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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code**  
**(except black lung benefit trust or private foundation)**

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990.  
 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.  
 ► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2007

Open to Public  
Inspection

, 20

A For the 2007 calendar year, or tax year beginning

, 2007, and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type  
See Specific Instructions

C Name of organization, number and street, city, town, state, and ZIP code  
 Sara McLean Foundation  
 14300 N May Apt 13103  
 Oklahoma City OK 73134-

D Employer identification number

26-1077197

E Telephone number  
405-503-8427F Group Exemption  
Number ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
 Other (specify) ►

I Website: ►

J Organization type (check only one)  501(c)(3) (insert no) 4947(a)(1) or 527

H Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

K Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ► \$ 6,140.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions)

1 Contributions, gifts, grants, and similar amounts received	1	6,140.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	
5 a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule)	5c	
6 Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>		
a Gross revenue (not including \$ of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b	1,371.
c Net income or (loss) from special events and activities Subtract line 6b from line 6a	6c	(1,371.)
7 a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a	7c	
8 Other revenue (describe ► C)	8	
9 Total revenue Add lines 1 2 3 4 5c 6c 7c and 8	9	4,769.
10 Grants and similar amounts paid (attach schedule)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe ► )	16	
17 Total expenses Add lines 10 through 16	17	
18 Excess or (deficit) for the year Subtract line 17 from line 9	18	4,769.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	4,769.

**Part II Balance Sheets** - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	
23 Land and buildings	23	
24 Other assets (describe ► )	24	
25 Total assets	25	
26 Total liabilities (describe ► )	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2007)

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions)			<b>Expenses</b> (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <u>To Increase Awareness/Education</u>				
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title				
28. Increase awareness and education for early detection of cancer				
(Grants \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>			28a 1,371.	
29				
(Grants \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>			29a	
30				
(Grants \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>			30a	
31 Other program services (attach schedule)	(Grants \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>			31a	
32 Total program service expenses (add lines 28a through 31a)			32 1,371.	
<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated) See the instr.)				
(A) Name and address	(B) Title & average hours per week devoted to position	(C) Compensation (If not paid, enter -0-) <input type="checkbox"/>	(D) Contributions to employee benefit plans & deferred comp <input type="checkbox"/>	(E) Expense account and other allowances <input type="checkbox"/>
Sara McLean 14300 N May Ave Apt	President 15	0		
Stephen McLean 14300 N May Ave	Secretary 2	0		
<b>Part V Other Information</b> (Note the statement requirement in General Instruction V)				Yes <input type="checkbox"/> No <input type="checkbox"/>
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change				33 X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes				34 X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?				35a X
b If "Yes," has it filed a tax return on Form 990-T for this year?				35b
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement				36 X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <input type="checkbox"/> 37a 0				37b
b Did the organization file Form 1120-POL for this year?				
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?				38a X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved <input type="checkbox"/> 38b				
39 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on line 9				39a
b Gross receipts, included on line 9, for public use of club facilities				39b

**Part V Other Information** (Note the statement requirement in General Instruction V) (Continued)

40 a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911►	section 4912►	section 4955►	Yes	No
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	<input checked="" type="checkbox"/> 40b <input type="checkbox"/>			
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<input type="checkbox"/>			
d	Enter amount of tax on line 40c reimbursed by the organization	<input type="checkbox"/>			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<input type="checkbox"/> 40e <input checked="" type="checkbox"/>			
41	List the states with which a copy of this return is filed. ► OK				
42a	The books are in care of ► Sara McLean	Telephone no ► 405-503-8427			
	Located at ► 14300 N May Oklahoma City, OK	ZIP + 4 ► 73134-			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<input checked="" type="checkbox"/> 42b <input type="checkbox"/>			
	If "Yes," enter the name of the foreign country ►	<input type="checkbox"/>			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1.				
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<input checked="" type="checkbox"/> 42c <input type="checkbox"/>			
If "Yes," enter the name of the foreign country ►					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.....	► <input type="checkbox"/> 43			

<b>Please Sign Here</b>	<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.</p> <p>► Signature of officer Sarah McLean President</p> <p>Type or print name and title</p>				
<b>Paid Preparer's Use Only</b>	<p>Preparer's signature ► <i>Synne Van Blakes CPT</i></p> <p>Date <i>3.26.08</i></p> <p>Check if self-employed ► <input type="checkbox"/></p>	<p>Preparer's SSN or PTIN (See Gen. Inst.) X <i>P00250981</i></p>			
	<p>Firm's name (or yours if self-employed), address, and ZIP + 4 ► <i>Van Blakes Inc 3300 NW 23 OKC, OK 73107</i></p>	<p>EIN ► <i>73.122.004</i></p>	<p>Phone no ► <i>405.947.4737</i></p>		

Form 990-EZ (2007)

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information - (See separate instructions.)**

OMB No 1545-0047

**2007**

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

Sara McLean Foundation

Employer identification number

26-1077197

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000. . . . . ►				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services . . . . . ►		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of other contractors receiving over \$50,000 for other services . . . . . ►		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

<b>Part III Statements About Activities</b> (See the instructions)		<b>Yes</b>	<b>No</b>
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) .....	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
2a	a Sale, exchange, or leasing of property? .....		X
2b	b Lending of money or other extension of credit? .....		X
2c	c Furnishing of goods, services, or facilities? .....		X
2d	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....		X
2e	e Transfer of any part of its income or assets? .....		X
3a	3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) .....		X
3b	b Did the organization have a section 403(b) annuity plan for its employees? .....		X
3c	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....		X
3d	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....		X
4a	4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....		X
4b	b Did the organization make any taxable distributions under section 4966? .....		
4c	c Did the organization make a distribution to a donor, donor advisor, or related person? .....		
d	d Enter the total number of donor advised funds owned at the end of the tax year .....	►	
e	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	►	
f	f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....	►	1
g	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year .....	►	4,769.

**Part IV      Reason for Non-Private Foundation Status (See the instructions )**

I certify that the organization is not a private foundation because it is (Please check only ONE applicable box)

5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6  A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )

11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )

12  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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A )

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations.(See the instructions )**

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's gover- ning documents?	(e) Amount of support
<b>Total</b>				

14  An organization organized and operated to test for public safety Section 509(a)(4) (See the instructions )

**Lobbying Expenditures by Electing Public Charities (See the instructions)**

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ► a if the organization belongs to an affiliated group Check ► b if you checked "a" and "limited control" provisions apply

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount ..					
46 Lobbying ceiling amount (150% of line 45(e)) ..	***	***	***	***	
47 Total lobbying expenditures ..					
48 Grassroots nontaxable amount ..					
49 Grassroots ceiling amount (150% of line 48(e)) ..	***	***	***	***	
50 Grassroots lobbying expenditures ..					

## Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers .....
- b Paid staff or management (Include compensation in expenses reported on lines through h.) .....
- c Media advertisements .....
- d Mailings to members, legislators, or the public .....
- e Publications, or published or broadcast statements .....
- f Grants to other organizations for lobbying purposes .....
- g Direct contact with legislators, their staffs, government officials, or a legislative body .....
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....
- i Total lobbying expenditures (Add lines a through h.) .....

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

m4-5

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See the instructions )**

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**4 Transfers from the reporting organization to a noncharitable exempt organization or**

**(i) Cash**

(ii) Other

### Other transaction

**b Other transactions**

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Purchases of assets from a noncharitable exempt organization.

**(iii) Rental of facilities, equipment, or other assets**

**(iv) Reimbursement arrangements . . .**

**(v) Loans or loan guarantees**

**(vi) Performance of services or membership or fundraising solicitations**

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in

section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule