Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black

OMB No. 1545-0047

2007

Department of the Treasury internal Revenue Service

lung benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Form 990 (2007)

anization ck here > s receipts inization ch	Please US C Name of organization, nurse IRS label or print or type. See Specific Instructions. Section 501(c)(3) organization charitable trusts must attach (Form 990 or 990-EZ). WWW. OKCOUNTYCASA. OF Company of the organization is not a 509(a) If the organization is not a 509(b) If	Momber and street, city, to HOMA COUNTY EN CT OK 73118— Ins and 4947(a)(1) non- a completed Schedul RG ✓ (insertine.) 4947(a) (3) supporting organizate return is not required, by	INC exempt e A	F AC H and I are not a H(a) is this a group H(b) if "Yes," enter	13-4 lephone nu 405- ctg. metho Other (spe applicable to preturn for affile	imber 713-6456 d: Cash ⊠ Accrual city) ▶ o section 527 organization
e change I return I retu	Section 501(c)(3) organization charitable trusts must attach (Form 990 or 990-EZ). WWW. OKCOUNTYCASA. OF OKCOUNTYCASA. OKCOUNTYCAS	EN CT OK 73118 – Ins and 4947(a)(1) non- a completed Schedul (G (inserinc.) 4947(a) (3) supporting organizareturn is not required, b	INC exempt e A	F AC H and I are not a H(a) is this a group H(b) if "Yes," enter	13-4 lephone nu 405- ctg. metho Other (spe applicable to preturn for affile	imber 713-6456 d: Cash ⊠ Accrual city) ▶ o section 527 organization
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nded return cabon pending posite: anization ck here se receipts inization ch	Section 501(c)(3) organization charitable trusts must attach (Form 990 or 990-EZ). WWW. OKCOUNTYCASA. OF type (check only one) if the organization is not a 509(a) are normally not more than \$25,000. A nooses to file a return, be sure to file a continuous continuous area.	COK 73118− Ins and 4947(a)(1) non- a completed Schedul CG (insert no.) 4947(a) (3) supporting organiza return is not required, b	(1) or 52	H and I are not a H(a) is this a group H(b) if "Yes," enter	ottg. metho Other (spe applicable to preturn for affile	d: Cash Accrual cify) ▶ o section 527 organization uses? Yes X N
osite: > anization ck here > s receipts inization ch	Section 501(c)(3) organization charitable trusts must attach (Form 990 or 990-EZ). WWW. OKCOUNTYCASA. OF type (check only one) if the organization is not a 509(a) are normally not more than \$25,000. A mooses to file a return, be sure to file a control of the sure to file a	ns and 4947(a)(1) non- a completed Schedul G (inserinc.) 4947(a) (3) supporting organizareturn is not required, b	(1) or 52	H and I are not a H(a) is this a group H(b) if "Yes," enter	Other (spe applicable to return for affile	cify) o section 527 organization sets? Yes X N
anization ck here ▶ s receipts inization chass receipts	www.OKCOUNTYCASA.OF type (check only one) ► X 501(c)(3) if the organization is not a 509(a) are normally not more than \$25,000. A nooses to file a return, be sure to file a constant.	(3) supporting organiza	(1) or 52	H(a) is this a group H(b) if "Yes," enter	p return for affili	ales? Yes X N
anization ck here > s receipts inization ch	www.OKCOUNTYCASA.OF type (check only one) ► X 501(c)(3) if the organization is not a 509(a) are normally not more than \$25,000. A nooses to file a return, be sure to file a constant.	(3) supporting organiza	(1) or 52	H(a) is this a group H(b) if "Yes," enter	p return for affili	ales? Yes X N
anization ck here > s receipts inization ch	type (check only one) X 501(c)(3) if the organization is not a 509(a) are normally not more than \$25,000. A nooses to file a return, be sure to file a	◄ (insert no.) 4947(a) (3) supporting organiza return is not required, b	tiorand its		number of affil	Total Control
ck here > s receipts nization ch ss receipts	if the organization is not a 509(a) are normally not more than \$25,000. A nooses to file a return, be sure to file a constant of the sure to file a constan	(3) supporting organiza	tiorand its	7 H(c) Am at all a		
s receipts inization ch	are normally not more than \$25,000. A nooses to file a return, be sure to file a c	return is not required, b	tiorand its	(If 'No ' attac	is included? h a list. See ins	Yes N
nization ch	nooses to file a return, be sure to file a o	return is not required, b complete return.		H(d) is this a sepa	rale return filed	byan
s receipts		complete return.	ut if the	organization o	covered by a gri	oup ruling? Yes X N
s receipts Rev	Add lines on the			I Group Exe		
I Rev	App lines on 8h 9h and 10h to line 1	2 . 40	0 1 1 5	M Check ▶	if the o	rganization is not required
MI	enue, Expenses, and Change	s in Not Assets a	9,145.	to attach S	ch. B (Form	990, 990-EZ, or 990-PF)
Contributi	ons, gifts, grants, and similar amounts	s in Net Assets o	r Fund B	alances (See t	he instruction	ons.)
a Contribu	itions to donor advised funds	eceiveo:	N. amili			
b Direct o	ublic support (not included as lice 1-)		. 1a	050 000	4	
c Indirect	public support (not included on line 1a)	***************************************	. 1b	THE RESERVE OF THE PARTY OF THE	4	
d Govern	peolic support (not included on line 1a)	***************************************	1c		4	
e Total (a	dd lines 12 (brough 1d) (each 5	3 on line 1a)	1d	188,948.		
Program	senice revenue including	12,281. nonce	ash \$)	1 e	472,287.
Member	ship dues and accommons	fees and contracts (fro	om Part VII,	line 93)	2	
Interest	on savings and temporary such in male	***************		*********	3	
Dividen	ts and interest from securities	nents.			. 4	16,858.
a Groce re	and interest from securities		1 - 1		. 5	
h l nee: ro	ntal eveneses		. 6a			
e Netrent	al income or floor). Subject to the	******************	6b			
Other in	as income or (loss). Subtract line on from	n line 6a	*********		6c	
		(1) 0	-)	7	
				(B) Other		The state of the s
c Gain or	loss) (attach echadula)		-			
Special	events and activities (attach school le)) and (B)	********		8d	
Gross re	venue (not including. §	102	iming, chec	k here ▶ 📗		
			112 1			
h Less dir	ect expenses other than fundamina an					
. Net inco	me or (loss) from special evants. Subtra	penses	96			
Gross es	les of inventory loss returns and all	act line 9b from line 9a	Party		9 c	
h Less-co	et of goods sold	ances	-			
Grose or	of the close from spice of inventor the					
Other res	cont or (loss) from Sales of Inventory (at	ach schedule). Subtrac	t line 10b fr	om line 10a	10c	
					11	
Program	services (from line 44, 5, 4, 5, 60, 7, 80	, 9c, 10c, and 11	********		12	489,145.
Manager	nent and general (from the 14 column (B))				13	234,412.
Fundrale	ing from line 44, column	(C))	*********		14	58,297.
Payment	s to affiliates (attach echodula)	******************		9.0000000000000000000000000000000000000	15	76,604.
Total ev	nenses Add lines 16 and 44 anti-	A)			16	
Evenne	(defeit) for the year O. http://	N			17	369,313.
Not see	to or fined below and Subtract line 17	rom line 12	F+++++++++++++++++++++++++++++++++++++		18	119,832.
Other at	is or rund balances at beginning of yea	r (from line 73, column	(A))	************	19	390,200.
Oliner chi	ariges in net assets or fund balances (a	Itach explanation)			20	
