization did not che	ck a box on line 1	3, 16a, 16b, 17a,						
BAA					S	chedule A (Form !	990 or 990-EZ) 2010			

Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				<u>.</u>		
5	The value of services or facilities furnished by a governmental unit to the organization without charge	······································					
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
_	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				1 .5	1	45.7.1.1
	ndar year (or fiscal yr beginning in)≻	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
10	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	c Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add Ins 9, 10c, 11, and 12)		<u> </u>	<u></u>	1	1	
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secon	nd, third, fourth, o	or fifth tax year as	a section 501(c))(3) ▶ □
Se	ction C. Computation of Pu		Percentage			 	*
	Public support percentage for 20			ne 13, column (f))	1 1	15 %
	Public support percentage from	-		,			16 %
	ction D. Computation of In			ge			· · · · · · · · · · · · · · · · · · ·
	Investment income percentage f				ımn (f))	1	17 %
18	· ·				\ <i></i>	-	18 %
	a 33-1/3% support tests – 2010. If is not more than 33-1/3%, check	the organization	did not check the	box on line 14. a	and line 15 is more as a publicly suppe	than 33-1/3%, orted organization	and line 17
	b 33-1/3% support tests – 2009. If line 18 is not more than 33-1/3%	the organization , check this box	i did not check a b and stop here. Th	oox on line 14 or l ie organization qu	line 19a, and line 1 Jalifies as a publicl	6 is more than y supported org	33-1/3%, and panization ►
20	Private foundation. If the organi	zation did not ch	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions	s •

Schedule A	\ (Form 990 or 99	0-EZ) 2010 L	<u>Sastern Ol</u>	<u>clahoma Si</u>	tate Colleg	<u>e</u>	<u>23-7281986</u>	Page 4
Part IV	Supplement Part II, line 1 (See instruct	al Informatio 7a or 17b; a nons).	n. Complete nd Part III, I	this part to ine 12. Also	o provide the o complete thi	explanations re s part for any	23-7281986 equired by Part II, li additional informati	ine 10; on.
			- 					
					. 	- 		
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2010

Schedule A, Part IV - Supplemental Information Eastern Oklahoma State College Developement Foundation, Inc.

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23-7281986

Nature and Source	2010	2009	2008	2007	2006
Miscellaneous Revenue	\$ 0.	6,085.	7,035.	3,538.	209.
Total		\$ 6,085.	\$ 7,035.	\$ 3,538.	\$ 209.

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

	tern Oklahoma State College			22-7201006
	relopement Foundation, Inc.	A 1 Ohl	Ciarlian Familia an A	23-7281986
Par				ccounts. Complete if
	the organization answered 'Yes'	to Form 990, Part IV, line 6	,	
		(a) Donor advised fund	s (b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor funds are the organization's property, subject			☐ Yes ☐ No
_	3 1 1 3, ,	, , , , , , , , , , , , , , , , , , ,		
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor a	at grant funds can be divisor, or for any other	Yes No
Par	t II Conservation Easements. Comp	lete if the organization ansi	vered 'Yes' to Form	1 990. Part IV. line 7.
	Purpose(s) of conservation easements held by			1 3 3 9,1 4,1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	Preservation of land for public use (e.g., r	· · · · · · · · · · · · · · · · · · ·		ically important land area
	Protection of natural habitat	• 🗕	Preservation of a certified	
			Teservation of a certified	d Historic Structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year	on neid a qualified conservation co	ntribution in the form of	a conservation easement on the
				Held at the End of the Tax Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation ease	ments	2b	
	Number of conservation easements on a certi			
		•	′ 	
	d Number of conservation easements included i structure listed in the National Register	,	2d	
3	Number of conservation easements modified, tax year ▶	transferred, released, extinguished	I, or terminated by the o	organization during the
4	Number of states where property subject to co	onservation easement is located 🟲		
5	Does the organization have a written policy re and enforcement of the conservation easemed	garding the periodic monitoring, in	spection, handling of vio	lations, Yes No
6	Staff and volunteer hours devoted to monitorii	ng, inspecting, and enforcing conse	ervation easements during	ng the year
7	Amount of expenses incurred in monitoring, ir ▶ \$	nspecting, and enforcing conservat	on easements during the	e year
8	Does each conservation easement reported o 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	n line 2(d) above satisfy the require	ements of section	Yes No
9	In Part XIV, describe how the organization rejunctude, if applicable, the text of the footnote conservation easements.			
Pa	rt III Organizations Maintaining Coll	ections of Art, Historical T	reasures, or Other	Similar Assets.
	Complete if the organization and	swered 'Yes' to Form 990, F	^p art IV, line 8.	
1:	a If the organization elected, as permitted unde art, historical treasures, or other similar assel in Part XIV, the text of the footnote to its final	ts held for public exhibition, educat	ion, or research in furthe	
!	b If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items:			
	(i) Revenues included in Form 990, Part VIII	, line 1		►\$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of a amounts required to be reported under SFAS			gain, provide the following
	a Revenues included in Form 990, Part VIII, line	e 1		► \$
	b Assets included in Form 990, Part X			► \$

Schedule D (Form 990) 2010 Laste:				Z3-128		Page 2
Part III Organizations Maintai						
3 Using the organization's acquisition items (check all that apply):	n, accession, and oth	er records, check	any of the following t	hat are a significant us	e of its collection	nc
a Public exhibition		d Loan or e	exchange programs			
b Scholarly research		e Other _				
c Preservation for future general						
4 Provide a description of the organi Part XIV.	zation's collections a	nd explain how the	ey further the organiz	ation's exempt purpose	e in	
5 During the year, did the organization	on solicit or receive d	lonations of art, hi	storical treasures, or	other similar	□ v [¬ _{Na}
assets to be sold to raise funds ra Part IV Escrow and Custodial					Yes	No / luno
9, or reported an amou	int on Form 990	Part X line 2	yanızadon answe 1.	sied res to rottil	990, Fait iv	, inte
			-			
1a Is the organization an agent, trust included on Form 990, Part X?				r assets not	Yes	No
b If 'Yes,' explain the arrangement in	n Part XIV and comp	lete the following t	able:	 		
				ļ	_Amount	
c Beginning balance				1c		
d Additions during the year			•	1d		
 Distributions during the year 			•	1 e		
f Ending balance				1f		
2a Did the organization include an an		art X, line 21?		•	Yes	No
b If 'Yes,' explain the arrangement in						
Part V Endowment Funds. Co		anization ansv				
	(a) Current year	(b) Prior year	(c) Two years back		(e) Four year	rs back
1a Beginning of year balance	1,852,499.	1,805,942				
b Contributions	27,291.	46,55	7. 3,13	8.		
c Net investment earnings, gains, and losses						
d Grants or scholarships		<u>- , </u>				
Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance	1,879,790.	1,852,49	9. 1,805,94	2.		
2 Provide the estimated percentage		nce held as:				
a Board designated or quasi-endow	ment -	%				
b Permanent endowment ►	%					
c Term endowment ►	%					
3a Are there endowment funds not in organization by:	n the possession of th	ie organization tha	at are held and admin	ustered for the	Yes	No
(i) unrelated organizations					3a(i)	X
(ii) related organizations			•		3a(ii)	X
b If 'Yes' to 3a(II), are the related o	rganizations listed as	required on Sche	dule R?	,	3b	+
4 Describe in Part XIV the intended	J	•		r XTV	L <u>35 </u>	
Part VI Land, Buildings, and						
Description of investment	(a) Cos	t or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	/alue
1a Land			· · · · · · · · · · · · · · · · · · ·			
b Buildings				· · · · · · · · · · · · · · · · · · ·	1	
c Leasehold improvements					1	
d Equipment					1	
e Other					1	
Total. Add lines 1a through 1e (Column	n (d) must equal Forn	n 990, Part X, colu	ımn (B), line 10(c))			0.

