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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) Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

20089

Open to Public Inspection

АІ	or the	zuus caiend	ar year	, or tax year beginning $\exists u \perp y \perp$	Julie 30	,	, 20 0 9
_	Check if ap	•	Please	C Name of organization			tification number
=	Address ch	-	use IRS label or	Catoosa Education Foundation, Inc.	73-14	<u>5673</u>	8
=	Name char	•	print or	Number and street (or P O box, if mail is not delivered to street address) Room/	/suite E Teleph	one nun	nber
=	Initial retur Terminatio		type. See	2738 E. 51st Street 370	1		
=	Amended a		Specific	City or town, state or country, and ZIP + 4	F Group	Exempt	ion
=	Application		Instruc- tions.	Tulsa, OK 74105		er	>
	Section	on 501(c)(3)		1 27 2	Accounting met Other (specify)		X Cash ☐ Accrual
				н	Check ▶ 🔯	ıf the or	ganization is not
1 7	Websit	e: 🕨			•		dule B (Form 990,
<u>J</u>	Organiz	ation type (d	heck o	nly one) – 🔀 501(c) (3) ◀ (insert no) 🔲 4947(a)(1) or 🔲 527	990-EZ, or 990-	·PF).	
K	Check ► not requi	If the orgined, but if the	janizatio e organi	on is not a section 509(a)(3) supporting organization and its gross receipts are zation chooses to file a return, be sure to file a complete return	re normally not r	nore tha	n \$25,000 A return is
L	Add lines	5b, 6b, and	7b, to lir	e 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of	Form 990-EZ	▶ \$	18,420
Pa	art I	Revenue,	Expe	nses, and Changes in Net Assets or Fund Balances (See	the instructi	ons fo	r Part I.)
	1			, grants, and similar amounts received		1	1,880
	2		_	revenue including government fees and contracts		2	
	3	•		and assessments A		3	
	4			e		4	3,215
	5a			m sale of assets other than inventory			
	b			r basis and sales expenses		a	
	C			sale of assets other than inventory (Subtract line 5b from line 5a) (attack	h schedule)	5c	0
ē	6			vities (complete applicable or schedule G). If any amount is from gaming, check his			
. E		Gross rove	o anu aci	ot_including & 1.			
& ₩ F.Y	a				13,325		
⊗ ₩		reported or		nses other than fundraising expenses 6b	1,175		
<u></u>	b					6c	12,150
D ⊃	_ C			ss) from special events and activities (Subtract line 6b from line 6a	υ · · · ·	80	12,130
2	7a			ventory, less returns and allowances		l	
	b	Less: cost				_	0
急	С	•	-	, , , , , , , , , , , , , , , , , , , ,		7c	
3	8	Other reve			,	8	17 245
CANNED	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	17,245
92	10			r amounts paid (attach schedule)		10	9,680
	11	•		or for members		11	
es	12	Salaries, o	ther co	empensation, and employee benefits		12	
benses	13			and other payments to independent contractors		13	
<u>g</u>	14			utilities, and maintenance		14	
X	15	Printing, p	ublicati	ons, postage, and shipping		15	276
	16	Other expe	enses	describe >)	16	
	17	Total expe	enses.	Add lines 10 through 16		17	9,956
	18	Excess or	(defici) for the year (Subtract line 17 from line 9)		18	7,289
Assets	19	Net assets	or fu	nd balances at beginning of year (from line 27, column (A)) (mus	st agree with		
Ą				e reported on prior year's return)		19	73,391
Net ,	20			net assets or fund balances (attach explanation)		20	
Z	21			d balances at end of year Combine lines 18 through 20		21	80,680
Р	art II	Balance	Sheet	s. If Total assets on line 25, column (B) are \$2,500,000 or more, fi	ile Form 990 i	nstead	of Form 990-EZ.
					(A) Beginning of y		(B) End of year
22	2 Cas	h, savings,			73,3	91 22	80,680
2		d and buildi				23	
2		er assets (d	•			24	
2					73,3	91 25	80,680
20		ıl liabilities				26	
2	7 Net	assets or	fund b	alances (line 27 of column (B) must agree with line 21)	73,3	91 27	
				ork Reduction Act Notice, see the Instruction for Form 990.			Form 990-EZ (2008)
Δ		•			lack	`	T N

