

Bell & Rhodes, P.C.
2575 Kelley Pointe Parkway, Suite 140
Edmond, OK 73013-2907
(405) 341-2863

October 22, 2015

LUKA INTERNATIONAL FOUNDATION
C/O 4400 NW EXPRESSWAY
Oklahoma City, OK 73116

Dear Debbie McCulloch:

We have prepared the following returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

e-Postcard (Form 990-N)
Oklahoma Return of Organization Exempt from Income Tax (512E)

Federal Filing Instructions

Your Form 990-N annual electronic notice for the tax year ended 6/30/15 is being electronically filed with the IRS, as required by Pension Protection Act of 2006. No other return is required to be filed.

Oklahoma Filing Instructions

Your Oklahoma 2014 Form 512E shows no balance due. Sign and date the return on page 1 and mail it by **November 16, 2015** in the envelope provided.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years. In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities. If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Bell & Rhodes, P.C.

J. Michael Bell

e-Postcard Worksheet

Form **990-N****2014**For calendar year 2014, or tax year beginning **07/01/14**, and ending **06/30/15**

Name

Employer Identification Number

LUKA INTERNATIONAL FOUNDATION**27-0440118**

Note: Form 990-N can ONLY be filed electronically, and is filed in lieu of Forms 990 or 990-EZ, if eligibility is met.

The following items are required for a complete electronic submission:

1. Employer identification number (EIN), also known as a Taxpayer Identification Number (TIN) **27-0440118**
2. Tax year **2014**
3. Legal name of organization **LUKA INTERNATIONAL FOUNDATION**
- Mailing street address **C/O 4400 NW EXPRESSWAY**
- Room or suite number
- City or foreign province **Oklahoma City**
- State or foreign country code **OK**
- Zip code **73116**
4. Any other names the organization uses (Doing Business As)
5. Principal officer name **Debbie McCulloch**
- Mailing street address **8417 Sandpiper Rd.**
- Street address line 2
- City or foreign province **Oklahoma City**
- State or foreign country code **OK**
- Zip code **73132**
6. Web site address if the organization has one **www.lukafoundation.org**
7. Organization's annual gross receipts are normally \$50,000 or less **X**
8. Organization is terminated or in the process of termination



OKLAHOMA RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

Section 501(c) of the Internal Revenue Code

PART 1	For the year January 1 - December 31, 2014, or other taxable year beginning:	ending:	AMENDED RETURN! If this is an Amended Return place an 'X' here <input type="checkbox"/>
	0701	2014	

Name of Organization LUKA INTERNATIONAL FOUNDATION	
Address (number and street) C/O 4400 NW EXPRESSWAY	
City, State or Province, Country and ZIP or Foreign Postal Code OKLAHOMA CITY, OK 73116	
Federal Employer Identification Number 27-0440118	Date Qualified for Tax Exempt Status

OFFICE USE ONLY

PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME (Please read instructions on pages 2-3)

	Total Federal	Allocable Oklahoma
A. Total unrelated trade or business income - applicable Federal Form(s) 990	0	0
B. Total unrelated trade or business deductions - applicable Fed. Form(s) 990	0	0
C. Unrelated business taxable income - Enter here and on line 1 below	0	0

INCOME SUBJECT TO TAX

1. Unrelated business taxable income - from statement above (allocable to Oklahoma)	1	0	00
2. Other net income - enclose schedule	2	0	00
3. Oklahoma taxable income (total of lines 1 and 2)	3	0	00

TAX COMPUTATION

4. Tax at 6% of line 3. If Trust - See Rate Schedule on page 2 and place an 'X' here:..... <input type="checkbox"/>	4	0	00
5. Amount paid on 2014 estimate	5	0	00
6. Oklahoma withholding (enclose Form 1099, Form 500A, Form 500B or other withholding statement).	6	0	00
7. Amount paid with original return and amount paid after it was filed (amended return only)	7	0	00
8. Any refunds or overpayment applied (amended return only)	8	(0) 00
9. Total of lines 5 through 8	9	0	00
10. Overpayment (if line 9 is larger than line 4 enter amount overpaid)	10	0	00
11. Amount of line 10 to be credited to 2015 estimated tax (original return only)	11	0	00

Line 12 instructions provide you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from the instructions to this form in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and attach a schedule showing how you would like your donation split.

12. Donations from your refund..... <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____	12		00
13. Add lines 11 and 12 and enter amount	13		00
14. Amount to be refunded to you (line 10 minus line 13) Refund	14		00

<p>Direct Deposit Note:</p> <p>All refunds must be by direct deposit. See Direct Deposit Information on page 4 for details.</p>	→	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Deposit my refund in my: <input type="checkbox"/> checking account <input type="checkbox"/> savings account	
	Routing Number: _____ Account Number: _____	

15. Tax Due (if line 4 is larger than line 9 enter tax due)	Tax Due	15	0	00
16. Donation: Public School Classroom Support Fund..... <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ (For information regarding this fund, see page 3, #10)		16	0	00
17. For delinquent payment, add penalty of 5% \$ _____ plus interest at 1 1/4% per month..... \$ _____		17	0	00
18. Underpayment of estimated tax interest..... Annualized <input type="checkbox"/>		18	0	00
19. Total tax, donation, penalty and interest due - Add lines 15-18; pay in full with return.. Balance Due		19	0	00

PART 3: SIGNATURE AND VERIFICATION

Under penalty of perjury, I declare the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

Signature of Officer or Trustee	Date	<input checked="" type="checkbox"/> Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.	Signature of Preparer	Date
Print Name			Preparer's Address 2575 KELLEY POINTE PARKWAY, SUITE 140 EDMOND, OK 73013	
Title	Phone Number with Area Code		Phone Number: 405-341-2863	Preparer's PTIN: P00178205