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Part V - Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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

|    |     |    |
|----|-----|----|
|    | Yes | No |
| 46 |     | X  |

**Part VI Section 501(c)(3) organizations only**

All Section 501(c)(3) organizations 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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

|     |     |    |
|-----|-----|----|
|     | Yes | No |
| 47  |     | X  |
| 48  |     | X  |
| 49a |     | X  |
| 49b |     |    |

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 title of each employee paid more than \$100,000 | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| 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: *Derald L Buckler* Date: 9-9-13

Type or print name and title: \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name: Basker Johnson Preparer's signature: *Basker Johnson* Date: 09-09-2013 Check  if self-employed PTIN: P00043468

Firm's name: Basker Johnson & Associates Inc Firm's EIN: \_\_\_\_\_

Firm's address: P. O. Box 430 Sapulpa OK 74067 Phone no: 918-227-1470

May the IRS discuss this return with the preparer shown above? See Instructions  Yes  No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Creek County Literacy Program, Inc.

Employer identification number

73-1376512

**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-Non-functionally integrated
- 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)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

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 US? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|--|----|---|----|--|----|----------------------------------|
|                                    |          |   | Yes  | No | Yes   | No | Yes  | No |                                  |
| (A)                                |          |   |  |    |   |    |  |    |                                  |
| (B)                                |          |   |  |    |   |    |  |    |                                  |
| (C)                                |          |   |  |    |   |    |  |    |                                  |
| (D)                                |          |   |  |    |   |    |  |    |                                  |
| (E)                                |          |   |  |    |   |    |  |    |                                  |
| <b>Total</b>                       |          |   |  |    |   |    |  |    |                                  |

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

Schedule A (Form 990 or 990-EZ) 2012

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .   | 90,307   | 79,798   | 79,265   | 83,026   | 87,302   | 419,698   |
| 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 through 3 . . . . .  | 90,307   | 79,798   | 79,265   | 83,026   | 87,302   | 419,698   |
| 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) . . . . . |          |          |          |          |          | 143,601   |
| 6 Public support. Subtract line 5 from line 4 . . . . .   |          |          |          |          |          | 276,097   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 . . . . .   | 90,307   | 79,798   | 79,265   | 83,026   | 87,302   | 419,698   |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  | 196      | 31       | 21       | 11       | 9        | 268       |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |          |          |          |          |          |           |
| 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 . . . . .  |          |          |          |          |          | 419,966   |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | 12       |           |
| 13 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**

|   |    |       |   |
|---|----|-------|---|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .   | 14 | 65.74 | % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .   | 15 | 65.00 | % |
| 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>  |    |       |   |
| b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>  |    |       |   |
| 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>    |    |       |   |
| b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |    |       |   |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>  |    |       |   |

**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 or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| 2 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 . . . . . |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or bus under sec 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 through 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 \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| c Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 . . . . .  |          |          |          |          |          |           |
| 10a 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 . . . . .  |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in 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 lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |

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 . . . . . ▶

**Section C. Computation of Public Support Percentage**

|   |    |   |
|---|----|---|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .                      | 16 | % |

**Section D. Computation of Investment Income Percentage**

|  |    |   |
|--|----|---|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .                        | 18 | % |

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 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 . . . . . ▶



**Form 990  
Worksheet**

**Schedule A, Line 5 - Excess 2% Limitation Contributors**

**2012**

(Keep for your records)

Name of the organization  
**Creek County Literacy Program, Inc.**  
Employer identification number  
**73-1376512**

2% of the amount on Schedule A, part II, line 11, column (f) . . . . . **8,399**

| Name                       | (a)<br>2008 | (b)<br>2009 | (c)<br>2010 | (d)<br>2011 | (e)<br>2012 | (f)<br>Total | (g)<br>Excess contributions<br>(col. (f) minus<br>the 2% limit) |
|----------------------------|-------------|-------------|-------------|-------------|-------------|--------------|---|
| <b>Bartlett Foundation</b> | 30,000      | 30,000      | 30,000      | 31,000      | 31,000      | 152,000      | 143,601   |

**Total**

**143,601**

**Depreciation and Amortization  
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return  
**Creek County Literacy**  
Business or activity to which this form relates

