

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

**2011**

Department of the Treasury  
 Internal Revenue Service

▶ 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.

Open to Public Inspection

**A** For the 2011 calendar year, or tax year beginning 2011, and ending 2011

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

**C** CREEK COUNTY LITERACY PROGRAM, INC.  
15 NORTH POPLAR  
SAPULPA, OK 74066

**D** Employer identification number 73-1376512

**E** Telephone number 918-224-8647

**F** Group Exemption Number                     ▶

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

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

**I** Website: ▶                     

**J** Tax-exempt status (ck 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 or a section 527 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. ▶ \$                     

**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.

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
<b>REVENUE</b>		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	1	75,470		7,556	11					10,089	2,461	7,628					90,665	303		75,503	3,300	265	451	17,771	97,591	< 6,926 >	42,958	< 6 >	36,026
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**AA** For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011)



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.....	38,840	33,509
23 Land and buildings.....	4,118	2,517
24 Other assets (describe in Schedule O).....		
25 Total assets.....	42,958	36,026
26 Total liabilities (describe in Schedule O).....		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).....	42,958	36,026

Part III Statement of Program Service Accomplishments (see the instrs 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?

Literacy Education

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28			
29	(Grants \$ 303 ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	73,193
30	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
31	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a).....	32	

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BARBARA BELM 10801 SABANA ROAD SAPULPA, OK 74066	Executive Director 40	42,428	-0-	-0-



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.

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. 

	Yes	No
33		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). 

	Yes	No
34		X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 

	Yes	No
35a		X

b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O. 

	Yes	No
35b	N/A	

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III. 

	Yes	No
35c		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. 

	Yes	No
36		X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 

37a	NONE	
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b Did the organization file Form 1120-POL for this year? 

	Yes	No
37b		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? 

	Yes	No
38a		X

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 

38b	N/A	
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39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9. 

39a	N/A	
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b Gross receipts, included on line 9, for public use of club facilities. 

39b	N/A	
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40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 - 0 -; section 4912 - 0 -; section 4955 - 0 -

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. 

	Yes	No
40b		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. 

	Yes	No
40c		X

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 

	Yes	No
40d		X

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. 

	Yes	No
40e		X

41 List the states with which a copy of this return is filed OKLAHOMA

42a The organization's books are in care of Creek County Literacy Program. Telephone no. 918-224-8647. Located at 15 North Peblas, Sapulpa, OK. ZIP + 4 74066

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: N/A

	Yes	No
42b		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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: N/A

	Yes	No
42c		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. 

43	
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44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 

	Yes	No
44a		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. 

	Yes	No
44b		X

c Did the organization receive any payments for indoor tanning services during the year? 

	Yes	No
44c		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. 

	Yes	No
44d		X

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 

	Yes	No
45a		X

b 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 may need to be completed instead of Form 990-EZ (see instructions). 

	Yes	No
45b	N/A	



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 J. 

	Yes	No
46		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.

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. 

	Yes	No
47		X

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

	Yes	No
48		X

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

	Yes	No
49a		X

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

	Yes	No
49b	N/A	

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) 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				

e 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		

e 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 \_\_\_\_\_ Date \_\_\_\_\_  
Type or print name and title. \_\_\_\_\_

**Paid Preparer Use Only**  
Print/Type preparer's name: BASKER JOHNSON Preparer's signature: \_\_\_\_\_ Date: 2-6-13  
Check  if self-employed PTIN: P 43468  
Firm's name: BASKER JOHNSON + ASSOCIATES, INC.  
Firm's address: P.O. BOX 430  
SAPULPA, OK 74067  
Firm's EIN: 73-1439104  
Phone no.: 918-227-1470

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