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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)

OMB No 1545-0047

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

F	A Fo	or the 2	011 calendar year, or tax year beginning an	a enaing		
E	Ch ap	eck if plicable	C Name of organization		D Employer identifica	ation number
		Address change	OKLAHOMA SPEAKER'S BALL, INC			
		Name change	Doing Business As		20-20	18083
		initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
		Termin- ated	P.O. BOX 720308			250-9351
		Amended return			G Gross receipts \$	246,150.
		Applica-	OKLAHOMA CITY, OK 73172		H(a) Is this a group ret	
		ltion pending	F Name and address of principal officer.ROBERT G. MCCAMPBI	RT.T.	for affiliates?	Yes X No
				102	H(b) Are all affiliates inclu	
-					⊣ ''	ist (see instructions)
_) UI JZ	H(c) Group exemption	•
			www.okspeakersball.com Ganization: X Corporation Trust Association Other ▶	T. Van		State of legal domicile: OK
			garrization.	L Tea	OF TOT MALION. 2004 M	State of legal domicile. OR
L	Pa		Summary	DIIDDO	OF WIE COL	DOD A III TOM
	ĕ		refly describe the organization's mission or most significant activities: THE			RPORATION
	Governance	_	S TO ORGANIZE AND EXECUTE AN ANNUAL BA			
	L.	_	neck this box 🕨 📖 if the organization discontinued its operations or disp	osed of mo	1 1	sets
	١٥		umber of voting members of the governing body (Part VI, line 1a)		3	5
	æ		umber of independent voting members of the governing body (Part VI, line 1b)	4	4
3		5 To	otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
202	Activities	6 To	otal number of volunteers (estimate if necessary)		6	21
- -	Ę	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
∿ ∜ _	٦	b N	et unrelated business revenue from Part VIII, column (C), line 12		7b	0.
			I CEIVED		Prior Year	Current Year
į	6)	8 C	ontributions and grants (Part VIII, line 1h)		100,850.	246,150.
)	Revenue	9 P	rogram service revenue (Part VIII, line 2g) AUG 2 0 2012		0.	0.
))ve		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	œ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10g, and 14e)		0.	0.
3			otal revenue - add lines 8 through 11 (must equal Pair VIII, column (A), line 12	·	100,850.	246,150.
•	\dashv		rants and similar amounts paid (Part IX, column (A), lines 1-3)		11,900.	22,000.
)	}		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
,			alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	<i>"</i>	0.	0.
	Expenses			" <u></u>	0.	0.
	ē		rofessional fundraising fees (Part IX, column (A), line 11e)	0.	U +	
	X		otal fundraising expenses (Part IX, column (D), line 25)	- ' - -	149,151.	204,227.
	_		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	161,051.	226,227.
			otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
		19 R	evenue less expenses Subtract line 18 from line 12		<60,201.	> 19,923.
	Net Assets or Fund Balances			<u> </u>	eginning of Current Year	End of Year
	ssel 3ala		otal assets (Part X, line 16)	<u> </u>	17,606.	37,529.
:	ad A		otal liabilities (Part X, line 26)	-	0.	0.
:			et assets or fund balances Subtract line 21 from line 20		17,606.	37,529.
ļ		1	Signature Block			
			es of perjury, I declare that I have examined this return, including accompanying sched			/ knowledge and belief, it is
	true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of	which prepar	er has any knowledge.	
		<u> </u>				
	Sigr	n	Signature of officer		Date	
	Her	e	CHUCK THOMPSON, SECRETARY/TREASURER			
			Type or print name and title			
		- 1	Print/Type preparer's name Preparer's signature		Date Check	PTIN
	Paid		ENNIFER CARPENTER		self-employe	p00891586
			Firm's name EIDE BAILLY LLP		Firm's EIN	45-0250958
		<u> </u>	Firm's address 2402 WESTPORT DR	-		-
			NORMAN, OK 73069-6336		Phone no. 40	05-292-2900
	Ma.	the IR!	S discuss this return with the preparer shown above? (see instructions)		1	X Yes No
		01 01-23		ctions.		Form 990 (2011)
	1320	UT UT-23	12 Envir 101 rapel Work Incubout of Motification Jee the Separate institut			(=011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION,