1 OIII 330-LZ (Z008)					Page 4
Part III Statement of Program Service Accord	nplishments (See the inst	ructions for Part	III)		Expenses
What is the organization's primary exempt purpose?	Support Catoosa	Public Sch	റവിട	(Red	uired for 501(c)(3)
Describe what was achieved in carrying out the organi	ration's exempt purposes. In	a clear and concis	se manner	and	(4) organizations 4947(a)(1) trusts,
describe the services provided, the number of persons be	enefited, or other relevant info	rmation for each pro	ogram title.	optio	onal for others)
28 Grants awarded to teachers w					
20 STATES ANALAGA CO COAGHOLS W.					
(Compt. 6)	Lada - Caralan - anada - ahaal			00	9,956
(Grants \$ 9,680) If this amount inc				28a	9,930
29					
(Grants \$) If this amount inc	ludes foreign grants, check	<u>here</u>	. ▶ □	29a	
30					
(Grants \$) If this amount inc	ludes foreign grants, check	here	. ▶ □	30a	
(Grants \$) If this amount inc				31a	
32 Total program service expenses (add lines 28a	through 31a)		>	32	9,956
Part IV List of Officers, Directors, Trustees, and Ke	Fmplovees List each one eve	en if not compensate	d (See the ins		
List of Officers, Directors, Hadices, and Ne	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
(a) Name and address	hours per week	(If not paid.	employee benefit	plans &	account and
Dames Ob sub-sus	devoted to position	enter -0)	deferred compe	nsation	other allowances
Penny Chambers	President			^	
Catoosa, OK	2	0		0	0
Jeff Conklin	Treasurer	_		_	
Catoosa, OK	0	0		0	0
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			ļ		
	<u> </u>		<u> </u>		
	 				
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Par	Other Information (Note the statement requirements in the instructions for Part VI.)		V	- N -
			res	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Х
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		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	 		
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		Х
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," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0			
	Did the organization file Form 1120-POL for this year?	37b		Χ
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? f "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	-,	X
	Section 501(c)(7) organizations. Enter:	1	ø	
	Initiation fees and capital contributions included on line 9			j 20
	Gross receipts, included on line 9, for public use of club facilities		, t	, "r
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		,	
h	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction		hi	
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L. Part I	40b		X
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	·	* ' *	1 500,
di	En ter amount of tax on line 40c reimbursed by the organization	<i>! !</i>		1~1
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	} <i>″</i> 40e	5	X
41	List the states with which a copy of this return is filed. ▶ Oklahoma			
	The books are in care of \blacktriangleright Jeff Conklin Telephone no. \blacktriangleright 918-Located at \blacktriangleright 2738 E. 51st Street Tulsa, OK ZIP + 4 \blacktriangleright 7410		-09	21
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	Yes	No X
	account)?		_	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	,		
_		42c		X
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	1420	L	٠. ٦
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	•	•	▶ L
			(V	TNI
			res	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	-		X
	Form 990-EZ	44		┼^
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	AE		X
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	<u> </u>	

Form 99	90-EZ (2008)						Р	age 4
Part	VI Section 501(c)(3) organizations only and complete the tables for lines 50 ar		3) organiza	tions mu	st answer questi			
	Did the organization engage in direct or indirect p		ities on beh	alf of or i	n opposition to		Yes	
	candidates for public office? If "Yes," complete Sc					46 47		X
	id the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							X
	the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.							X
	Did the organization make any transfers to an ex					49a 49b		
	f "Yes," was the related organization(s) a section							
	Complete this table for the five highest compensa each received more than \$100,000 of compensati					employ	ees) '	wno
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Con	pensation	(d) Contributions to employee benefit plans & deferred compensation		xpens unt an illowan	d
None	e							
		-						
	number of other employees paid over \$100,000		-		_	_		
	Complete this table for the five highest compensa compensation from the organization. If there is no		ctors who e	ach recei	ved more than \$10	0,000 c	of	
	(a) Name and address of each independent contractor p	oald more than \$100,000		(b) Ty	pe of service	(c) Com	pensa	tion
Non	e							
			_					
			-					
						-		
Total	number of other independent contractors each re	ceiving over \$100,000	▶					
	Under penalties of perjury, I declare that I have exam and belief, it is true, correct, and complete Declarate	ined this return, including action of preparer (other than c	companying scl fficer) is based	nedules and on all infor	statements, and to the nation of which prepare	best of m er has an	y knov y knov	vledge vledge
Sign	A Calli				9-7-10			
Here					Date			
	Jeff Conklin - Treasure Type or print name and title	er						
Paid	Preparer's	Dat	e	Check if self-	Preparer's Identifying	Number (S	See instr	ructions)
Prepa	signature			employed	<u>- 🗆 </u>			
Use C	Firm S name (or yours N				EIN ►			
	address, and ZIP + 4				Phone no 🕨			
May 1	the IRS discuss this return with the preparer show	n above? See instruct	ions	· · ·	<u></u>	_	es [<u> No</u>
					E	orm 99 (u-EZ	(2008)

