

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

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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.

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	C CALIFORNIA SOCIETY OF ENROLLED AGENTS EDUCATION FOUNDATION 3200 RAMOS CIRCLE SACRAMENTO, CA 95827-2513	D Employer identification number 26-2097821
		E Telephone number (916) 366-6646
		F Group Exemption Number..... ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ csea.org

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

J Organization type (check only one) — 501(c) (3) ◀ (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 \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 16,596.

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1	Contributions, gifts, grants, and similar amounts received														14,854.												
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																										
	4	Investment income														1,742.												
	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 (attach sched.)																										
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>																										
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)																										
b	Less: direct expenses other than fundraising expenses																											
c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a																											
7a	Gross sales of inventory, less returns and allowances																											
b	Less: cost of goods sold																											
c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a																											
8	Other revenue (describe ▶ _____)																											
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)														16,596.													
EXPENSES	10	Grants and similar amounts paid (attach schedule). See Statement 1														10,812.												
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors														1,250.												
	14	Occupancy, rent, utilities, and maintenance																										
	15	Printing, publications, postage, and shipping														16.												
	16	Other expenses (describe ▶ See Statement 2)														6,054.												
17	Total expenses (add lines 10 through 16)														18,132.													
18	Excess or (deficit) for the year. Subtract line 17 from line 9														-1,536.													
ASSETS	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)														142,132.												
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														140,596.												

Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Instructions)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	142,132.	89,886.
23	Land and buildings		
24	Other assets (describe ▶ See Statement 3)		50,710.
25	Total assets	142,132.	140,596.
26	Total liabilities (describe ▶ _____)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	142,132.	140,596.

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

TEEA0803L 08/06/07

Form 990-EZ (2007)

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? 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, or other relevant information for each program title.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28	PROVIDE EDUCATION SCHOLARSHIPS TO INDIVIDUALS WHO SHOW AN INCENTIVE TO BECOME TAX PROFESSIONALS. (Grants \$ 10,812.) If this amount includes foreign grants, check here. <input type="checkbox"/>	28a
29	----- (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a
30	----- (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	30a
31	Other program services (attach schedule) (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 Instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 4		0.	0.	0.

Part V Other Information (Note the statement requirement in the instructions.)	See Statement 5	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change.	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		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
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,' attach a statement.	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.	
b Did the organization file Form 1120-POL for this year?	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 unpaid at the start of the period covered by this return?	38a		X
b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A	
39 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9.	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities.	39b	N/A	

Part V Other Information (Note the statement requirement in the instructions.) (Continued)

40a 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 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation.

	Yes	No
40b		X
40c		
40d		
40e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.

d Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

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

42 a The books are in care of ▶ CATHERINE A APKER, CAE Telephone no. ▶ (916) 366-6646

Located at ▶ 3200 RAMOS CIRCLE SACRAMENTO CA ZIP + 4 ▶ 95827-2513

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: ... ▶

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

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: ... ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

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.

Please Sign Here

Signature of officer: CAP Date: 11/17/08
 Type or print name and title: CATHERINE A APKER, CAE EXEC VICE PRES

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 11-15-08 Check if self-employed Preparer's SSN or PTIN (See General Instruction X) N/A
 Firm's name (or yours if self-employed), address, and ZIP + 4: Nance-Jasmann Tax Services
4619 Auburn Blvd Ste A EIN: N/A
Sacramento, CA 95841-4265 Phone no.: (916) 485-1040

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Specific Assistance to Individuals

SCHOLARSHIP AWARDS		\$ 10,812.
	Total Specific Assistance to Individuals	\$ 10,812.
	Total Grants and Similar Amounts Paid	<u>\$ 10,812.</u>

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

ADMINISTRATIVE FEES	\$ 5,824.
LICENSES 7 PERMITS	20.
REFUND PAID	160.
Telephone	50.
	Total <u>\$ 6,054.</u>

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
CSEA RECEIVABLE	\$ 0.	\$ 50,710.
	Total <u>\$ 0.</u>	<u>\$ 50,710.</u>

Statement 4
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
IRENE LAWRENCE, EA 3200 RAMOS CIRCLE SACRAMENTO, CA 95827-2513	President 0	\$ 0.	\$ 0.	\$ 0.
DAVID A SHAW, EA 3200 RAMOS CIRCLE SACRAMENTO, CA 95827-2513	Vice President 0	0.	0.	0.