		2018083	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
-	THE PURPOSE OF THE CORPORATION IS TO ORGANIZE AND EXECUTE A	N ANNUAL	
	BALL TO INAUGURATE THE CURRENT OKLAHOMA SPEAKER OF THE HOUS		
	CELEBRATE THE COMMENCEMENT OF THE OKLAHOMA LEGISLATIVE SESS		ΨO
	BENEFIT A WORTHY OKLAHOMA 501(C)(3) CHARITABLE ORGANIZATION		
_		•	
2	Did the organization undertake any significant program services during the year which were not listed on		(TP)
	the prior Form 990 or 990-EZ?	L Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	red by expenses	•
-	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a		
	others, the total expenses, and revenue, if any, for each program service reported		
4-	004 501	246	150.)
4a	(Code) (Expenses \$ 224,581. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$)		
			511
	987 PEOPLE TO INAUGURATE THE OKLAHOMA SPEAKER OF THE HOUSE		
	CELEBRATE THE UPCOMING LEGISLATIVE SESSION. AS PART OF THE	EVENT,	
	RAISED \$22,000 FOR AN OKLAHOMA CHARITABLE ORGANIZATION. BEG	AN	
	PREPARATIONS FOR A SIMILAR EVENT FOR 2012.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		<u>-</u>	
4c	(Code) (Expenses \$)
	Otto Control of Contro		
4d	Other program services (Describe in Schedule O.)	•	
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 224,581.		00 (===
		Form 9	90 (2011)

Part IV Checklist of Required Schedules

			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Letter an arrivation described in particip E01(a)(2) or 4047(a)(1) (ather then a project foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		х
^	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		_x_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ť	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		X
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		1	ļ
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	
d		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated limitation statements for the tax year incided a feetinest that assessed the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI, XII, and XIII	12a		х
b	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		1	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	 	X
17	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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		v
45	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,"	40		w
20 -	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	1	A
	ii 165 to line 200, dio the organization attach a copy of its addited infaliolal statements to this feture:			(2011)

Form 990 (2011) OKLAHOMA SPEAKER'S BALL, INC
Part IV Checklist of Required Schedules (continued)

		_		_
0.4	Did the assessment are separation of 5 000 of greats and other applicance to any application of a great are a separation in the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	04	x	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	22		X
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	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		х
^ 4-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	-	
24a	last day of the year, 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
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	245		
C	any tax-exempt bonds?	24c		
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
200	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			
	Schedule L, Part I	25b		Х
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
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			1
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			77
	contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>32</u>		
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	1	х
34	Was the organization related to any tax-exempt or taxable entity?		 	 -
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	5.00	35a	į	Х
b	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	35b	L	x
36	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		<u>L</u>
37	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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		1	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2011)

	990 (2011) OKLAHOMA SPEAKER'S BALL, INC 20-2018 (V Statements Regarding Other IRS Filings and Tax Compliance	103	Pa	<u>age 5</u>
Part	Check if Schedule O contains a response to any question in this Part V			
	Chock it Contout to Contains a response to any question in time, are t		Yes	No
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	- 1	103	100
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(gambling) winnings to prize winners?	1c		ĺ
	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		X
	If "Yes," enter the name of the foreign country	ļ		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
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?	5b		X
С	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_	X	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	}		İ
	were not tax deductible?	6b	X	<u> </u>
	Organizations that may receive deductible contributions under section 170(c).			
	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		↓
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		+
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		+
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		1
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a_		+-
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b_		+
10	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			1
	Gross income from members or shareholders Cross income from other courses (Do not not amounts due or paid to other sources against			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40-	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	120		+
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
а	Note. See the instructions for additional information the organization must report on Schedule O.		İ	1
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U	Enter the amount of food too diganization is required to maintain by the states in miles the	i	ı	1