Conklin Gilpin Wertz, PLLC

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047

	nonexempt charitable trusts. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.			
	Employer Id	entification number		
Foundation, Inc.	73-1456	73-1456738		
	ist complete this part.) (see in	nstructions)		
on of churches, or association of churches desc in section 170(b)(1)(A)(ii). (Attach Schedule E perative hospital service organization described	ribed in section 170(b)(1)(A)(i). .) In section 170(b)(1)(A)(III). (Att	ach Schedule H.)		
	Foundation, Inc. ublic Charity Status (All organizations muvate foundation because it is: (Please check only on of churches, or association of churches described in section 170(b)(1)(A)(II). (Attach Schedule Experative hospital service organization described	Employer Id		

A church, convention of churches, or association of churches described in section A school described in section 170(b)(1)(A)(II). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 17 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the banefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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. d

Type III-Other c Type III-Functionally integrated a 🔲 Type I b Type II e X 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the ġ following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) X 11g(1) and (iil) below, the governing body of the supported organization? Х 11g(li) (ii) A femlly member of a person described in (i) above? (iii) **119** (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. (vil) Amount of (I) Name of supported (III) Type of organization (lv) is the organization (v) Did you notify (vi) is the (described on lines 1-9 in col. (I) listed in your the organization in organization in col. support organization governing document? col (i) of your (I) organized in the above or IRC section (see instructions) support? U.S.? Yes Nο Yes No Yes No Public School Catoosa Publi 9,680 Х X 73-0726063 line 7 Х Schools

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule A (Form 990 or 980-EZ) 2008

9,680

Total

_	Support Schedule for Org (Complete only if you check	anizations (Described in on line 5, 7, c	Sections 17 or 8 of Part I.	70(b)(1)(A)(iv)) and 170(b)	(1)(A)(vi)
Sec	tion A. Public Support		· · · · · · · · ·				
	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Grits, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	· · · · · · · · · · · · · · · · · · ·					
4	Total. Add lines 1-3	(National States a law engages	Grandiniania di Maria da Cara	marani ana ar ing amendahaning/f	THE PRODUCTION OF THE COM	Parting our proposition	
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)						
6	Public support. Subtract line 5 from line 4.	点を記るのでは		制制的物质的	間交換時中面以此	I CHE MET HE MET H	·
	tion B. Total Support						
Ca	endar year (or fiscal year beginning in) 🛌	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						<u></u> _
10	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						·=
11	Total support. Add lines 7 through 10 .	经的特别的			PERSONAL PROPERTY.	田院神中成組織	
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for organization, check this box and stop he						
<u>Sec</u>	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2008 (line 6	5, celumn (f) di	vided by line 11	, column (f))		14	
16	Public support percentage from 2007 Sch	edule A. Part I	V-A, line 26f			15	%
16a	331/1% support test—2008. If the organization qualifies	zation did not o as a publicly s	check the box of supported organ	n line 13, and sizetion	line 14 is 33% ⁴	% or more, che	▶ [
	33%% support test—2007. If the organization quality box and stop here. The organization quality	lifies as a publ	icly supported o	irganization.			▶ [
17a	10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circums"	acts-and-circun	nstances" test, o	theck this box a	and stop here.	Explain in Part	V how the
b 18	10%-facts-and-circumstances test—2007. more, and if the organization meets the "forganization meets the "facts-and-circumstant Private foundation. If the organization did	acts-and-circum ices" test. The c	stances" test, c irganization quali	heck this box a fies as a publicly	ind stop here. y supported orga	Explain in Part in Inization	V how the

Schedule A (Form 990 or 990-EZ) 2008

Paga 3 Schedule A (Form 990 or 900-EZ) 2008 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) > (a) 2004(b) 2005 (c) 2006 (d) 2007 (e) 200B (f) Total grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 . . . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . Total. Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar yoar (or fiscal year beginning in) > (a) 2004 (b) 2005 Amounts from line 6 . . . 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 . . . c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other Income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, 。 【1000年的1904年1904日 1904年1904年1904日 1904年1904日 1904年1904日 1904年1904日 1904年1904日 1904年1904日 1904年1904日 1904年1904日 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f) . . . 15 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). 18 Investment Income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 331/3% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 33%%, check this box and stop hore. The organization qualifies as a publicly supported organization 🕨 🗀 331/4% support tests-2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 🕒 🗌 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 🕨 🗌

	orm 990 or 990-EZ) 2008 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
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Catoosa Education Foundation, Inc. Schedule of Grants Awards FYE June 30, 2009

Catoosa Public Schools

February 9, 2009

9,680