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Schedule **D** (Form 990) 2010

Schedule D (Form 990) 2010 Eastern Oklahoma State College

BAA

23-7281986

Page 3

Schedule D (Form 990) 2010 Eastern Oklahoma State College	23-7281986	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1 Total revenue (Form 990, Part VIII,column (A), line 12)		593,461.
2 Total expenses (Form 990, Part IX, column (A), line 25)		478,397.
3 Excess or (deficit) for the year Subtract line 2 from line 1		115,064.
4 Net unrealized gains (losses) on investments		195,100.
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net). Add lines 4 through 8		195,100.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		310,164.
Part XII Reconciliation of Revenue per Audited Financial Statements With Reve	nue per Return	
1 Total revenue, gains, and other support per audited financial statements	1	788,561.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	95,100.	
b Donated services and use of facilities		
c Recoveries of prior year grants.		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	195,100.
3 Subtract line 2e from line 1	3	593,461.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	593,461.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return	
Total expenses and losses per audited financial statements	1	478,397.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIV.)		
e Add lines 2a through 2d		
	3	478,397.
		470,337.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV.)	-	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	478,397.
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Als any additional information. Part V, Line 4 - Intended Uses Of Endowment Fund	4; Part IV, lines 1b and 2b complete this part to pro	; vide
The endowment funds are held by Communities Foundation of Okl	ahoma. They are	ı <u>sed</u> as
an investment consultant in association with BancFirst and pr	<u>covide scholarshi</u>	os_to
students.		

Part XIV Supplemental Information (continued)	23-7281986	Page 5
Part XIV Supplemental Information (continued)		
	·	
	- 	

SCHEDULE I (Form 990)		Grants and Ot Governments a	Other s and I	Assistance ndividuals in	Grants and Other Assistance to Organizations, iovernments and Individuals in the United States	ıs, ates	ļ	2010
Department of the Treasury		Complete if the orga	nization an	swered 'Yes,' to Fo Attatch to Form 99	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.	1 or 22.		Open to Public Inspection
a	State College						Employer Identification number 23-7281986	ation number 6
Part General Inform		Assistance						
t	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ate the amount of th	e grants or	assistance, the gr	antees' eligibility for the	e grants or assistance	and .	Yes X No
Part II Grants and Oth Form 990, Part Part II Can be d	Describe in Part IV the organization's procedures for monitoring the use of grant tunds in the United States. If it Grants and Other Assistance to Governments and Organizations in the United Secure 990, Part IV, line 21 for any recipient that received more than \$5,000. Chec Part II can be directed if additional space is needed.	r monitoring the use ernments and C ipient that received	or grant m rganizat ved more	ions in the United Signature of the United Signature o	ner unds in the United States. nizations in the United States. Complete if the organization answered 'Yes' to more than \$5,000. Check this box if no one recipient received more than \$5,000.	ete if the organiz to one recipient re	ation answered " eceived more tha	Yes' to in \$5,000. ► X
1 (a) Name and address of organization or government	anization (b) EIN	(c) IRC section if applicable		(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ωα								
(2)								
(3)			i					
(4)								
7.								
(9)								_
(A)			1					
മ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
(8)								
2 Enter total number of se	Enter total number of section 501(c)(3) and government organizations	nent organizations	:	-			:	
3 Enter total number of other organizations	another ideas year						A	

Page 2 23-7281986 Eastern Oklahoma State College

Schedule | (Form 990) 2010

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 184,053 (c) Amount of cash grant 261 (b) Number of recipients (a) Type of grant or assistance 1 Scholarship Part IV Part III ന Ŋ 9

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Schedule | (Form 990) 2010

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 Eastern Oklahoma State College	Employer identification number
Developement Foundation, Inc.	23-7281986
Sch I, Part 1- Monitoring grant funds	
Scholarships are provided by the Foundation, but Eastern Oklaho	oma State College is
in charge of maintaining records and performing the selection p	process.
Form 990, Part VI, Line 11b - Form 990 Review Process	
The Form 990 is sent via email to the board of directors for re	eview. It is then
presented at a board meeting.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Co	onflicts
The conflict of interest policy is reviewed annually with the l	Board and signed by
each trustee. A copy of the policy is provided to each board me	ember.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Governing documents, conflict of interest policy, and financial	l statements are
available upon request in the Foundation's office.	

2010

Schedule O - Supplemental Information

Page 2

Eastern Oklahoma State College Developement Foundation, Inc.