Statement 4 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
JONI K TERENS, EA 3200 RAMOS CIRCLE SACRAMENTO, CA 95827-2513	Treasurer 0	\$ 0.	\$ 0.	\$ 0.
PENNY VAN DER MEER, EA 3200 RAMOS CIRCLE SACRAMENTO, CA 95827-2513	Secretary 0	0.	0.	0.
ROSE H HABLITZEL, EA 3200 RAMOS CIRCLE SACRAMENTO, CA 95827-2513	President & CEO 0	0.	0.	0.
WALTER KLEKOWSKI 3200 RAMOS CIRCLE SACRAMENTO, CA 95827-2513	NON-MBR TRUSTEE 0	0.	0.	0.
ANDREW STAMATELATOS, EA 3200 RAMOS CIRCLE SACRAMENTO, CA 95827-2513	MEMBER TRUSTEE 0	0.	0.	0.
SELVI STANISLAUS, JD 3200 RAMOS CIRCLE SACRAMENTO, CA 95827	NON-MBR TRUSTEE 0	0.	0.	0.
EDWARD SUTTON, EA 3200 RAMOS CIRCLE SACRAMENTO, CA 95827	MEMBER TRUSTEE 0	0.	0.	0.
CATHERINE A APKER, CAE 3200 RAMOS CIRCLE SACRAMENTO, CA 95827-2513	EXEC VICE PRES 0	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.

Statement 5
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

FORM 990-EZ REVENUE

Contributions, gifts, and grants	14,854
Investment income	1,742
Total revenue	16,596

EXPENSES

Grants and similar amounts paid	10,812
Professional fees/pymt to contractors	1,250
Printing, publications, and postage	16
Other expenses	6,054
Total expenses	18,132

NET ASSETS OR FUND BALANCES

Excess or (deficit) for the year	-1,536
Net assets/fund bal. at beg. of year	142,132
Net assets/fund bal. at end of year	140,596

REVENUE

Interest.....	1,742
Gross contributions, gifts, & grants.....	14,854
Total income.....	16,596

EXPENSES AND DISBURSEMENTS

Other deductions.....	18,132
Total deductions.....	18,132
Excess of receipts over disbursements.....	-1,536

FILING FEE

Filing fee.....	10
Balance due.....	10

SCHEDULE L

Beginning Assets.....	142,132
Beginning Liabilities & Net Worth.....	142,132
Ending Assets.....	140,596
Ending Liabilities & Net Worth.....	140,596

2007

General Information
CALIFORNIA SOCIETY OF ENROLLED AGENTS
EDUCATION FOUNDATION

Page 1

26-2097821

Forms needed for this return

Federal: 990-EZ, Sch A
California: 199

Carryovers to 2008

None

California Exempt Organization Annual Information Return

For calendar year 2007 or fiscal year beginning month 07 day 01 year 2007, and ending month 06 day 30 year 2008

IMPORTANT: Your number is required.

California corporation number C3091258 Federal employer identification number (FEIN) 26-2097821

Corporation/Organization name CALIFORNIA SOCIETY OF ENROLLED AGENTS EDUCATION FOUNDATION

Address (including suite, room, or PMB no.)

3200 RAMOS CIRCLE

SACRAMENTO, CA 95827-2513

A Final return? Check applicable box. Yes No Dissolved Withdrawn Merged/Reorganized

B Check forms filed this year: State: 109 100 100S 100W Fed: 990 990EZ 990T 990PF 1041 1120H 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required.

D Is this a group filing? See General Instruction N. Yes No

E Accounting method used. Accrual

F Type of organization Exempt under Section 23701 IRC Section 4947(a)(1) trust

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with columns for Receipts and Revenues, Expenses, and Filing Fee. Rows include Gross sales, Total gross receipts, Total gross income, Total expenses, and Balance due.

15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations

16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents.