Net asse	is or fund balances at end of year. Con	ibine lines 18, 19, and	20	a hard of many	21	510,032.
t c c a b c a b c	b Direct p c Indirect of Condirect of Governor e Total (a Program Member Interest Dividence a Gross retained by Less: read than investigation of Conditions	b Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) d Government contributions (grants) (not included on line 1a) d Government contributions (grants) (not included on line 1a) d Government contributions (grants) (not included on line 1a) d Government lines (ash \$\frac{4}{2}\$ Program service revenue including government Membership dues and assessments Interest on savings and temporary cash investment Dividends and interest from securities a Gross rents b Less: rental expenses c Net rental income or (loss). Subtract line 6b from Other investment income (describe) a Gross amount from sales of assets other than inventory. c Less: cost or other basis & sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss). Combine line 8c, columns (A Special events and activities (attach schedule). d Ross revenue (not including \$\frac{1}{2}\$ contributions reported on line 1b) d Less: direct expenses other than fundraising expenses are cost of goods sold. d Gross sales of inventory, less returns and allows a Gross profit or (loss) from special events. Subtract income or (loss) from sales of inventory (attour Cother revenue (from Part VII, line 103) Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d Program services (from line 44, column (B)) Management and general (from line 44, column (P)) Payments to affiliates (attach schedule) Total expenses. Add lines 16 and 44, column (P) Excess or (deficit) for the year. Subtract line 17 (Net assets or fund balances at beginning of year Other changes in net assets or fund balances (a Net assets or fund balances at end of year. Com	b Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) e Total (add lines 1a through 1d) (cash \$ 472,287. nonce Program service revenue including government fees and contracts (from Membership dues and assessments Interest on savings and temporary cash investments. Dividends and interest from securities a Gross rents b Less: rental expenses c Net rental income or (loss). Subtract line 6b from line 6a Other investment income (describe) a Gross amount from sales of assets other (A) Securities than inventory. b Less: cost or other basis & sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss). Combine line 8c, columns (A) and (B) Special events and activities (attach schedule). If any amount is fromgate a Gross revenue (not including \$ of contributions reported on line 1b) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events. Subtract line 9b from line 9a gross sales of inventory, less returns and allowances. C Net income or (loss) from sales of inventory (attach schedule). Subtract Other revenue (from Part VII, line 103) Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 Program services (from line 44, column (B)) Management and general (from line 44, column (C)) Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule) Total expenses. Add lines 16 and 44, column (A) Excess or (deficit) for the year. Subtract line 17 from line 12 Net assets or fund balances at beginning of year (from line 73, column Other changes in net assets or fund balances (attach explanation). Net assets or fund balances at end of year. Combine lines 18, 19, and	Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities a Gross rents b Less: rental expenses c Net rental income or (loss). Subtract line 6b from line 6a Other investment income (describe▶ a Gross amount from sales of assets other than inventory b Less: cost or other basis & sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss). Combine line 8c, columns (A) and (B) Special events and activities (attach schedule). If any amount is fromgaming, chec a Gross revenue (not including \$ contributions reported on line 1b) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events, Subtract line 9b from line 9a d Gross sales of inventory, less returns and allowances. 10a 10b 10b 10cter revenue (from Part VII, line 103) Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 Program services (from line 44, column (B)) Management and general (from line 44, column (C)) Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule) Total expenses. Add lines 16 and 44, column (A) Excess or (deficit) for the year. Subtract line 17 from line 73, column (A)). Other changes in net assets or fund balances (attach explanation).	b Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) c Indirect public support (not included on line 1a) c Indirect public support (not included on line 1a) c Total (add lines 1a through 1d) (cash \$ 472,287. noncash \$ Program service revenue including government fees and contracts (from Part VII, line 93). Membership dues and assessments Interest on savings and temporary cash investments. Dividends and interest from securities a Gross rents b Less: rental expenses c Net rental income or (loss). Subtract line 6b from line 6a Other investment income (describe b a Gross amount from sales of assets other than inventory. b Less: cost or other basis & sales expenses c Gain or (loss). Combine line 8c, columns (A) and (B) Special events and activities (attach schedule). If any amount is fromgaming, check here laces: direct expenses other than fundraising expenses c Net income or (loss) from special events. Subtract line 9b from line 9a c Gross reofit or (loss) from special events. Subtract line 9b from line 9a c Gross sales of inventory, less returns and allowances. Net income or (loss) from special events. Subtract line 9b from line 9a c Gross profit or (loss) from special events. Subtract line 9b from line 9a c Gross profit or (loss) from special events. Subtract line 9b from line 9a c Gross profit or (loss) from special events. Subtract line 9b from line 9a c Gross profit or (loss) from special events. Subtract line 9b from line 9a c Gross profit or (loss) from special events. Subtract line 9b from line 9a c Gross profit or (loss) from special events. Subtract line 9b from line 9a c Gross profit or (loss) from special events. Subtract line 9b from line 9a c Gross profit or (loss) from special events. Subtract line 9b from line 9a c Gross profit or (loss) from special events. Subtract line 9b from line 9a c Gross profit or (loss) from special events or fund balances of inventory (attach schedule). Subtract line 10b from line 10a Other revenue. Add lines 1e, 2, 3,	b Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) c Indirect public support (not included on line 1a) c Indirect public support (not included on line 1a) c Total (add lines 1a through 1d) (cash \$ 472,287 noncash \$) le Total (add lines 1a through 1d) (cash \$ 472,287 noncash \$) le Total (add lines 1a through 1d) (cash \$ 472,287 noncash \$) le Total (add lines 1a through 1d) (cash \$ 472,287 noncash \$) le Strong and service revenue including government fees and contracts (from Parl VII, line 93) le Strong and service revenue including government fees and contracts (from Parl VII, line 93) le Strong and services (from securities