23-7281986

Form 990, Part XI, Line 5 Other Changes in Net Assets or Fund Balances

Net Unrealized Gains or Losses on Investments

Total \$ 195,100. \$ 195,100.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

2010

OMB No 1545-0047

Open to Public inspection

Employer identification number

23-7281986

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) Eastern Oklahoma State College Developement Foundation, Inc.

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(a)					
(6)					
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had	ons (Complete if the organ)	organization answere	d 'Yes' to Form 9	90, Part IV, line 34	because it had
חופ חווחופ ופומופת ומע-פעפוולו חלתוודת	()				(1)

one or more related tax-exempt organizations during t	ations during the tax year.)	ear.)					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes No	
(1) Communities Foundation of Oklahoma 2932 NW 122nd St	Serve philanthropic						
(2) Oklahoma City, OK 74120-1955	needs of all of Oklahoma	0K	501(c)(3)	5	N/A	×	
(3)(
(4)							

Schedule **R** (Form 990) 2010

TEEA5001L 12/22/10

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 23-7281986 Schedule R (Form 990) 2010 Eastern Oklahoma State College Developement Foundation, Inc.

Partili Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

because it had one or more related organizations treated as a partition of the property of the	one or more re	ะเสเคต อเห	מווולמווטווא נוכם	ובת מז מ אמונווכ		7.000		,	•	١
(a)	(p)	(2)	ତ୍ୱ	(9)	(L) (L) (L) (L) (L) (L) (L) (L) (L) (L)	Spare of	(h) Dispropor-	Code V-UB!	General or	Percentage
Name, address, and EIN of related organization	Primary activity	Legal domicile	Legal Direct domicile controlling entity	rredominari income (related,	Income	end-of-year	tionate	arnount in box	managing	ownership
		(state or		unrelated, excluded		assets	allocations:	K-1		
		foreign country)		rom tax under sections 512-514)			Yes No	(Form 1065)	Yes No	
í										
							_			
									_	
Ø										
								_	_	
ę										
(3) 	1									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV,	Taxable as a Co	rporation or T	rust (Complet	e if the organ trust during the	ization answered "	res' to Form 990,	>art IV,
Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or frust)	Legal domicile Direct Corp., S corp, state or foreign controlling entity (C corp., S corp, country) (g) (h) (h) (g) (h) Share of total income assets ownership ownership or trust)	(g) Share of end-of-year assets	(h) Percentage ownership
(1)							
(Z)							
		-					
(3)							
							
ВАА		TEEA5002L 12/07/10	01/10			Schedule R (Form 990) 2010	n 990) 2010

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Schedule R (Form 990) 2010 Eastern Oklahoma State College Developement Foundation, Inc.

Schedule R (Form 990) 2010 (d)
Method of determining amount involved ž Yes Ξ ב 9 <u>م</u> _ ٢ ㅁ 9 무 = Part V Transactions With Related Organizations (Complete If the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.) 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 1,879,790 (c) Amount involved During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? **(b)** Transaction type (a-r) TEEA5003L 12/23/10 k Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Receipt of (I) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from other organization(s) i Lease of facilities, equipment, or other assets to other organization(s) (a)
Name of other organization m Sharing of facilities, equipment, mailing lists, or other assets Other transfer of cash or property from other organization(s) c Gift, grant, or capital contribution from other organization(s) q Other transfer of cash or property to other organization(s) **b** Gift, grant, or capital contribution to other organization(s) p Reimbursement paid by other organization for expenses o Reimbursement paid to other organization for expenses d Loans or loan guarantees to or for other organization(s) (1) Communities Foundation of Oklahoma e Loans or loan guarantees by other organization(s) g Purchase of assets from other organization(s) Sale of assets to other organization(s) Sharing of paid employees h Exchange of assets @\{ 2 ପ € ତ୍ର

Schedule R (Form 990) 2010 Eastern Oklahoma State College Developement Foundation, Inc.

Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

TEEA5004L 12/23/10

Schedule R	(Form 990) 2010 Page 5
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
	(see instructions).