14a

X

organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand

Form 990 (2011) OKLAHOMA SPEAKER'S BALL, INC 20-2018083 Page Part VI 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 C	See i	nstructions			
	Check if Schedule O contains a response to any question in this Part VI					X
Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		4	:	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	\neg		
_	officer, director, trustee, or key employee?	•	•	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		,	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
_	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
•	more members of the governing body?	• •		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
_	persons other than the governing body?		·	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:			
_	The governing body?	•	ū	8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Ī	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	rs, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	officts?	12b	ļ	X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," a	lescribe	ļ		
	ın Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approve	al by ı	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	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 arrange	ement v	with a			
	taxable entity during the year?			16a	<u> </u>	X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıd	on's			
	exempt status with respect to such arrangements?			16b		<u> </u>
Sec	tion C. Disclosure		 	·		
17	List the states with which a copy of this Form 990 is required to be filed ►OK			 		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	ı (Sec	tion 501(c)(3)s only	y) availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request	_			_	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest policy,	and fina	ncial	
	statements available to the public during the tax year		,			
20	State the name, physical address, and telephone number of the person who possesses the books at Tanana was a state of the person who possesses the books at tanana was a state of the person who possesses the books at tanana was a state of the person who possesses the books at tanana was a state of the person who possesses the books at tanana was a state of the person who possesses the books at tanana was a state of the person who possesses the books at tanana was a state of the person who possesses the books at tanana was a state of the person who possesses the books at tanana was a state of the person who possesses the books at tanana was a state of the person who possesses the books at tanana was a state of the person who possesses the books at tanana was a state of the person who possesses the books at tanana was a state of the person who possesses the books at tanana was a state of the person was a state of the	and red	cords of the organ	zation	-	
	LINDA K. HOLLMAN - (405)250-9351					
13200	7212 PHEASANT COVE, OKLAHOMA CITY, OK 73162					

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.

Check this box if neither the organiz (A)	(B)			(0)			(D)	(E)	(F)
Name and Title	Average			Posi	tıon			Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both ar			s boti	han	compensation	compensation	amount of	
	week	-	cer an	id a di	recto	r/trus	tee)	from	from related	other
	(describe	ector						the	organizations	compensation
	hours for	E	 83			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		g;	suadi		(W-2/1099-MISC)		organization
	organizations in Schedule	ual tr	lonal		ploye	e com				and related organizations
	O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) JESSICA BAKER			_		_	1 8				
DIRECTOR	0.50	X						0.	0.	0.
(2) JESSIE NEWELL										
DIRECTOR	0.50	X						0.	0.	0.
(3) CHUCK THOMPSON		•								
SECRETARY/TREASURER	0.50	_		X				0.	0.	0.
(4) LINDA K. HOLLMAN									_	_
DEPUTY TREASURER	7.00	<u> </u>	<u> </u>	X				10,380.	0.	0.
(5) MARIAN M. FREE									_	
EXECUTIVE BALL DIRECTOR	20.00	_		X				10,500.	0.	0.
(6) ROBERT G. MCCAMPBELL		ļ	ļ					_	_	
PRESIDENT	1.00	↓	<u> </u>	X		ļ.,	L	0.	0.	0.
(7) MARK LIOTTA										
VICE PRESIDENT	0.50		-	X	<u> </u>			0.	0.	0.
			ļ							
	-			<u> </u>						
		 								
						Ħ				
		Ť	T^{-}	† <u> </u>	_		_			
		L		L						
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		_	1	1	_	1	_			
		1	<u> </u>		<u> </u>			<u> </u>		2 000