Part II Statement of

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Functional Expenses and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule)				3.00	
	(cash \$noncash \$					
	If this amount includes foreign grants, check here	22a				
226	Other grants and allocations (attach schedule) (cash \$noncash \$)				
	If this amount includes foreign grants, check here>	22b				
23	Specific assistance to individuals (attach					
	schedule)	. 23				
	Benefits paid to or for members (attach schedule)	. 24				
25a	Compensation of current officers, directors, key					
acc	employees, etc. listed in Part V-A	. 25a	51705.	38779.	11375.	1551
	Compensation of former officers, directors, key					
	employees, etc. listed in Part V-B	. 25b				
	Compensation and other distributions, not included					
	above, to disqualified persons (as defined under					
	section 4958(f)(1)) and persons described in section	155				
00	4958(c)(3)(B)	25c				
	Salaries and wages of employees not included on		2.2			
	lines 25a, b, and c	26	134218.	118169.	13422.	2627
	Pension plan contributions not included on lines					
	25a, b, and c	27				
	Employee benefits not included on lines 25a - 27	28	38590.	34306.	3570.	714.
30	Payroll taxes	. 29	14691.	13466.	1021.	204.
	Professional fundraising fees		4400.		2200.	2200.
	Accounting fees		5050.		5050.	
	Legal fees		10610.		10610.	
	Supplies		8420.	4805.	2119.	1496.
	Telephone					
	Postage and shipping		1256.	185.		1071.
	Occupancy					
38 1	Equipment rental and maintenance.	37	831.	831.		
39	Printing and publications	. 38	3175.	3175.		
40 (Travel.	39	1392.	1392.		
41 1	Conferences, conventions, and meetings	1000	6348.	6320.	28.	
42 [nterest Depreciation, depletion, etc. (attach schedule)	41				
		42	787.		787.	
	Other expenses not covered above (itemize): DIRECT CARE	102	22222	2305		
0.77T S1#	HOSPITALITY	43a	7028.	7028.		
	INSURANCE	43b	4382.	2399.	1983.	
	MEMBERSHIP DUES	43c	381.		381.	
_	AWARDS	43 d	5515.		5515.	
	SPECIAL EVENTS	43e	3605.	3449.	156.	
	SUBSCRIPTIONS	43f	66799.	58.		66741.
-		43g	130.	50.	80.	
	Total functional expenses. Add lines 22a through					
	3g (Organizations completing columns	base T				
	B) - (D), carry these totals to lines 13 - 15)	44	369313.	234412.	58297.	76604.
re any	y joint costs from a combined educational campaign at enter (i) the aggregate amount of these joint costs	nd fundrais	sing solicitation rep	orted in B) Program :	services?	Yes 🛛 No
oint C re any "Yes,	Costs. Check ▶ ☐ if you are following SOP 98-2. y joint costs from a combined educational campaign as		sing solicitation rep		services? >]

Partill Statement of Program Service Accomplishments (See the instruct	13-4364692 Page
Form 990 is available for public inspection and, for some people, serves as the primary or sole source	of information about a sect of the
flow the public perceives an organization in such cases may be determined by the information present	led on its return. Therefore also
sure the return is complete and accurate and fully describes, in Part III, the organization's programs	nd accomplishments
what is the organization's primary exempt purpose? COURT APPT ADVOCAT	ES CHILDREN Program Service
All organizations must describe their exempt purpose achievements in a clear and concise manner	tate the number of elicate Expenses
served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3):	nd (4) propriestings and and (4) one and
4947 (a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to other	4947(a)(1) trusts, but
a TO PROVIDE TRAINED COURT APPOINTED VOLUNTEERS W	HO ADVOCATE
TOR ABUSED OR NEGLECTED CHILDREN IN THE OKLAHOM	A COUNTY
DUVINILE COURT SYSTEM WILL PROVIDE COURT WITH T	VECRMATION
THE JUDGE NEEDS IN ORDER TO MAKE DECISION THAT	IS IN CHILDS
BEST INTEREST	
(Grants and allocations \$) If this amount includes foreign gr	ints, check here ▶ 234412
b	233112
(Grants and allocations \$) If this amount includes foreign gr	ints, check here ▶
C	
10-1-1-1-1-1	
(Grants and allocations \$) If this amount includes foreign grants	nts, check here >
d	
Hills and the second se	
10	
(Grants and allocations \$) If this amount includes foreign grants	nts, check here >

Form 990 (2007)

234412.

e Other program services (attach schedule)

f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . .

(Grants and allocations \$

) If this amount includes foreign grants, check here >

	Where required, attached schedules and amounts column should be for end-of-year amounts only.	winin the	oescription		(A) Beginning of year		(B) End of year
0.52	Cash - non-interest-bearing			128		45	494,03
46	Savings and lemporary cash investments	12. 2. 5.	4 4	0.0000		46	12,000
478	Accounts manipula	3.64					
1000	Accounts receivable Less: allowance for doubtful accounts		-				
	Less allowance for odubitul accounts	47b		-		47c	7,85
482	a Pledges receivable	400		- 1			
b			-			100000	
49	Grants receivable			-		48c	
50a	Receivables from current and former officers, dire	eriore inse	tope and ke	7.000		49	
	employees (attach schedule)						
b		defined und	der section 40	58/0/11		50a	
1,000	and persons described in section 4958(c)(3)(B) (a	attach sche	edule)	30(1)(1)		Enh	
51a	Other notes and loans receivable (attach		33007			50b	
	schedule)	51a				1 1	
b	Less: allowance for doubtful accounts	51b				51c	
52			1776			52	
53	- Francisco Granges					53	38
	Investments - publicly-traded securities		Cost	FMV		54a	- 50
b	Investments - other securities (attach schedule)	Þ	Cost	FMV		54b	
55a	Investments - land, buildings, and	0/ 10	1 1111 1111 1111 1111	-			
1	equipment basis	. 55a					
ь	Less: accumulated depreciation (attach						
	schedule)	. 55b				55c	
56	Investments - other (attach schedule)					56	
	Land, buildings, and equipment: basis	57a	5,6	17.			
p	Less: accumulated depreciation (attach	563					
50	schedule)		1,4	85.		57c	4,13
58	Other assets, including program-related investme (describe >	ints					
59)	-		58	
60	Total assets (must equal line 74), Add lines 45 th	rough 58.	********	*******		59	518,40
61	Accounts payable and accrued expenses Grants payable			ere i esta		60	8,37
62	Deferred revenue		41-0	V 0 6		61	
63	Loans from officers, directors, trustees, and key e	malayass	fallach			62	
333	schedule)						
64a	Tax-exempt bond liabilities (attach schedule)			4 - 1 - 1 - 1 - 1		63	
b	Mortgages and other notes payable (attach sched	fule)	*********			64a	
65	Other Rebittles developes a			1		64b	
10000	Comments and the first state of the state of			- ' -		65	
66	Total liabilities. Add lines 60 through 65					66	0 27
Orga	anizations that follow SFAS 117, check here	▶ X and	d complete lin	nes 67		00	8,37
	through 69 and lines 73 and 74.			(CAST)			
67	Unrestricted	communica	***********			67	510,032
68	Temporarily restricted					68	310,03
69	Permanently restricted		**********			69	
	inizations that do not follow SFAS 117, check h lines 70 through 74.	ereÞ	and con	nplete			
40	Capital stock, trust principal, or current funds		W 2			70	
70	Paid-in or capital surplus, or land, building, and ec	quipment fu	and .			71	
71			CONTRACT OF THE PARTY OF THE PA	-		72	
71 72	Retained earnings, endowment, accumulated inco	ome, or oth	er funds	CONTRACTOR OF			
71 72 73	Retained earnings, endowment, accumulated inco Total net assets or fund balances. Add lines 67 l	ome, or oth through 69	or lines			12	
71 72 73	Retained earnings, endowment, accumulated inco	ome, or oth through 69 d column (l	or lines B)must equa	line 21)		73	510,032