17 Is the organization exempt under R&TC Section 23701g? If 'Yes,' enter amount of gross receipts from nonmember sources. \$

18 Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income? If 'Yes,' enter amount of total income reported. \$

19 The financial records are in care of. CATHERINE A APKER, CAE Daytime telephone (916) 366-6646 located at 3200 RAMOS CIRCLE 95827-2513

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 taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here Signature of officer CAD Date 11/17/08 Title EXEC VICE PRES Daytime telephone (916) 366-6646

Paid Preparer's Use Only Paid Preparer's signature DONNA NANCE, CPA Date 11-15-08 Check if self-employed Paid preparer's SSN or PTIN P00000963 Firm's name (or yours, if self-employed) and address Nance-Jasmann Tax Services 4619 Auburn Blvd Ste A Sacramento, CA 95841-4265 FEIN 20-1845956 Daytime telephone (916) 485-1040

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	1,742.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income. Attach schedule	7	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	1,742.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. . . . See Statement 1.	11	0.
	12	Other salaries and wages	12	
	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	
	16	Depreciation and depletion	16	
	17	Other. Attach schedule. . . . See Statement 2.	17	18,132.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	18,132.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		142,132.		89,886.
2	Net accounts receivable				
3	Net notes receivable. Attach schedule				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds. Attach schedule				
7	Investments in stock. Attach schedule				
8	Mortgage loans (number of loans... _____)				
9	Other investments. Attach schedule				
10a	Depreciable assets				
b	Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule. . . . St. 3.				50,710.
13	Total assets		142,132.		140,596.
Liabilities and net worth					
14	Accounts payable				38,093.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		142,132.		102,503.
22	Total liabilities and net worth		142,132.		140,596.

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000				
1	Net income per books	-1,536.	7	Income recorded on books this year not included in this return.
2	Federal income tax			Attach schedule.
3	Excess of capital losses over capital gains		8	Deductions in this return not charged against book income this year.
4	Income not recorded on books this year. Attach schedule			Attach schedule.
5	Expenses recorded on books this year not deducted in this return. Attach schedule		9	Total. Add line 7 and line 8.
6	Total. Add line 1 through line 5.	-1,536.	10	Net income per return. Subtract line 9 from line 6.
				-1,536.

Statement 1
Form 199, Part II, Line 11
Compensation of Officers, Directors, and Trustees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
IRENE LAWRENCE, EA 3200 RAMOS CIRCLE SACRAMENTO, CA 95827-2513	President 0	\$ 0.	\$ 0.	\$ 0.
DAVID A SHAW, EA 3200 RAMOS CIRCLE SACRAMENTO, CA 95827-2513	Vice President 0	0.	0.	0.
JONI K TERENS, EA 3200 RAMOS CIRCLE SACRAMENTO, CA 95827-2513	Treasurer 0	0.	0.	0.
PENNY VAN DER MEER, EA 3200 RAMOS CIRCLE SACRAMENTO, CA 95827-2513	Secretary 0	0.	0.	0.
ROSE H HABLITZEL, EA 3200 RAMOS CIRCLE SACRAMENTO, CA 95827-2513	President & CEO 0	0.	0.	0.
WALTER KLEKOWSKI 3200 RAMOS CIRCLE SACRAMENTO, CA 95827-2513	NON-MBR TRUSTEE 0	0.	0.	0.
ANDREW STAMATELATOS, EA 3200 RAMOS CIRCLE SACRAMENTO, CA 95827-2513	MEMBER TRUSTEE 0	0.	0.	0.
SELVI STANISLAUS, JD 3200 RAMOS CIRCLE SACRAMENTO, CA 95827	NON-MBR TRUSTEE 0	0.	0.	0.
EDWARD SUTTON, EA 3200 RAMOS CIRCLE SACRAMENTO, CA 95827	MEMBER TRUSTEE 0	0.	0.	0.
CATHERINE A APKER, CAE 3200 RAMOS CIRCLE SACRAMENTO, CA 95827-2513	EXEC VICE PRES 0	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 2
Form 199, Part II, Line 17
Other Expenses

ADMINISTRATIVE FEES.....	\$ 5,824.
Legal Fees.....	750.
LICENSES 7 PERMITS.....	20.
Postage and Shipping.....	16.
Professional Fundraising Fees.....	500.
REFUND PAID.....	160.
Specific Assistance to Individuals.....	10,812.
Telephone.....	50.
Total	\$ <u>18,132.</u>

Statement 3
Form 199, Schedule L, Line 12
Other Assets

CSEA RECEIVABLE.....	50,710.
Total	\$ <u>50,710.</u>