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Jepartment of tr Internal Revenu		► File a sep	arate applie	cation for each return.			
• If you ar	e filing for an	Automatic 3-Month Extension, com	plete only	Part I and check this box			► X
-	•	•		, complete only Part II (on page 2 of the	s form	1)	ليا
•	-	· · · · · · · · · · · · · · · · · · ·		atic 3-month extension on a previously f			
Flectronic f	ilina <i>(e-file).</i> Yo	ou can electronically file Form 8868	if you need	d 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 ele	ctronic	cally file For	rm 8868 to
request an e	extension of tir With Certain P	ne to file any of the forms listed in least and second Repetit Contracts, which mi	Part I or Pa	irt II with the exception of Form 8870, In to the IRS in paper format (see instructi	torma	tion Return For more di	for Transfers
electronic fil	ling of this form	n, visit www irs gov/efile and click o	n e-file for	Charities & Nonprofits	0113)	or more di	stans on the
Part I A	Automatic 3-	Month Extension of Time. O	nly subm	it original (no copies needed).		·	
				month extension - check this box and	comple	ete Part I or	nly -
	•	· · · · · ·		nd trusts must use Form 7004 to reques	•		٠ ـ
income tax		dding 1120-0 mersy, partifersinps, i	r (Ennou, a)	ia trasts must use romi root to reques	arr cz	((Crision or	anne to me
	Name of exempt	organization			Emplo	yer identificati	on number
Type or	Eastern	Oklahoma State College	.				
print		ment Foundation, Inc.	•		23-	7281986	
File by the due date for		and room or suite number. If a P O box, see in	structions				
filing your return See	1301 W.	Main Street					
nstructions City, town or post office, state, and ZIP code. For a foreign address, see instructions							
	Wilburto	n, OK 74578					
		11, 011 110 0	· · · · · · · · · · · · · · · · · · ·				
Enter the R	eturn code for	the return that this application is fo	r (file a ser	parate application for each return)			01
		and person to the superior to the	. (a cop	caracte approaches see cases recarry			ر
Application	· · · · · · · · · · · · · · · · · · ·		Return	Application			Return
ls For	•		Code	Is For			Code
Form 990	· · · · · · · · · · · · · · · · · · ·		01	Form 990-T (corporation)			07
Form 990-B			02	Form 1041-A			08
Form 990-E	-		03	Form 4720			09
Form 990-P			04	Form 5227			10
) or 408(a) trust)	05	Form 6069			11
	(trust other th	, , ,	06	Form 8870			12
01111 330-1	(ilust other th	an above)		1 0111 0070			12
The hool	ks are in the cai	e of Ann Owens					
- THE DOOR	ks are in the car	e or					
Tolonbo	no No ► (91	8) 465-1761	EAVN	、▶			
			FAX No				▶ □
	_	s not have an office or place of bus			بر منطلا	سادر مطاه سما	ا ۔
						for the wh	• .
		if it is for part of the group, check	k this dox	▶ ☐ and attach a list with the names a	ina Eli	vs or all me	embers.
	ension is for	2		11. (I. F 000 T)			
•		•	•	ed to file Form 990-T) extension of time			
			janization r	eturn for the organization named above			
ine e		the organization's return for					
	calendar yea	r 20 or		5 400			
► X	🔾 tax year beg	r 20 or nning7/01, 20_10_	, and endir	$\frac{6}{30} = \frac{6}{30} = \frac{30}{11} = \frac{11}{30} = \frac{11}{$			
2 If the		ed in line 1 is for less than 12 mont		_	al retu	Jrn	
	hange in accou		,				
3a If this	application is	for Form 990-BL, 990-PF, 990-T, 47	720. or 6069), enter the tentative tax less any			
nonre	fundable credit	s See instructions			3a	\$	0.
h If this	application is	for Form 990-PE, 990-T, 4720, or 6	069. enter a	any refundable credits and estimated tax			
paym	ents made Inc	lude any prior year overpayment al	lowed as a	credit	3b		0.
c Ralan	ice due Subtra	ct line 3b from line 3a Include you	r navment v	with this form if required by using	S A C		
EFTP	S (Electronic F	ct line 3b from line 3a. Include you ederal Tax Payment System) See	instructions	i	- 3c	\$	0.
	you are going			s Form 8868, see Form 8453-EO and Fo			