P	art IV-A	Reconciliation of R	evenue per Audited F	ina	ncial Sta	atem	ents	With Revenue	per R	eturn
a	Total revenu		per audited financial stateme	onte	222000	_	_			650044
b	Amounts inc	luded on linea but not on P	art I. line 12:	CIIIS		355			a	677766
1	Net unrealize	ed gains on investments				ht	i		1	
2	Donated ser	vices and use of facilities				h2	-	188621.		
3	Recoveries of	of prior year grants				b3		100021.		
4	Other (speci					- 00				
						b4				
	Add lines b1		(A)		F19911000110				ь	188621
Ç		b from line a				6500	-		c	489145
d		luded on Part I, line 12, but	not on linea:							.07113
		expenses not included on Pa	art I, line 6b	+++		d1			. 1	
2	Other (specif	(y):								
	Add lines de					d2	L.,		. 1	
	Add lines d1	and d2	***				5055		d	
D	rt IV-B	Peconciliation of E	sc and d						e	489145
	ALC: UNKNOWN BOOK STATE	os and leases are audited !	xpenses per Audited I	-in	ancial St	atem	ents	With Expense	s per	Return
h	Amounts incl	uded on linea but not on Pa	inancial statements	100	17077.50			ceece usuali	a	557934
								STUDENCE WALKER ST		
2	Prior year adi	usiments reported on Part	I fine 20	- 13		b1	_	188621.		
3	l osses renor	ted on Part Lline 20	I, line 20	***		b2	_			
4	Other (specify					b3	_			
	Care (apoon			-		100				
	Add lines b1 !	through b4		-		b4	_		6 II	
	Subtract line t	b from line a		1.5.4.4	***	1-1-1	111111	****	b	188621
		uded on Part I, line 17, but	not on lines:			W-11 - 14 Y			С	369313
			ert I, line 6b			1				
2	Other (specify					01	-			
				+ >+		d2				
	Add lines d1 a			_					100	
e ·	Total expens	es (Part I, line 17). Add line	sc and d	1100				+	d	
Pa	ULSIN HEADER	Current Officers, Dir	ectors. Trustees and	Ko	v Emplo	VOOR	11	int nach access to		369313
		trustee, or key employee at	any time during the year eve	n if	they were r	not cor	noens	aled) (See the inst	o was a	n officer, director,
		(A)	(B)	T		(C)	.,,	(D) Contribution		
	Nam	e and address	Title and average hours		Comper		ne	employee benef		(E)
		LEARCH-EIGHNAMAL	per week devoted to positio	n	not paid,		10000			Expense account and other allowance:
	RIS SHO					2.11.2.00		d develved comp	. plans	and other allowance:
PO	BOX 35	48 EDMOND OK	PRESIDENT	5			0		-	
	LINDA O			Ť		-		-		
22:	32 NW16	4TH EDMOND OK	PRES ELECT	5			0			
	NETTE H			7					-	
120	9 HAMP	TON CT EDMOND	TREASURER	5			0			
MAN	RK LIVI	NGSTON		-		_			-	
660	2 CYPR	ESS EDMOND OK	SECRETARY	5			0			
LYI	NN CONN	ELL		7		-		+	-	
160	08 FAIR	CHILD EDMD OK	EXC DIRECT 4	0	5	1,7	05			
	RNIE TA			-		-,,	03.	-	-	
20	BOX 18	227 OKC OK	DIRECTOR	3			0			
100	NNIE WE			-			0			
118	09 BEV	ESHIRE OKC OK	DIRECTOR	3			0			
	HOSHA			-			-	-		
110)1 NW 1	43 ST OKC OK	DIRECTOR	3			0			
	ETTE H					-	U			
_			DIRECTOR	3			0			
		LSON II		7			U	-	-	
-		ADWAY OKC OK	DIRECTOR	3			0			
and a		2.10		7			0	1		