	90 (2011)	OKLAHOMA												age 8
Part	VII Section A. (Officers, Directors, Tru	stees, Key Er	nplo	yee			ligh	est	Compensated Employ	ees (continued)			
	(A) Name ar	•	(B) Average hours per week	box offi	not ci	ss per	ntion more	than descriptions that the second sec	n an	(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) Estimated amount of other compensation from the organization and related organization	
			(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C) c		
		·												
	<u> </u>													
	<u></u>													
1b :	Sub-total	· · · · · · · · · · · · · · · · · · ·		<u> </u>					l	20,880.		0.		0.
d ·	Total (add lines 1b							>		20,880.		0.		0.
		dividuals (including but r	not limited to th	nose	e liste	ed a	bov	e) wi	no r	eceived more than \$100	J,000 of reportable		Yes	0 No
	_	n list any former officer, omplete Schedule J for s			e, ke	ey er	nplo	oyee	, or	highest compensated e	employee on	_3	3	х
;	and related organiz	isted on line 1a, is the sizations greater than \$15	0,000? If "Yes	, " cc	mpl	ete :	Sch	edul	e J	for such individual		4	1	Х
	• •	ed on line 1a receive or ganization? <i>If</i> "Yes," con at Contractors	-				-		elat	ted organization or indiv	ridual for services		5	х
1	Complete this table	e for your five highest co										pensatio	on from	
		(A) Name and business	address	N	ON	E				(B) Description of	services	Com	(C) pensati	on
	· · · · · · ·					_								
		<u> </u>												
														_
		dependent contractors ensation from the organ		not l	ımıte	ed to		ose li O	ste	d above) who received i	more than		000	1000
												Fo	rm 990	(2011)

Statement of Revenue Part VIII (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from tax under exempt function business sections 512, revenue revenue 513, or 514 Gifts, Grants lilar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues Fundraising events 10 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 246,150. similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f \$ 246,150. h Total. Add lines 1a-1f Business Code Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (II) Personal (ı) Real 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 246,150. Total revenue. See instructions. 132009 01-23-12 Form 990 (2011) Part IX 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)

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Grants and other assistance to governments and		expenses	general expenses	expenses
1	organizations in the United States. See Part IV, line 21	22,000.	22,000.		
2	Grants and other assistance to individuals in	22,000.	22,000.		
2	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the		İ		
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management	20,880.	20,880.		-
b	Legal				
С	Accounting	1,250.		1,250.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	400		120	
13	Office expenses	130.		130.	
14	Information technology				 -
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization				.
22	Insurance			-	
23 24	Other expenses. Itemize expenses not covered	=			
- 4	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		·		
а	DATE DADRAGE CAMEDIAC	61,566.	61,566.		
b	DALL BYDENIGE DECODAGE	46,786.	46,786.		
c	DALL EXPENSE PACIFICA	24,735.	24,735.		·
d	DALL DEDUNCE CHEEDWAT	21,126.	21,126.		
e	ATTENDED OF THE COLL OF	27,754.	27,488.	266.	
25	Total functional expenses Add lines 1 through 24e	226,227.	224,581.	1,646.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2011) .
Part X . Balance Sheet

	•				(A) Beginning of year		(B) End of year
1	 I	Cash - non-interest-bearing	_	-	17,606.	1	37,529.
2		Savings and temporary cash investments			<u> </u>	2	
3		Pledges and grants receivable, net				3	
4		Accounts receivable, net			4		
5		Receivables from current and former officers, dir	trustees kev			<u> </u>	
"		employees, and highest compensated employee					
		of Schedule L		5			
6		Receivables from other disqualified persons (as			·		
"		4958(f)(1)), persons described in section 4958(c)					
		employers and sponsoring organizations of sect					
				6			
۔ ا د		employees' beneficiary organizations (see instructions)	Ctions,			7	
7	_	Notes and loans receivable, net					· ·
· .	-	Inventories for sale or use				8	
9		Prepaid expenses and deferred charges	ı	!		9	
10		Land, buildings, and equipment: cost or other					
		basis Complete Part VI of Schedule D	10a				
		Less accumulated depreciation	10b			10c	
11		Investments - publicly traded securities				11	· · · · · · · · · · · · · · · · · · ·
12		Investments - other securities See Part IV, line 1				12	
13		Investments - program-related. See Part IV, line	11			13	
14		Intangible assets			14		
15		Other assets. See Part IV, line 11		15.606	15	25 500	
16	3	Total assets. Add lines 1 through 15 (must equa	34)	17,606.	16	37,529	
17	7	Accounts payable and accrued expenses			17		
18	3	Grants payable				18	
19	9	Deferred revenue				19	
20)	Tax-exempt bond liabilities		•		20	
ខ្ល 21		Escrow or custodial account liability. Complete F				21	
22	2	Payables to current and former officers, director				,	
21 22 22		highest compensated employees, and disqualified	ed per	sons Complete Part II			
-		of Schedule L				22	
23	3	Secured mortgages and notes payable to unrela	ited th	ırd parties		23	<u> </u>
24	4	Unsecured notes and loans payable to unrelated	d third	parties		24	
25	5	Other liabilities (including federal income tax, pages	yables	to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D .				25	· · · · · · · · · · · · · · · · · · ·
26	6	Total liabilities. Add lines 17 through 25		··	0.	26	0
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
S		lines 27 through 29, and lines 33 and 34.					
ğ 27	7	Unrestricted net assets			17,606.	27	37,529
28	8	Temporarily restricted net assets			28		
29	9	Permanently restricted net assets			29		
5		Organizations that do not follow SFAS 117, cl	heck l	nere 🕨 🔲 and			
5		complete lines 30 through 34.					
2 30	0	Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building, or ed	Juipme	ent fund		31	
Net Assets or Fund balances 22 23 23 23 23 23 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25		Retained earnings, endowment, accumulated in				32	
33		Total net assets or fund balances	,		17,606.	33	37,529
34		Total liabilities and net assets/fund balances			17,606.		37,529

