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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 of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2010

Open to Public  
Inspection

**A** For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
LAWTON PUBLIC SCHOOL FOUNDATION, INC.

Number & street (or P.O. box, if mail is not delivered to street address) Room/suite  
PO BOX 2323

City or town, state or country, and ZIP + 4  
LAWTON OK 73502

**D** Employer identification number  
73-1386496

**E** Telephone number  
(580) 355-5701

**F** Group Exemption Number... ▶

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

**H** Check ☒ if organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ N/A

**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c)( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 47,735

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

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

|          |        |   |  |         |
|----------|--------|---|--|---------|
| REVENUE  | 1      | Contributions, gifts, grants, and similar amounts received . . . . .  | 18,393   |         |
|          | 2      | Program service revenue including government fees and contracts . . . . .   |  |         |
|          | 3      | Membership dues and assessments . . . . .   |  |         |
|          | 4      | Investment income . . . . .   | 15,672   |         |
|          | 5a     | Gross amount from sale of assets other than inventory . . . . .   |  |         |
|          | 5b     | Less: cost or other basis and sales expenses . . . . .  |  |         |
|          | 5c     | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .   |  |         |
|          | 6      | Gaming and fundraising events   |  |         |
|          | a      | Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .   | 6a   |         |
| EXPENSES | b      | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) . . . . . | 6b   | 13,670  |
|          | c      | Less: direct expenses from gaming and fundraising events . . . . .  | 6c   |         |
|          | d      | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .  | 6d   | 13,670  |
|          | 7a     | 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 in Schedule O) . . . . .  | 8  |         |
|          | 9      | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .   | 9  | 47,735  |
|          | ASSETS | 10  | Grants and similar amounts paid (list in Schedule O) . . . . . | 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   | 350     |
| 14       |        | Occupancy, rent, utilities, and maintenance . . . . .   | 14   |         |
| 15       |        | Printing, publications, postage, and shipping . . . . .   | 15   | 87      |
| 16       |        | Other expenses (describe in Schedule O) . . . . .   | 16   | 50,000  |
| 17       |        | <b>Total expenses.</b> Add lines 10 through 16 . . . . .  | 17   | 63,880  |
| 18       |        | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .   | 18   | -16,145 |
| 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   | 52,572  |
| 20       |        | Other changes in net assets or fund balances (explain in Schedule O) . . . . .  | 20   |         |
| 21       |        | <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .  | 21   | 36,427  |

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

**Part II. Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

|    |  | (A) Beginning of year | (B) End of year |
|----|--|-----------------------|-----------------|
| 22 | Cash, savings, and investments . . . . .   | 52,572                | 36,427          |
| 23 | Land and buildings . . . . .   |                       |                 |
| 24 | Other assets (describe in Schedule O) . . . . .                                    |                       |                 |
| 25 | <b>Total assets</b> . . . . .  | 52,572                | 36,427          |
| 26 | <b>Total liabilities</b> (describe in Schedule O) . . . . .                        |                       |                 |
| 27 | <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 52,572                | 36,427          |

**Part III** **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SUPPORT LAWTON PUBLIC SCHOOLS

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, & other relevant information for each program title

28 SEE ATTACHMENT #1

|            |        |  |   |
|------------|--------|--|---|
| (Grants \$ | 15,543 | ) If this amount includes foreign grants, check here .. .. . | ▶ |
|------------|--------|--|---|

29

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶

30

(Grants \$ ) If this amount includes foreign grants, check here ... ▶

**31** Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>32</b> | <b>Total program service expenses</b> (add lines 28a through 31a) ..... | <b>32</b> | <b>0</b> |
|-----------|---|-----------|----------|

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instr. for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V)Check if the organization used Schedule O to respond to any question in this Part V ☐

|   | Yes | No |
|---|-----|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  |     | X  |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)   |     | X  |
| 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, explain in Schedule O why the organization did not report the income on Form 990-T  |     |    |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  |     | X  |
| b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?   |     | X  |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  |     | X  |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b>  |     |    |
| b Did the organization file Form 1120-POL for this year?  |     | X  |
| 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 outstanding at the end of the tax year covered by this return?  |     | X  |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved. <b>38b</b>  |     |    |
| 39 Section 501(c)(7) organizations Enter  |     |    |
| a Initiation fees and capital contributions included on line 9 <b>39a</b>   |     |    |
| b Gross receipts, included on line 9, for public use of club facilities <b>39b</b>  |     |    |
| 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955   |     |    |
| b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   |     | X  |
| c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |     |    |
| d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization  |     |    |
| e 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  |     | X  |
| 41 List the states with which a copy of this return is filed. <b>OK</b>   |     |    |
| 42a The organization's books are in care of <b>SEE ATTACHMENT #3</b> Telephone no. <b>ZIP + 4</b>   |     |    |
| Located at  |     |    |
| 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)? 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. |     | X  |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country  |     | X  |
| 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 <b>43</b>  |     |    |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  |     | X  |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   |     | X  |
| c Did the organization receive any payments for indoor tanning services during the year?  |     | X  |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   |     | X  |

|   | Yes | No |
|---|-----|----|
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?  |     | X  |
| a 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," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions) |     | X  |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   |     | X  |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☒

|   | Yes | No |
|---|-----|----|
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II           |     | X  |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E |     | X  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?           |     | X  |
| b If "Yes," was the related organization a section 527 organization?                                    |     | X  |

50 Complete this table for the organization's 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"

| (a) Name and address of each employee paid more than \$100,000 | (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   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |

f Total number of other employees paid over \$100,000.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☒ No

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.

Sign Here  Signature of officer **Brian T. Henry** Date **9/14/11**  
Type or print name and title **BRIAN T. HENRY, Treasurer**

Paid Preparer Use Only Print/Type preparer's name **Scott N. Hatch** Preparer's signature **Scott N. Hatch, CPA** Date **9-13-11** Check ☐ if self-employed PTIN **580-353-2122**  
Firm's name **HATCH CROKE & ASSOCIATES** Firm's EIN **580-353-2122**  
Firm's address **417 SW C AVENUE** Phone no. **580-353-2122**  
**LAWTON OK 73501**

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

LAWTON PUBLIC SCHOOL FOUNDATION, INC.

Employer identification number

73-1386496

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ 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 \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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 exempt 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).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☒ 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.
  - a ☐ Type I
  - b ☐ Type II
  - c ☒ Type III-Functionally integrated
  - d ☐ Type III-Other

e ☒ 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).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
- (ii) A family member of a person described in (i) above? \_\_\_\_\_
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     | X  |
| 11g(ii)  |     | X  |
| 11g(iii) |     | X  |

h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|--|----|---|----|--|----|-------------------------|
|                                    |          |   | Yes  | No | Yes   | No | Yes  | No |                         |
| SEE ATTACHMENT #4                  |          |   |  |    |   |    |  |    |                         |
| <b>Total</b>                       |          |   |  |    |   |    |  |    | 13,443                  |

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

Schedule A (Form 990 or 990-EZ) 2010

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

LAWTON PUBLIC SCHOOL FOUNDATION, INC.

Employer identification number

73-1386496

PART 1 LINE 10

EDUCATIONAL GRANTS PROVIDED TO THE

LAWTON PUBLIC SCHOOLS -\$13,443

PART 1 LINE 16

COMMUNITY FOUNDATION INVESTMENT -\$40,000

LAWTON COMMUNITY FOUNDATION INVESTMENT  
OF \$10,000

## 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 3, PART III

|   |   |                                |
|---|---|--------------------------------|
| OPEN TO PUBLIC<br>INSPECTION                                  | For calendar year 2010 or tax period beginning , and ending | Employer Identification Number |
| Name of Organization<br>LAWTON PUBLIC SCHOOL FOUNDATION, INC. |   | 73-1386496                     |

**Part III - Statement of Program Service Accomplishments**

|                             |        |                                |                          |
|-----------------------------|--------|--------------------------------|--------------------------|
| Grants and allocations      | 15,543 | Amount includes foreign grants | Program service expenses |
| Exempt Purpose Achievements |        |                                |                          |

HELP SUPPORT THE FUNDING OF THE LAWTON PUBLIC SCHOOLS AND PROVIDE ACADEMIC GRANTS FOR CLASS PROJECTS.



# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART IV

| OPEN TO PUBLIC<br>INSPECTION   |  | For calendar year 2010 or tax period beginning _____, and ending _____ |  |   |
|--|--|--|--|---|
| Name of Organization<br><b>LAWTON PUBLIC SCHOOL FOUNDATION, INC.</b> |  |  |  | Employer Identification Number<br><b>73-1386496</b> |
| (A) Name and Address   | (B) Title and Average<br>Hrs. per Week | (C) Compensation (If<br>not paid, enter 0)                             | (D) Cont to Employee<br>Ben Plans & Def Comp | (E) Expense Account<br>& Other Allowances           |
| BRIAN HENRY  | PRESIDENT                              |  |  |   |
| LAWTON, OK 73505   | 4.00                                   | 0  | 0  | 0   |
| BETSY PARKS  | VICE                                   |  |  |   |
| LAWTON, OK 73505   | PRESIDENT                              | 0  | 0  | 0   |
| BRIAN HENRY  | 4.00                                   |  |  |   |
| LAWTON, OK 73505   | TREASURER                              | 0  | 0  | 0   |
| JIMMY GRIFFITH   | 4.00                                   |  |  |   |
| LAWTON, OK 73505   | BOARD MEMBER                           | 0  | 0  | 0   |
| KISTA TAYLOR   | 0.50                                   |  |  |   |
| LAWTON, OK 73505   | BOARD MEMBER                           | 0  | 0  | 0   |
| BETH JOHNSON   | 0.50                                   |  |  |   |
| LAWTON, OK 73505   | SECRETARY                              | 0  | 0  | 0   |
| SIMONE SCHUTZ  | 4.00                                   |  |  |   |
| LAWTON, OK 73505   | BOARD MEMBER                           | 0  | 0  | 0   |
| VICKI CAMPBELL   | BOARD MEMBER                           |  |  |   |
| LAWTON, OK 73505   | BOARD MEMBER                           | 0  | 0  | 0   |
| RUTH DISHMAN   | BOARD MEMBER                           |  |  |   |
| LAWTON, OK 73505   | BOARD MEMBER                           | 0  | 0  | 0   |
| LARRY NEAL   | BOARD MEMBER                           |  |  |   |
| LAWTON, OK 73505   | BOARD MEMBER                           | 0  | 0  | 0   |
| CRAIG RHIA   | BOARD MEMBER                           |  |  |   |
| LAWTON, OK 73505   | BOARD MEMBER                           | 0  | 0  | 0   |
| DEANO COX  | BOARD MEMBER                           |  |  |   |
| LAWTON, OK 73505   | SECRETARY                              | 0  | 0  | 0   |
| JOAN JESTER  | SECRETARY                              |  |  |   |
| LAWTON, OK 73505   |  | 0  | 0  | 0   |

990 BOOKS ARE IN CARE OF

ATTACHMENT 3 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC  
INSPECTION

For calendar year 2010 or tax period beginning , and ending

Name of Organization

LAWTON PUBLIC SCHOOL FOUNDATION, INC.

Employer Identification Number

73-1386496

Part V - Line 42a

Individual Name

or

Business Name.

BRIAN HENRY

Street Address

U.S. Address

Zip code 73505

City LAWTON

State OK

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

(580) 355-5701

Fax Number

ATTACHMENT 4: SCH A PAGE 1, PART I, LINE 11H - INFO ABOUT SUPPORTED ORGS

For calendar year 2010 or tax period beginning

, and ending

LAWTON PUBLIC SCHOOL FOUNDATION, INC.

73-1386496

JVA Copyright Forms (Software Only) - 2010 TW L0506F 10\_EOA2

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

|  |   |                                |
|--|---|--------------------------------|
| <b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed) |   |                                |
| <b>Type or print</b><br>File by the extended due date for filing the return. See instructions                  | Name of exempt organization   | Employer identification number |
|  | LAWTON PUBLIC SCHOOL FOUNDATION, INC.   | 73-1386496                     |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.          |                                |
|  | PO BOX 2323   |                                |
|  | City, town or post office, state, and ZIP code. For a foreign address, see inst |                                |
|  | LAWTON OK 73502   |                                |

Enter the Return code for the return that this application is for (file a separate application for each return) ... **03**

| Application Is For                       | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990                                 | 01          |                    |             |
| Form 990-BL                              | 02          | Form 1041-A        | 08          |
| Form 990-EZ                              | 03          | Form 4720          | 09          |
| Form 990-PF                              | 04          | Form 5227          | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069          | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870          | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **SEE ATTACHMENT #3**

Telephone No.  FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until NOVEMBER 15, 2011
- 5 For calendar year 2010, or other tax year beginning       , 20       , and ending       , 20       .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension TAXPAYER NEEDS ADDITIONAL TIME TO FILE A COMPLETE AND ACCURATE RETURN.

|   |           |    |   |
|---|-----------|----|---|
| <b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions   | <b>8a</b> | \$ | 0 |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | <b>8b</b> | \$ | 0 |
| <b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  | <b>8c</b> | \$ | 0 |

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title Agent Date 8-15-11

JVA 10 88682 TWF 43868

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Form 8868 (Rev 1-2011)

INTERNAL REVENUE SERVICE  
W&I-FIELD ASSISTANCE  
LAWTON OK 73501

AUG 15 2011

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