Pa	m 990 (2007) CASA OF OKL)	Directors, Trustees, and K	and Phase Property and	SPS CRACESTON A	36469	2 P	a
-	Enter the total number of officers, di	rectors, indistees, and ki	ey Employees (c	continued)		Yes	ĺ
	meetings	rectors, and trostees permitted to	vote on organization bus	iness at board			
b	Are any officers directors trustees	or key employees listed in F		>			
- 51	Are any officers, directors, trustees,	el composestad extension d	90, Part V-A, or highest	compensated employees			
	listed in Schedule A, Part I, or higher	st compensated professional and	other independent contra	actors listed in Schedule A			
	Part II-A or II-B, related to each other	transpirates	onships? If "Yes," attach	a statement that identifies	E		
С	the individuals and explains the rela	tionship(s)	******************	e-line e initial a	75b		l
	7	or key employees listed in Form 99	90, Part V-A, or highest o	ompensated employees lis	ited		
	in Schedule A, Part I, or highest con	pensated professional and other	independent contractors	listed in Schedule A, Part	II-A		
	or II-B, receive compensation from a	iny other organizations, whether ta	exempt or taxable, that	I are related to the organiz	a-		
	tion? See the instructions for the del	inition of "related organization."			▶ 75c		Ì
0.20	If "Yes," attach a statement that inclu	ides the information described in t	he instructions.				
0	Does the organization have a writter	conflict of interest policy?		Constitution of the second	75d	X	
Let	or Other Benefits	rectors, Trustees, and Ke	y Employees That	Received Compens	ation		
	(if any former officer, dire	ctor, trustee, or key employee rec	eived compensation or o	ther benefits (described be	low) durin	o the	Ų
- 1	list that person below an	d enter the amount of compensati	on or other benefits in th	e appropriate column. See	the instruc	tions	
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to	(E) Expe		
		421 - 27-212-2	(if not paid,	employee benefit plans	and other	allow	
-			enter -0-)	& deferred comp. plans			
-		→					
				-			
-							
		-					
-							
		_				_	
-						-	
		- 1		1			
Par	Other Information	(See the instructions)					
		(See the instructions.)				Yes	
	Did the diganization make a change:	n its activities or methods of cond	ucting activities?			A SEC.	
6	If IVes I should a detail of the		erena vana avanta a tra	THE STATE OF	76	- 1	
6	If "Yes," attach a detailed statement of	f each change			-		
76	If "Yes," attach a detailed statement of Were any changes made in the organ	lizing or governing documents but	not reported to the IRS1	H 000 11 20	77	-	
7	If "Yes," attach a detailed statement of Were any changes made in the organ If "Yes," attach a conformed copy of the	nizing or governing documents but he changes.	not reported to the IRS1		77		
6 7 8a	If "Yes," attach a detailed statement of Were any changes made in the organ if "Yes," attach a conformed copy of the Did the organization have unrelated by	nizing or governing documents but the changes. Susiness gross income of \$1,000 o	not reported to the IRS1				
6 7 8a b	If "Yes," attach a detailed statement of Were any changes made in the organ If "Yes," attach a conformed copy of the Did the organization have unrelated by If "Yes," has it filed a tax return on For	nizing or governing documents but the changes. Susiness gross income of \$1,000 or the 990-T for this year?	not reported to the IRS?	overed by this return?	78a		
76 77 78a b	If "Yes," attach a detailed statement of Were any changes made in the organ If "Yes," attach a conformed copy of the Did the organization have unrelated by If "Yes," has it filed a tax return on For	nizing or governing documents but the changes. Susiness gross income of \$1,000 or the 990-T for this year?	not reported to the IRS?	overed by this return?	78a		
76 77 78a b	If "Yes," attach a detailed statement of Were any changes made in the organ If "Yes," attach a conformed copy of the Did the organization have unrelated to If "Yes," has it filed a tax return on For Was there a liquidation, dissolution, to	nizing or governing documents but the changes. Susiness gross income of \$1,000 or orm 990-T for this year? Permination, or substantial contract	or more during the year c	overed by this return?	78a		
76 77 8a b 9	If "Yes," attach a detailed statement of Were any changes made in the organ If "Yes," attach a conformed copy of the Did the organization have unrelated but If "Yes," has it filed a tax return on For Was there a liquidation, dissolution, to Is the organization related (other than	nizing or governing documents but the changes. susiness gross income of \$1,000 or rm 990-T for this year? ermination, or substantial contract to by association with a statewide or	or more during the year coin during the year? If "Y	overed by this return?	78a		
6 7 8a b 9	If "Yes," attach a detailed statement of Were any changes made in the organ if "Yes," attach a conformed copy of the Did the organization have unrelated but "Yes," has it filed a tax return on For Was there a liquidation, dissolution, to the organization related (other than membership, governing bodies, trusted.	nizing or governing documents but the changes. susiness gross income of \$1,000 or rm 990-T for this year? ermination, or substantial contract to by association with a statewide of these, officers, etc., to any other exe	or more during the year coin during the year? If "Y	overed by this return?	78a		
6 7 8a b 9	If "Yes," attach a detailed statement of Were any changes made in the organ If "Yes," attach a conformed copy of the Did the organization have unrelated but If "Yes," has it filed a tax return on For Was there a liquidation, dissolution, to Is the organization related (other than	nizing or governing documents but the changes. Susiness gross income of \$1,000 or \$90-T for this year? The grant of the g	or more during the year common during the year? If "Y r nationwide organization mpt or nonexempt organ	overed by this return?	78a 78b 79		
76 77 8a b 9 9 10a	If "Yes," attach a detailed statement of Were any changes made in the organ If "Yes," attach a conformed copy of the Did the organization have unrelated but "Yes," has it filed a tax return on For Was there a liquidation, dissolution, to the organization related (other than membership, governing bodies, trusted if "Yes," enter the name of the organization.	nizing or governing documents but the changes. Susiness gross income of \$1,000 or m 990-T for this year? ermination, or substantial contract to by association with a statewide or the contract to the contra	or more during the year common during the year? If "Y reationwide organization mpt or nonexempt organization theck whether it is	overed by this return?	78a 78b 79		
76 78 8 8 9 10 8	If "Yes," attach a detailed statement of Were any changes made in the organ if "Yes," attach a conformed copy of the Did the organization have unrelated but "Yes," has it filed a tax return on Forward the organization related (other than membership, governing bodies, trusted if "Yes," enter the name of the organization related (other than membership).	he changes. Susiness gross income of \$1,000 or \$90-T for this year? Termination, or substantial contract by association with a statewide or ses, officers, etc., to any other execution and conditures. (See line 81 instructions	or more during the year common during the year? If "Y r nationwide organization mpt or nonexempt organization theck whether it is end.)	vered by this return? (es," attach a statement (i) through common (ization? (ization?	78a 78b 79		
6 7 8a b 9 0a b	If "Yes," attach a detailed statement of Were any changes made in the organ If "Yes," attach a conformed copy of the Did the organization have unrelated but "Yes," has it filed a tax return on For Was there a liquidation, dissolution, to the organization related (other than membership, governing bodies, trusted if "Yes," enter the name of the organization.	he changes. Susiness gross income of \$1,000 or \$90-T for this year? Termination, or substantial contract by association with a statewide or ses, officers, etc., to any other execution and conditures. (See line 81 instructions	or more during the year common during the year? If "Y r nationwide organization mpt or nonexempt organization theck whether it is end.)	vered by this return? (es," attach a statement (i) through common (ization? (ization?	78a 78b 79		

Pa	art VI Other Information (continued)	13-43	0403		
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no cha	arne or at	1	Yes	No
	substantially less than fair rental value?	ange of at	920	х	
ь	If "Yes," you may indicate the value of these items here. Do not include this amount		. 82a	^	-
	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	188,621.			
83a		100,021.	-		
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	lions?	. 83a	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		83b	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		84a		X
	lax deductible?		11/2		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		84b	-	-
ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	1/1/2	85a	_	-
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	rollen sessi o d	85b		-
	waiver for proxy tax owed for the prior year.	allon received a			
c	Dues, assessments, and similar amounts from members 85c				
d	Section 162(e) lobbying and political expenditures		4		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e		4		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f		4 1		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85/?		100		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line		85g		
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the folio	85f to its	0 0		ri.
86		wing tax year?	85h		_
b	Gross receipts included as lies 12 for million and 1 for million a		4		
87	501/cV12) oros Estora Crassiana de la composición del composición de la composición		4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources		-		
	against amounts due or received from them.)		1 1		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation				
	partnership, or an entity disregarded as separate from the organization under Regulations sections	or	1 1		
			1		
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the		88a		X
7.0	of section 512(b)(13)2 if "Ves." complete Part VI	meaning			
89a	of section 512(b)(13)? If "Yes," complete Part XI 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	er een 1121 van 1	88b		Χ
	carlon 4011h				
	Section 4955 P		1 1	- 1	
~	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction the year or did it become aware of an excess benefit transaction.	on		. 4	
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," atta- a statement explaining each transaction			- 4	
		A CANADA TANADA TAN	89b		X
Ĭ.,	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year un sections 4912, 4955, and 4958	der			
e	Enter: Amount of tax on line 89c, above, reimbursed by the organization				
ï	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	er transaction?	89e		X
0	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance of	ontract?	89f		Х
9	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the s	upporting organization	n,		
90a	or a fund maintained by a sponsoring organization, have excess business holdings at any time during to	he year?	. 89g		Х
b	List the states with which a copy of this return is filed ► OK				
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b			7
11a	The books are in care of ► MONICA LEA SWINK CPA Telephone in	0 ▶ 405	-47	3-3	942
	Located at ▶ 5905 N CLASSEN CT OKC OK ZIP+4▶	73118~			-
(a)	At your lives of visco the visco to				
ь	At any time during the calendar year, did the organization have an interest in or a signature or other aut	thority over a	-	Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	count)?	91b		X
	If "Yes," enter the name of the foreign country ▶				
- 1	See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bar	nk and Financial			
	Accounts.				

