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Form **990-EZ**

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)

OMB No 1545-1150

Open to Public

Form **990-EZ** (2008

Department of the Treasury Internal Revenue Service

Sponsoring 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.

For the 2008 calendar year, or tax year beginning 2008 SEP and ending 2009 AUG 31, C Name of organization D Employer identification number Please]Address change use IRS label or]Name print or TULSA COUNTY BAR ASSOCIATION, INC. 73-1238391 type Initial return E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Specific Termin-1446 SOUTH BOSTON 918-584-5243 Instruc-Amended City or town, state or country, and ZIP + 4 F Group Exemption Application TULSA, OK 74119 Number > Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: [Cash X Accrual Schedule A (Form 990 or 990-EZ). Other (specify) H Check X if the organization is not Website: WWW.TULSABAR.COM Organization type (check only one) X = 501(c) (6) (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ or 990-PF) Check Lift 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. 558,687. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 1 221,333. 2 2 Program service revenue including government fees and contracts 302,700. 3 Membership dues and assessments 3 35,347. Investment income 4 5a 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 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here of contributions a Gross revenue (not including \$ reported on line 1) 6a b Less: direct expenses other than fundraising expenses 6b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances 7a 7b b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c -693. Other revenue (describe TULSA LAWYER PUBLICATION 8 558,687. Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Grants and similar amount to the tatlaches ledule) 10 11 Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent 325,253. 12 12 1,445. 13 contractors 55,776. Occupancy, reht, utilities, and maintenance 14 14 1,448. 15 15 Printing, publications, postage, and shipping Other expenses (describe SEE STATEMENT 118,112. 16 16 502,034. 17 17 Total expenses. Add lines 10 through 16 56,653. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 233,382. (must agree with end-of-year figure reported on prior year's return) 19 -26,155. SEE STATEMENT 20 Other changes in net assets or fund balances (attach explanation) 20 263,880. Net assets or fund balances at end of year. Combine lines 18 through 20 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 427,477. 396,157. 22 Cash, savings, and investments 22 Land and buildings 23 3,109. $3,\overline{262}$. SEE STATEMENT 2) Other assets (describe 24 $399,\overline{419}$ 430,586. 25 25 Total assets 166,706. 166,037. Total liabilities (describe SEE STATEMENT 26 233,382. 263,880. Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 832171 12-17-08

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

	m 990-EZ (2008) TULSA COUNTY BAR ASSOCIA			73-	12383	91 Page 2
P	art III Statement of Program Service Accomplishme	ents (See the instructions for	Part III.)			xpenses
Wh	at is the organization's primary exempt purpose?PROFESSIONAL	DEVELOPMENT OF	ATTORNEY	S	(Required	for 501(c)(3)
Des	scribe what was achieved in carrying out the organization's exempt purposes. It vided, the number of persons benefited, or other relevant information for each	n a clear and concise manner, d	escribe the services		and (4) or 4947(a)(1 for others	ganizations and) trusts; optional
28	SEE STATEMENT 7	program this.			101 0111013	•,
20					[[
		· · · · · · · · · · · · · · · · · · ·				
	(Grants \$) If this amount includes foreign	grants check here			28a	
29	Taranto Trans amount mode of foreign	granto, orrook noro			1204	
					1 1	
	(Grants \$) If this amount includes foreign	grants check here			29a	
30	The this amount modes foreign	giario, cricon ricro			120	
-						
						
	(Grants \$) If this amount includes foreign	grants check here		_	30a	
31	Other program services (attach schedule)	giants, check here			1004	 -
01	,	aranta abaak bara	_		31a	
22	(Grants \$) If this amount includes foreign Total program service expenses (add lines 28a through 31a)	grams, check here		느	32	
_	art IV List of Officers, Directors, Trustees, and Key	Employees		(04		In Deat N/
	art IV List of Officers, Directors, Trustees, and Key	Litipioyees. List each one e	ven it not compensated		instructions	
		(b) Title and average hours	(c) Compensation		mployee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred	other allowances
	OWIDD DIMINI	DDEGIDEN		com	pensation	-
	CONARD PATAKI	PRESIDENT			^	,
	146 S. BOSTON AVE, TULSA, OK 74119	0.00	0.		0.	0.
_	AUL BRUNTON	VICE PRESIDEN	1			
	46 S. BOSTON AVE, TULSA, OK 74119	0.00	0.		0.	0.
	ARLENE CRUTCHFIELD	SECRETARY			_	
	46 S. BOSTON AVE, TULSA, OK 74119	0.00	0.		<u> </u>	0.
	JLIE EVANS	TREASURER	_			_
14	146 S. BOSTON AVE, TULSA, OK 74119	0.00	0.		0.	0.
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Form **990-EZ** (2008)