Form 990 (2011)

orm	990 (2011) OKLAHOMA SPEAKER'S BALL, INC	<u> 20-20</u>	<u> 18083 </u>	<u>Pag</u>	<u>e 12</u>					
Pai	t XI. Reconciliation of Net Assets									
	Check if Schedule O contains a response to any question in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 1!</u>						
2										
3	10.0									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17	7,61	<u>06.</u>					
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.					
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	37	7 <u>,5</u> 2	<u> 29.</u>					
Pa	t XII Financial Statements and Reporting									
	Check if Schedule O contains a response to any question in this Part XII									
			<u></u>	Yes	No					
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		.							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>					
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,								
	review, or compilation of its financial statements and selection of an independent accountant?		_2c							
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch									
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a								
	separate basis, consolidated basis, or both:	•								
	Separate basis Consolidated basis Both consolidated and separate basis									
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt								
	Act and OMB Circular A-133?		3a		<u> </u>					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b							
			Form 9	9 90 (2011)					

Schedule I (Form 990) (2011) % X Employer identification number 20-2018083 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance FOR USE AS NEEDED Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 1 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 (g) Description of non-cash assistance (f) Method of valuation (book, EMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. BOOK Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. (d) Amount of cash grant 22,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable OKLAHOMA SPEAKER'S BALL 501(C)3 Enter total number of other organizations listed in the line 1 table 73-1226237 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization OKLAHOMA - 224 NW 10TH STREET BIG BROTHER BIG SISTERS OF or government OKLAHOMA CITY, OK 73103 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990) Part Part II

Page 2 (f) Description of non-cash assistance 20-2018083 (book, FMV, appraisal, other) I (Form 990) (2011) OKLAHOMA SPEAKER'S BALL, INC
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 Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2011) Part III

Schedule I (Form 990) (2011)

19

132102 01-27-12

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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.