Form 990 (2007)

Part VI Other Information (cont		INC		13~	4364692 Page
c At any time during the calendar year, di		naintain an office	outside of the United	States?	Yes No
If "Yes," enter the name of the foreign of	ountry ▶				
Section 4947(a)(1) nonexempt charitab	le trusts filing Form	990 in lieu oForr	m 1041 - Check here	ories are comme	
and enter the amount of tax-exempt into	erest received or ac	crued during the	lax vear	▶ 92	
Part VII Analysis of Income-Pro			istructions.)		
Note: Enler gross amounts unless	Unrelated bus	iness income	Excluded by secti	on 512, 513, or 514	(E)
93 Program service revenue:	(A) Business	(B)	(C)	(D)	Related or exempt
35 1.050(4)(0)57(4)(4)(4)(4)(4)(4)	code	Amount	Exclusion code	Amount	function income
b			+		
с					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government					
agencies				N. C.	
94 Membership dues and assessments					
95 Interest on savings and temporary	1				10000 0000
cash investments					16,858.
97 Net rental income or (loss) from					
real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from					
personal property					
99 Other investment income					
00 Gain or (loss) from sales of assets					Warte Jan
other than inventory					
O1 Nei income or (loss) from special events					
02 Gross profit or (loss) from sales of inventory 03 Other revenue: a			-		
b					
c			+		
d			1		
e					
04 Subtotal (add columns (B), (D), & (E))					16,858.
5 Total (add line 104, columns (B), (D), an	d (E))		***************************************		16,858.
ote: Line 105 plus line 1e, Part I, should equi	al the amount on lin	e 12, Part I.			10,030.
Relationship of Activitie	es to the Accor	nplishment o	of Exempt Purpo	ses (See the instru	ictions \
Line No. Explain how each activity for wh	ich income is report	ed in column (E)	of Part VII contribute	d importantly to the ac	complishment of the
organization's exempt purposes	(other than by prov	iding funds for si	uch purposes).		
	NOT COURT	OF COMFO	RT, PHYSICAL	/MENTAL, FO	R CHILDREN
ASSIGNED TO CASA	NOT COVER	ED IN BU	DGET		
art IX Information Regarding Ta	axable Subsidi	aries and Die	regarded Entitle	- 10 11 1	
Name, address, and EIN of corporation,	(B) Percentage of			The second second second second second	
partnership, or disregarded entity	Percentage of ownership int.	Nature ò	C) I activities	Total income	(E) End-of-year
	%			-	assets
	%				
	%				
	%				
art X Information Regarding Tr	ansfers Assoc	iated with Pe	ersonal Benefit (Contracts (See th	e instructions.)
 a) Did the organization, during the yr., recei b) Did the organization, during the year, pa 	ive any funds, direc y premiums, directly	tly or indirectly, to or indirectly, on	pay premiums on a	personal benefit contri	ect? Yes X No
Note: If "Yes" to (b), file Form 8870 and Form	n 4720 (see instruct	ions).			
• NAT 1 - 14 THE CANTES OF COLUMN ASSOCIATION OF THE STREET OF THE STREE					Form 990 (200

	controlling organization as defined	nsfers To and From Control in section 512(b)(13).	red Entitles. Complete o	nly if the organizati	on is	à
106	Did the reporting organizationmake any transif "Yes," complete the schedule below for each	nsfers to a controlled entity as defined	d in section 512(b)(13) of the Co	de?	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D Amount o		X
a						
b						
С					-	
	Totals				-	
07	Did the reporting organization receive any tra If "Yes," complete the schedule below for ea	ansfers from a controlled entity as de ch controlled entity.	fined in section 512(b)(13) of the	Code?	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer identification Number	(C) Description of transfer	(D Amount of		-
a						
b						
С						
	Totals					-
08 (Did the organization have a binding written cand annuities described in question 107 abo	ve?			Yes	7.5
Plea Sign Here	40120	y rowledge.	uding accompanying schedules ation of preparer (other than office	er) is based on all	nd to tr	he
aid repar se Or	Preparer's signature with the signature rer's Firm's name or yours FRANK	Date PA 11/14/20 WYDE CPA PC W 63RD STREET STE	108 employed ▶ P(ers \$\$N or PTIN (See G	ien Inst	x)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information - (See separate instructions.)

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2007

OMB No. 1545-0047

CASA OF OKLAHOMA COUNTY INC	0		mployer identification 13-436469	2
Part I Compensation of the Five Hig	hest Paid Employees Ot	her Than Office	ers, Directors, ar	d Trustees
(See the instructions. List each one. If the	nere are none, enter "None.")		CS	
(a) Name and address of each employee paid more than \$50,000	(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
LYNN CONNELL 1608 FAIRCHILD EDMOND OK	EXC DIRECTOR 10	51,705.		and the same
Total number of other employees paid over				
Part II-A Compensation of the Five Hig	1			
	nest Paid Independent C	ontractors for	Professional Ser	vices
(See the instructions. List each one (who (a) Name and address of each independent contract	for paid more than \$50,000			
NONE	nor paid more man \$50,000	(b) Type	of service	(c) Compensation
(MALESTAN)				
otal number of others receiving over \$50,000 for professional services				
Part II-B Compensation of the Five High	nest Paid Independent C	ontractors for	Other Services	
(List each contractor who performed ser-	vices other than professional se	vices whether indi-	iduale or	
from the same of t		rison, michiel mark	iodais ui	
irms. If there are none, enter "None." Se	ee the instructions.)			
firms. If there are none, enter "None." Se (a) Name and address of each independent contract		(b) Type	of service	In) Compensation
(a) Name and address of each independent contract		(b) Type	of service	(c) Compensation
(a) Name and address of each independent contract		(b) Type	of service	(c) Compensation
(a) Name and address of each independent contract		(b) Type	of service	(c) Compensation
(a) Name and address of each independent contract		(b) Type	of service	(c) Compensation
(a) Name and address of each independent contract		(b) Type	of service	(c) Compensation
(a) Name and address of each independent contract		(b) Type	of service	(c) Compensation
(a) Name and address of each independent contract		(b) Type	of service	(c) Compensation
(a) Name and address of each independent contract		(b) Type	of service	(c) Compensation
(a) Name and address of each independent contract		(b) Type	of service	(c) Compensation
(a) Name and address of each independent contrac		(b) Type	of service	(c) Compensation
(a) Name and address of each independent contract		(b) Type	of service	(c) Compensation

P	Statements About Activities (See the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities S (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		Х
b	Lending of money or other extension of credit?	2b		х
С	Furnishing of goods, services, or facilities?	2c		x
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		x
е	Transfer of any part of its income or assets?	2e		×
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		x
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement.	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g			
b	Did the organization make any taxable distributions under section 4966?	48		X
	Did the organization make a distribution to a donor donor advices or related	4b		X
	Enter the total number of donor advised funds owned at the end of the tax year	40		X
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		_	_
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the lax year	DOT!		