Identifying number  
**73-1376512**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            | 500,000.         |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            | 2,000,000.       |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            | 0.               |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            | 500,000.         |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2011 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)                            | 11                           | 500,000.         |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12   | 13                           |                  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)** (See instructions)

|    |   |    |  |
|----|---|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |  |
| 15 | Property subject to section 168(f)(1) election  | 15 |  |
| 16 | Other depreciation (including ACRS)   | 16 |  |

**Part III MACRS Depreciation (Do not include listed property)** (See instructions.)

**Section A**

|    |   |    |        |
|----|---|----|--------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2012  | 17 | 1,265. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |        |

**Section B – Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs              |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs              | MM             | S/L        |                            |

**Section C – Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

|                |  |  |        |    |     |  |
|----------------|--|--|--------|----|-----|--|
| 20a Class life |  |  |        |    | S/L |  |
| b 12-year      |  |  | 12 yrs |    | S/L |  |
| c 40-year      |  |  | 40 yrs | MM | S/L |  |

**Part IV Summary** (See instructions.)

|    |   |    |        |
|----|---|----|--------|
| 21 | Listed property. Enter amount from line 28  | 21 |        |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations— see instructions | 22 | 1,265. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 |        |

8/28/2013  
15:43

**Creek County Literacy**  
Federal ID #: 73-1376512  
Asset Summary - Federal Tax Basis  
Period Ended 12/31/12

Company: 382  
Page: 1

| <u>Nu</u>                           | <u>Loc</u> | <u>Property Description</u> | <u>Acqu</u> | <u>T</u> | <u>Meth</u> | <u>Life</u> | <u>Cost/Basis</u> | <u>179</u><br><u>Exp/AFD</u> | <u>Add SDA</u> | <u>Prior Depr.</u> | <u>Current</u><br><u>Depr.</u> | <u>Ending</u><br><u>Depr.</u> |
|-------------------------------------|------------|-----------------------------|-------------|----------|-------------|-------------|-------------------|------------------------------|----------------|--------------------|--------------------------------|-------------------------------|
| Group # 1 Computer Equipment        |            |                             |             |          |             |             |                   |                              |                |                    |                                |                               |
| 1                                   | 1          | Dell Computer               | 06/30/04    | N        | MCRS SL     | 5           | 764 68            | 0 00                         | 0 00           | 764 68             | 0 00                           | 764 68                        |
| 2                                   | 1          | PC Printer Network          | 02/24/06    | N        | MCRS SL     | 5           | 749 38            | 0 00                         | 0 00           | 749 00             | 0 00                           | 749 00                        |
| Group # 1 Total                     |            |                             |             |          |             |             | <u>1,514 06</u>   | <u>0 00</u>                  | <u>0 00</u>    | <u>1,513 68</u>    | <u>0 00</u>                    | <u>1,513 68</u>               |
| Group # 2 Office Furniture & Equipm |            |                             |             |          |             |             |                   |                              |                |                    |                                |                               |
| 1                                   | 1          | Merrill Lynch Furniture     | 02/28/05    | U        | MCRS SL     | 7           | 230 00            | 0 00                         | 0 00           | 214 00             | 16 00                          | 230 00                        |
| 2                                   | 1          | Shredder                    | 09/07/05    | N        | MCRS SL     | 7           | 457 47            | 0 00                         | 0 00           | 423 00             | 34 00                          | 457 00                        |
| 3                                   | 1          | American Lung Equipme       | 12/01/05    | U        | MCRS SL     | 7           | 153 00            | 0 00                         | 0 00           | 143 00             | 10 00                          | 153 00                        |
| 4                                   | 1          | Conference Table            | 01/30/06    | U        | MCRS SL     | 7           | 150 00            | 0 00                         | 0 00           | 116 00             | 21 00                          | 137 00                        |
| 5                                   | 1          | DVD & Digital Camera        | 05/15/06    | N        | MCRS SL     | 5           | 238 68            | 0 00                         | 0 00           | 238 68             | 0 00                           | 238 68                        |
| 6                                   | 1          | Phone System                | 05/01/06    | N        | MCRS SL     | 7           | 504 50            | 0 00                         | 0 00           | 396 00             | 72 00                          | 468 00                        |
