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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2008Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

Open to Public Inspection

For the 2008 calendar year, or tax year beginning Aug 1, 2008, and ending Jul 31, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OSCAR N. JONAS MEMORIAL FOUNDATION, INC. Number and street (or P.O. box if mail is not delivered to street addr) Room/suite P.O. BOX 1008 City, town or country State ZIP code + 4 DALTON GA 30721-1008	D Employer Identification Number 23-7098144
		E Telephone number (404) 355-4306
		G Gross receipts \$ 26,048.
		F Name and address of principal officer JOHN A. SHAHEEN 255 KRAFT DR. DALTON GA 30721
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)
J Website: N/A		H(c) Group exemption number
K Type of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of Formation 1968 M State of legal domicile GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BRING VISUAL AND PERFORMING ARTISTS TO THE PUBLIC SCHOOLS OF DALTON, GA, WHITEFIELD COUNTY, GA AND MURRAY COUNTY, GA PUBLIC SCHOOLS.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 22
	5 Total number of employees (Part V, line 2a)	5 0
	6 Total number of volunteers (estimate if necessary)	6 0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 28,950. Current Year 26,000.
	9 Program service revenue (Part VIII, line 2g)	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,170. 48.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,120. 26,048.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,655. 26,155.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) 0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	30. 30.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	26,685. 26,185.
19 Revenue less expenses - Subtract line 18 from line 12	8,435. -137.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 100,098. End of Year 72,901.
	21 Total liabilities (Part X, line 25)	
	22 Net assets or fund balances - Subtract line 21 from line 20	100,098. 72,901.

Part II Signature Block

Sign Here	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 knowledge.	
	Signature of officer JOHN A. SHAHEEN, President	Date 12/11/09
Paid Preparer's Use Only	Preparer's signature Joe Goodson, CPA	Date 12/11/09
	Firm's name (or yours if self-employed), address, and ZIP + 4 JOE GOODSON, P.C. 255 KRAFT DRIVE DALTON GA 30721-1502	Check if self-employed <input type="checkbox"/>
	EIN	Preparer's identifying number (see instructions)
	Phone no	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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

TEEA0101 04/23/09 Form 990 (2008)

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	26,625.	27,825.	28,650.	28,950.	26,000.	138,050.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	26,625.	27,825.	28,650.	28,950.	26,000.	138,050.
7a Amounts included on lines 1, 2, 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						
8 Public support. (Subtract line 7c from line 6.)						138,050.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	26,625.	27,825.	28,650.	28,950.	26,000.	138,050.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,562.	3,670.	3,775.	6,170.	48.	17,225.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,562.	3,670.	3,775.	6,170.	48.	17,225.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						155,275.
14 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) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	88.91 %
16 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))	17	11.09 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☒

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