Schedule A (Form 990 or 990-EZ) 2007

ertify that the organization is not a private	CARLO STATISMENT OF THE STATE OF	AND AND THE PROPERTY OF THE PARTY OF THE PAR			
5 A church, convention of churches	s foundation because i	l is: (Please check onlyONE appropriate to the control of the cont	plicable box.)		
[.]	a, or essociation of City	inches. Section 170(b)(1)(A)(i).			
6 A school. Section 170(b)(1)(A)(ii)). (Also complete Part \	V)			
7 A hospital or a cooperative hospi	tal service organization	n. Section 170(b)(1)(A)(iii).			
8 A federal, state, or local government	nent or governmental u	nit. Section 170(b)(1)(A)(v).			
9	operated in conjunctio	n with a hospital. Section 170(b)(1)(A)(iiiEnter	the hospital's	name, city,
An organization operated for the (Also complete the Support Scho	benefit of a college or edule in Part IV-A.)	university owned or operated b	y a government	al unit. Section	170(b)(1)(A)(ıv
a An organization that normally rec Section 170(b)(1)(A)(vi). (Also co	eives a substantial par implete theSupport Sc	t of its support from a governm	nental unit or from	n the general p	public.
b A community trust. Section 170(b)(1)(A)(vi). (Also comp	lete theSupport Schedule in P	art IV-A.)		
2 An organization that normally rec- receipts from activities related to support from gross investment in	its charitable, etc., fund come and unrelated bu	ctions - subject to certain excelusiness taxable income (less se	ptions, an ¢2) no ection 511 tax) fr	more than 33	1/3% of ite
An organization that is not control requirements of section 509(a)(3)	See section 509(a)(2) fled by any disqualified Check the box that di	Also complete the upport Solution Persons (other than foundation escribes the type of supporting	n managers) and organization:	V-A.) d otherwise me	
3 An organization that is not control requirements of section 509(a)(3) Type I Type II	See section 509(a)(2) lled by any disqualified Check the box that di	Also complete the upport Si persons (other than foundation escribes the type of supporting II-Functionally integrated	n managers) and organization:	V-A.) I otherwise me	
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Schedule A (Form 990 or 990-EZ) 2007

	(a) 2006	(b) 2005	(c) 2004	d of accounting.	3	(e) Total
Gills, grants, and contributions receiv- ed (Do not include unusual grants See line 28.)			,,,,	(0) 200.		(e) rotal
Membership fees received.						
Gross receipts from admissions merchandise sold or services performed, or furnishing of				1:		
facilities in any activity that is related to the organization's					- 1	
chantable, etc. purpose						
Gross income from interest, dividends amounts received from payments on						
securities loans (section 512(a)(5)). rents, royalties, income from similar						
sources, and unrelated business tax- able income (less section 511 taxes)					i i	
from businesses acquired by the organization after June 30, 1975						
Net income from unrelated business activities not included in line 18						
Tax revenues levied for the organization's benefit and either						
paid to 4 or expended on its				1		
The value of services or facebes						
The value of services or facilities furnished to the organization by a governmental unit without						
charge. Do not include the value of services or facilities generally.						
furnished to the public without charge				1		
Other income. Attach a schedule. Do not include gain or (loss) from						
sale of capital assets						
Total of lines 15 through 22					-	
Line 23 minus line 17						
Enter 1% of line 23 Organizations described on line						
governmental unit or publicly supp	ported organization) wi	hose total gifts for 2002	each person (other the through 2005 exceet	nan a ded the		
governmental unit or publicly supp amount shown in line 26a.Do not Total support for section 509(a)(1)	corted organization) wi file this list with your lest: Enter line 24, co	hose total gifts for 2002 r return. Enter the total	each person (other the other the country of all these excess a	nan a ded the	26b 26c	
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Part VI-A Lobbyii (To be co	ng Expenditures mpleted ONLY by an i	by Electing Public (eligible organization that fil	Charities (See the in	nstructions.)		4364692 Pa
Check ▶ a if the organi	zation belongs to an a	ffiliated group. Check	The second second second second second		cked "a" and	d Timited o	ontrol" provisions ap
	mits on Lobbyin				(a) Affiliated		(b) To be completed
		amounts paid or incurred		_	total	s	for all electing organizations
6 Total lobbying expenditure	s to influence public o	pinion (grassroots lobbyin	g).	36			
7 Total lobbying expenditure	s to influence a legisla	ative body (direct lobbying	D	37			
Total lobbying expenditure	s (add lines 36 and 3)	7)		38			
Other exempt purpose exp Total exempt purpose exp	enditures	**********		39			
	anditures (add lines 3	8 and 39)		40			
Lobbying nontaxable amount on line 40 in							
그리지 사용하는 아이들의 없이 그렇게 하지만 어려워 하다 그래?	F100	e lobbying nontaxable ar	nount is -	1 1			
Over \$500,000 but not ove	r \$1 000 000 sto	% of the amount on line 40					
Over \$1,000,000 but not o	ver \$1 500 000 517	5.000 plus 15% of the excess over	\$500,000				
Over \$1,500,000 but not or	ver \$17 000 000 san	5,000 plus 10% bitthe excess over	\$1,000,000	41			
Over \$17,000,000		000,000 000,000		1 1			
Grassroots nontaxable am		e 41)		42			
Subtract line 42 from line 3	6. Enter -0- if line 42	s more than line 36	***********	43			
Subtract line 41 from line 3	8. Enter -0- if line 41	s more than line 38		44			
Caution: If there is an amo	ount on either line 43 o	or line 44, you must file Fo	rm 4720.	1 1			
	4-Year A	veraging Period Un	der Section	501(h			
(Some organ	izations that made a s	ection 501(h) election do	not have to cor	mplete all	of the five or	olumns he	low.
	S	ee the instructions for line	s 45 through 5	0.)		olulling del	OW.
		Lobbying Expendit	ures During 4	-Year Av	eraging Peri	od	
alendar year (or fiscal	(a)	(b)	(c)		/d\		
ear beginning in) >	2007	2006	2005		(d) 2004		(e)
Lobbying			2000		2004	-	Total
nontaxable amount						17	
Lobbying ceiling amount (150% of line 45(e))							
Total lobbying							
expenditures						1	
Grassroots			di				
nontaxable amount						4	
amount (150% of line 48(e))							
Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying							
Grassroots lobbying expenditures	g Activity by Nor	nelecting Public Ch	aritios				
Grassroots lobbying expenditures Part VI-B Lobbyin	g Activity by Nor	nelecting Public Cha	arities Part VI-A) (See	the instr	uclions i		
Grassroots lobbying expenditures art VI-B Lobbyin (For report	ing only by organization	ons that did not complete f	Part VI-A) (See	the instr	uctions.)		
expenditures art VI-B Lobbyin (For reporting the year, did the organiz	ing only by organization attempt to influe	ons that did not complete for not national, state or local	Part VI-A) (See	the instr	ny	es No	Amount
expenditures art VI-B Lobbyin (For reporting the year, did the organizmpt to influence public opin	ing only by organization ation attempt to influe ion on a legislative ma	ons that did not complete funce national, state or loca atter or referendum, through	Part VI-A) (See I legislation, in the use of:	the instr cluding a	ny	25 12	Amount
expenditures art VI-B Lobbyin (For reporting the year, did the organizmpt to influence public opin Volunteers	ing only by organization ation attempt to influe ion on a legislative ma	ons that did not complete funce national, state or loca atter or referendum, through	Part VI-A) (See I legislation, in the use of:	cluding a	ny Y	X	Amount
expenditures art VI-B Lobbyin (For reporting the year, did the organizampt to influence public opinic Volunteers Paid staff or management	ing only by organization ation attempt to influe ion on a legislative manual to (Include compensation)	ons that did not complete for the national, state or local atter or referendum, through on in expenses reported of	Part VI-A) (See I legislation, in the use of:	cluding a	ny Y	X	Amount
expenditures art VI-B Lobbyin (For reporting the year, did the organizampt to influence public opin Volunteers Paid staff or management Media advertisements	ing only by organization ation attempt to influe ion on a legislative manual to the compensation of the co	ons that did not complete force national, state or local atter or referendum, throughout in expenses reported or in expenses r	Part VI-A) (See I legislation, in the use of: on lines: throug	cluding a	ny Y	X X X	Amount
expenditures art VI-B Lobbyin (For reporting the year, did the organizampt to influence public opin Volunteers Paid staff or management Media advertisements Mailings to members, leg	ing only by organization ation attempt to influe ion on a legislative man t (Include compensations)	ons that did not complete for ince national, state or local atter or referendum, through on in expenses reported of	Part VI-A) (See i legislation, in the use of: on lines: throug	cluding a	ny y	X X X	Amount
expenditures art VI-B Lobbyin (For reporting the year, did the organizempt to influence public opinic Volunteers Paid staff or management Media advertisements Mailings to members, leg Publications, or published	ing only by organization ation attempt to influe ion on a legislative man t (Include compensation islators, or the public or broadcast statem	ons that did not complete funce national, state or local atter or referendum, throughout in expenses reported of ents	Part VI-A) (See i legislation, in the use of: on lines: throug	cluding a	ny y	X X X X	Amount
expenditures art VI-B Lobbyin (For reporting the year, did the organization) ring the year, did the organization of the properties of t	ing only by organization attempt to influe ion on a legislative man at the compensation of the public of or broadcast statements for lobbying purp	ons that did not complete funce national, state or local after or referendum, throughout on in expenses reported of ents	Part VI-A) (See i legislation, in the use of: on lines: throug	cluding a	ny y	X X X X X	Amount
expenditures art VI-B Lobbyin (For reporting the year, did the organization) ring the year, did the organization of the public opinity opinity of the public opinity of the public opinity opini	ing only by organization attempt to influe ion on a legislative manual (Include compensations) or the public or broadcast statements for lobbying purpolars, their staffs, gove	ons that did not complete funce national, state or local etter or referendum, throughout in expenses reported of ents	Part VI-A) (See I legislation, in the use of: on lines: throug	cluding a	ny y	X X X X X X	Amount
expenditures Part VI-B Lobbyin (For reporting the year, did the organizempt to influence public opinic Volunteers Paid staff or management Media advertisements Mailings to members, legic Publications, or published Grants to other organizations.	ing only by organization attempt to influe ation at legislative many of the public or broadcast statements for lobbying purports, their staffs, governments, conventions	ons that did not complete funce national, state or local atter or referendum, throughout in expenses reported completes.	Part VI-A) (See I legislation, in the use of: on lines: throug	cluding a	ny y	X X X X X	Amount