| 7                                   | 1          | Bookcases                   | 06/19/06    | N        | MCRS SL     | 7           | 250 95            | 0 00                         | 0 00           | 198 00             | 36 00                          | 234 00                        |
| 8                                   | 1          | Camcorder                   | 07/10/06    | N        | MCRS SL     | 5           | 536 75            | 0 00                         | 0 00           | 536 75             | 0 00                           | 536 75                        |
| 9                                   | 1          | Hutch                       | 10/11/06    | N        | MCRS SL     | 7           | 640 21            | 0 00                         | 0 00           | 501 00             | 91 00                          | 592 00                        |
| 10                                  | 1          | Copier (Bristow)            | 10/25/06    | N        | MCRS SL     | 5           | 1,227 00          | 0 00                         | 0 00           | 1,227 00           | 0 00                           | 1,227 00                      |
| 11                                  | 1          | Furniture (OCI)             | 01/05/07    | N        | MCRS SL     | 7           | 2,037 00          | 0 00                         | 0 00           | 1,310 00           | 291 00                         | 1,601 00                      |
| 12                                  | 1          | 3 Tables (OCI)              | 01/26/07    | N        | MCRS SL     | 7           | 357 18            | 0 00                         | 0 00           | 230 00             | 51 00                          | 281 00                        |
| 13                                  | 1          | Furniture (Denise Belk)     | 10/02/07    | U        | MCRS SL     | 7           | 350 00            | 0 00                         | 0 00           | 225 00             | 50 00                          | 275 00                        |
| 14                                  | 1          | Profector & Sound Syste     | 09/16/08    | N        | MCRS SL     | 5           | 2,517 28          | 0 00                         | 0 00           | 1,761 00           | 503 00                         | 2,264 00                      |
| 15                                  | 1          | Lounge & Bookcase           | 11/20/08    | U        | MCRS SL     | 7           | 130 00            | 0 00                         | 0 00           | 66 00              | 19 00                          | 85 00                         |
| 16                                  | 1          | Storage Cabinets            | 06/24/08    | U        | MCRS SL     | 7           | 100 00            | 0 00                         | 0 00           | 49 00              | 14 00                          | 63 00                         |
| 17                                  | 1          | Binding Machine             | 07/09/09    | N        | MCRS SL     | 7           | 251.72            | 0 00                         | 0 00           | 90 00              | 36 00                          | 126 00                        |
| 18                                  | 1          | Bookcase                    | 02/11/09    | U        | MCRS SL     | 7           | 50 00             | 0 00                         | 0 00           | 18 00              | 7 00                           | 25 00                         |
| 19                                  | 1          | Table & Chais               | 03/02/10    | U        | MCRS SL     | 7           | 100 00            | 0 00                         | 0 00           | 21 00              | 14 00                          | 35 00                         |
| Group # 2 Total                     |            |                             |             |          |             |             | <u>10,281.74</u>  | <u>0 00</u>                  | <u>0 00</u>    | <u>7,763 43</u>    | <u>1,265 00</u>                | <u>9,028 43</u>               |
| Grand Total                         |            |                             |             |          |             |             | <u>11,795.80</u>  | <u>0.00</u>                  | <u>0.00</u>    | <u>9,277.11</u>    | <u>1,265.00</u>                | <u>10,542.11</u>              |

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

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

|  |   |  |  |
|--|---|--|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>Creek County Literacy Program, Inc., LVA Creek County</b> | Enter filer's identifying number, see instructions |  |
|  | Employer identification number (EIN) or<br><b>73-1376512</b>  |  |  |
| File by the due date for filing your return See instructions | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>15 North Poplar</b>                              | Social security number (SSN)                       |  |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br><b>Sapulpa, OK 74066</b>           |  |  |

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

| Application Is For                       | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          |                    |             |
| Form 990-BL                              | 02          | Form 1041-A        | 08          |
| Form 4720 (individual)                   | 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 **The Executive Director**  
Telephone No. **918-224-9647** 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.

- I request an additional 3-month extension of time until November 15, 2013.
- For calendar year 2012, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|  |           |    |   |
|--|-----------|----|---|
| <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> | \$ |   |
| <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> | \$ |   |
| <b>c</b> <b>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 must be completed for Part II only.**

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 Basker Johnson Title CPA Date 8-15-13