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P	art V Other Information (Note the statement requirements in the instructions for Part VI)			<u> </u>
			Yes	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		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		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.	}		l
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	N/	A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37ь		Х
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," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9]		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A]		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright N/A; section 4912 \blacktriangleright N/A; section 4955 \blacktriangleright N/A	1		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or	1 1		
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/	<u> </u>
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958		i Í	
	Enter amount of tax on line 40c reimbursed by the organization			
е	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	_40e		X
41	List the states with which a copy of this return is filed. OK	4	212	
42 a	The books are in care of ► TULSA COUNTY BAR ASSOCIATION Telephone no. ► 918-58			
_		411	9	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	V1	- NI -
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	$\overline{}$	Yes	No X
	account)?	42b	\vdash	
	If "Yes," enter the name of the foreign country:			
-	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c		X
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420		
40	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	NT / Z		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		1	Yes	Nο
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	\vdash	169	140
44		44		X
45	Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	"" 		
45	completed instead of Form 990-EZ	45		X
_		Form 9	90-F7 /	
		0		,

Form 990-EZ (2008) TULSA COUNTY BAR ASSOCIATION, 73-1238391 Page 4 Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public Yes No office? If "Yes," complete Schedule C, Part I 46 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization(s) a section 527 organization? 49b Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None," (D) Contributions (b) Title and average hours (c) Compensation (E) Expense to employee (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position other allowances deferred N/A compensation Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A (b) Type of service (a) Name and address of each independent contractor paid more than \$100,000 (c) Compensation Total number of other independent contractors each receiving over \$100,000 iry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign 2009 Here Paid Preparer's signature Date Check if self-Preparer's Identifying Number (See instr.) employed 🛌 Preparer's Use Only HOGANTAYLOR LLP EIN > Firm's name (or yours 2200 S. UTICA PL., SUITE 400 Phone > if self-employed),

(918)

745-2333

Form 990-EZ (2008)

X Yes

address, and ZIP + 4

TULSA, May the IRS discuss this return with the preparer shown above? See instructions

OK 74114-7000

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
OTHER EXPENSES			2,8	77.
SUPPLIES			6,2	
TELEPHONE			6,1	
SALES TAX TRAVEL				37.
BANK SERVICE CHARGE			23,00 2,19	
CATERING			1,24	
COMPUTER EXPENSE			2,30	
DUES AND SUBSCRIPTIONS			1,54	
INSURANCE- LIABILITY			10,08	89.
HOLIDAY EVENT EXPENSE			4,97	
LUNCHEONS			7,67	
PAYROLL SERVICES SPECIAL EVENTS			1,35	
SECTIONS EXPENSE			1,57 13,17	
COMMITTEE EXPENSE			23,13	
CONTRACT LABOR/TEMPS			7,96	
WEB DESIGN			2,49	
TOTAL TO FORM 990-EZ, LINE 16			118,11	12.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
PREPAID EXPENSES		720.	1,26	58.
LPS		2,542.	1,84	
TOTAL TO FORM 990-EZ, LINE 24		3,262.	3,10	09.
FORM 990-EZ	OTHER LIABILITIES	·	STATEMENT	
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
ACCOUNTS PAYABLE		4,883.	5,30	06.
DEFERRED REVENUE		161,154.	161,40	
TOTAL TO FORM 990-EZ, LINE 26		166,037.	166,70	

FORM	990-EZ	OTHER	CHANGES	IN	NET	ASSETS	OR	FUND	BALANCES	STATEMENT	4
DESCR	RIPTION									AMOUNT	
	ALIZED GA R PERIOD			COME	E INC	CLUDED	IN	PRIOR	YEAR	-36,7 10,5	
TOTAL	TO FORM	990-EZ	, LINE 20)						-26,1	55.
FORM	990-EZ			F	RENTA	AL INCO	ME			STATEMENT	 5
KIND	AND LOCA	TION OF	PROPERTY	Z.					ACTIVITY NUMBER	GROSS RENTAL INC	ЭМЕ
1446	S BOSTON S BOSTON PARKING			_					1 2 3	16,1 6,0 3,0	00.
TOTAL	. INCUDED	ON FOR	M 990-EZ,	, P <i>F</i>	ART I	, LINE	4			25,1	00.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEMENT			
DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RESEARCH INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[]	YES	[X]	NO
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. []	YES	[X]	NO

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STATEMENT

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CONTINUING LEGAL EDUCATION PROGRAM FOR ATTORNEYS TO PROMOTE, ENCOURAGE AND CULTIVATE PROFESSIONAL RESPONSIBILITY AMONG LAWYERS. FURNISH INFORMATION AND EDUCATION WITH REGARD TO JURISPRUDENCE.