2011
Open to Public Inspection

Name of the organization

OKLAHOMA SPEAKER'S BALL, INC

Employer identification number 20-2018083

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OKLAHOMA SPEAKER OF THE HOUSE; TO CELEBRATE THE COMMENCEMENT OF THE
OKLAHOMA LEGISLATIVE SESSION; AND TO BENEFIT A WORTHY OKLAHOMA
501(C)(3) CHARITABLE ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 1: THE TREASURER SERVES AS THE
PRESIDENT OF THE BANK IN WHICH THE ORGANIZATION DOES BUSINESS AND HOLDS ALL
FUNDS.
FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE CURRENTLY NO COMMITTEES
ABLE TO ACT ON BEHALF OF THE BOARD.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN
INDEPENDENT ACCOUNTING FIRM AND REVIEWED AT LEAST BY THE TREASURER AND
CHAIRMAN.
FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY COVERS ALL BOARD
MEMBERS AND EXECUTIVE DIRECTORS. CONFLICTS ARE REVIEWED AND DETERMINED BY
THE CHAIRMAN OF THE BOARD. IF THE CHAIRMAN HAS A CONFLICT, IT IS REVIEWED
AND DETERMINED BY THE REMAINING BOARD MEMBERS. A PERSON WITH A CONFLICT HAS
TO RECUSE HIM/HERSELF FROM ANY INVOLVEMENT WITH THAT PARTICULAR MATTER.
FORM 990, PART VI, SECTION B, LINE 15A: EXECUTIVE DIRECTOR IS THE ONLY
POSITION LISTED ABOVE FOR WHICH COMPENSATION IS RECEIVED. THE EXECUTIVE
DIRECTORS COMPENSATION IS REVIEWED AND APPROVED EACH YEAR BY THE BOARD OF
DIRECTORS. THE REVIEW INCLUDES THE CHAIRMAN OF THE BOARD COMPARING THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization OKLAHOMA SPEAKER'S BALL, INC	Employer identification number 20-2018083
EXECUTIVE DIRECTORS COMPENSATION TO OTHER SIMILAR ORGANI	ZATIONS IN
OKLAHOMA. THE REVIEW AND APPROVAL WAS LAST UNDERTAKEN I	N 2011.
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOC	UMENTS AND
CONFLICT OF INTEREST POLICY ARE PUBLICLY AVAILABLE UPON	REQUEST TO OKLAHOMA
SPEAKERS BALL, INC. FINANCIAL STATEMENTS ARE PUBLICLY FI	LED WITH THE
OKLAHOMA ETHICS COMMISSION AND ARE MADE AVAILABLE ONLINE	BY THE COMMISSION.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	ES:
BALL EXPENSE - CONSULTING:	
PROGRAM SERVICE EXPENSES	11,950
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	11,950
PRINTING AND MAILING:	
PROGRAM SERVICE EXPENSES	7,819
MANAGEMENT AND GENERAL EXPENSES	222
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	8,041
BALL EXPENSE - EVENT MISCELLANEOUS EXPENSES:	
PROGRAM SERVICE EXPENSES	4,490
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	4,490
BANKING:	
132212 01-23-12 Scho	edule O (Form 990 or 990-EZ) (2011

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization	Page 2 Employer identification number
OKLAHOMA SPEAKER'S BALL, INC	20-2018083
PROGRAM SERVICE EXPENSES	2,797.
MANAGEMENT AND GENERAL EXPENSES	44.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,841.
BALL EXPENSE - ONLINE REGISTRATION:	
PROGRAM SERVICE EXPENSES	432.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	432.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 27,754.
	_
	,
	
	V

Form **8868**

(Rev. January 2011)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

21(01)211101	Unite Service Trice Copie	ato appi	TOGETOR TOT OCCUPANT				
• If you	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		▶	X	
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).			
Do not c	omplete Part II unless you have already been granted a	in automa	tic 3-month extension on a previously fil	ed For	m 8868.		
	ic filing (e-file). You can electronically file Form 8868 if y						
	to file Form 990-T), or an additional (not automatic) 3-moi						
	ofile any of the forms listed in Part I or Part II with the exc						
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details on th	ne elec	tronic filing of this	form,	
visit www	virs gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed).		 _		
A corpor	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and com	plete		_	
Part I on	• • •				. •	· 🗀	
	corporations (including 1120-C filers), partnerships, REM ome tax returns	ICs, and t	rusts must use Form 7004 to request an	exten	sion of time		
Type or	Name of exempt organization			Empl	Employer identification number		
print	OKLAHOMA SPEAKER'S BALL, II	JC		2	0-2018083		
File by the	Number street and some surviva as 16 - D.O. hours		tions	L			
due date for filing your	P.O. BOX 720308	00 11.00.00					
return See instructions		oreign add	ress see instructions		· · · · · · · · · · · · · · · · · · ·		
	OKLAHOMA CITY, OK 73172	,, a.g., a.g.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 3	
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 99	0	01	Form 990-T (corporation)			07	
Form 99	D-BL	02	Form 1041-A			08	
Form 99	0-EZ	03	Form 4720			09	
Form 99	OPF	04	Form 5227		.,	10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	_		11	
Form 99	0-T (trust other than above)	06	Form 8870			12	
	LINDA K. HOLLM ooks are in the care of \triangleright 7212 PHEASANT (hone No. \triangleright (405)250-9351		- OKLAHOMA CITY, OK FAX No. ▶	731	62		
	organization does not have an office or place of business		•		▶	· 🗀	
If this	is for a Group Return, enter the organization's four digit		· · · · · · · · · · · · · · · · · · ·				
box 🕨	If it is for part of the group, check this box	and atta	ch a list with the names and EINs of all	memb	ers the extension is	for.	
1 ire	equest an automatic 3-month (6 months for a corporation <u>AUGUST 15, 2011</u> , to file the exemp	•	to file Form 990-T) extension of time unt tion return for the organization named a		The extension		
	for the organization's return for						
>	X calendar year 2010 or						
>	tax year beginning	, an	d ending		_ ·		
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on Initial return Fina	il retur	n		
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
nonrefundable credits. See instructions.					0.		
b If t	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and				
_	timated tax payments made. Include any pnor year overp			3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa	•	•			^	
	using EFTPS (Electronic Federal Tax Payment System).			3c	50 (0.	
Caution	. If you are going to make an electronic fund withdrawal v	vith this F	orm 8868, see Form 8453-EO and Form	<u>88/9∙</u>	EU for payment ins	tructions.	

Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No 1545-1709

 $\triangleright \mathbf{X}$

Form 8868 (Rev. 1-2012)

• If yo	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	his form).	•		
Do по	t complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	orm 8868.		
Electr	onic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6 months for a corp	ooration	
require	ed to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 8	868 to request an	extension	
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	ransfers.	Associated With Co	ertain	
Persor	nal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	n the elec	ctronic filing of this	form,	
visit w	ww irs gov/efile and click on e-file for Chanties & Nonprofits		,		_		
Parl			submit original (no copies ne	eded).			
	oration required to file Form 990-T and requesting an autor						
Part I				•	b	• 🗆	
	er corporations (including 1120-C filers), partnerships, REM	ICs. and t	rusts must use Form 7004 to reques	t an exter	asion of time	_	
	ncome tax returns.	,					
Туре	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification num	nber (EIN) or	
	print					modulon nambor (Emy or	
Pinic						-2018083	
File by t	ne Name to a standard and the D.O. have a		tions		ecurity number (SS		
due date					INJ		
return S	See 1.0. DOX 720300						
ınstructı		reign add	ress, see instructions				
	OKLAHOMA CITY, OK 73172				 		
						0 1	
Enter	he Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
		I	I			T <u> </u>	
Applic	ation	Return	Application			Return	
Is For		Code	Is For			Code	
Form 9	990	01	Form 990-T (corporation)			07	
Form 9	990-BL	02	Form 1041-A			08	
Form 9	990-EZ	01	Form 4720			09	
Form 9	990-PF	04	Form 5227			10	
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	990-T (trust other than above)	06	Form 8870			12	
	LINDA K. HOLLM	AN					
• The	books are in the care of \triangleright 7212 PHEASANT (COVE	 OKLAHOMA CITY, O 	K 731	.62		
Tel	ephone No ► <u>(405)250-9351</u>		FAX No ▶				
• If ti	ne organization does not have an office or place of business	s in the Ur	nited States, check this box)	▶ □	
• If ti	nis is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is fo	or the whole group,	check this	
box D		•	- · · · · · · · · · · · · · · · · · · ·				
1	request an automatic 3-month (6 months for a corporation						
			tion return for the organization name		. The extension		
	s for the organization's return for	Ū	Č				
	►X calendar year 2011 or						
	tax year beginning	. an	nd ending				
		, ,					
2	If the tax year entered in line 1 is for less than 12 months, o	heck reas	on Initial return	Fınal retu	m		
-	Change in accounting period						
	Change in accounting period						
	If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or soso	inter the tentative tax loss and		T		
		o, 0009, e	inter the terriative tax, less arry	3-		0	
	nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				\$	0.	
						^	
	estimated tax payments made. Include any prior year overp			3b	\$	0.	
	Balance due. Subtract line 3b from line 3a Include your pa	-				•	
	by using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.	
Cauti	on. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and F	orm 8879	-EO for payment in:	structions.	

LHA

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