51		Exempt Organ	HILAUIUHS (S	ee the instructions.)			
75.5	Did th	e reporting organiza	tion directly or inc	firectly engage in any of the follow	ing with any other organization described in	section 501	in of
	the C	ode (other than section	on 501(c)(3) orga	nizations) or in section 527, relati	ng to political organizations?	3000011 30 1	0101
а	Trans	fers from the reportir	ng organization to	a noncharitable exempt organiza	tion of:	Ye	s No
	(i) C			2 1124		51a(i)	X
	100	ther assets		555 5550 0500 000 044444	He H THILL IN IN C	a(ii)	X
ь		transactions:					
	(i) S	ales or exchanges of	assets with a no	ncharitable exempt organization .		b(i)	X
	(ii) P	urchases of assets fr	rom a noncharitat	ole exempt organization	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	b(ii)	X
	(iii) R	ental of facilities, equ	uipment, or other	assets	an amazan and an	b(iii)	X
	(IV) R	eimbursemen! arrani	gements		THE RESERVE OF THE PARTY OF THE	b(iv)	X
		cans or loan guarant		ON AF CONTRACT PRODUCT	THE PARTY OF THE P	b(v)	X
820	(VI) P	errormance of servic	es or membership	or fundraising solicitations		b(vi)	X
C	Sharir	ng of facilities, equipr	ment, mailing lists	s, other assets, or paid employees		c	X
d	If the	answer to any of the	above is "Yes," o	omplete the following schedule. C	olumn (b) should always show the fair mark	et value of the	e
	goods	, other assets, or ser	rvices given by the	e reporting organization. If the ord	anization received less than fair market value	ue in any tra	saction
4-1	or sna	ring arrangement, sr	now in column (d)	the value of the goods, other ass	ets, or services received:		
(a) Line n		(b) Amount involved	Name of nor	(c) charitable exempt organization	(d)		
Cirio II		Actional involved	ivame or non	charitable exempt organization	Description of transfers, transactions, & s	haring arran	gements
-	-						
-	-+-						
-	-						
	-		14-14				
200	e de la			71717			
	-						
	-						
							_
DII							
C. C. Stanton	- 1				I .		-
2 a ls	the org	ganization directly or	indirectly affiliate	d with, or related to, one or more	lax-exempl organizations described in		
2 als	the org	ganization directly or 01(c) of the Code (c	indirectly affiliate ther than section	d with, or related to, one or more 501(c)(3)) or in section 527?	lax-exempt organizations described in	П	
S	ection 5	01(c) of the Code (c	other than section	d with, or related to, one or more 501(c)(3)) or in section 527?		Yes	X No
S	ection 5	01(c) of the Code (o complete the following	other than section	501(c)(3)) or in section 527?	· · · · · · · · · · · · · · · · · · ·	Yes	X No
S	ection 5	01(c) of the Code (c	other than section ng schedule:	d with, or related to, one or more 501(c)(3)) or in section 527? (b) Type of organization	(c)		X No
S	ection 5	01(c) of the Code (c complete the following (a)	other than section ng schedule:	501(c)(3)) or in section 527?	· · · · · · · · · · · · · · · · · · ·		X No
S	ection 5	01(c) of the Code (c complete the following (a)	other than section ng schedule:	501(c)(3)) or in section 527?	(c)		X No
S	ection 5	01(c) of the Code (c complete the following (a)	other than section ng schedule:	501(c)(3)) or in section 527?	(c)		X No
S	ection 5	01(c) of the Code (c complete the following (a)	other than section ng schedule:	501(c)(3)) or in section 527?	(c)		X No
S	ection 5	01(c) of the Code (c complete the following (a)	other than section ng schedule:	501(c)(3)) or in section 527?	(c)		X No
S	ection 5	01(c) of the Code (c complete the following (a)	other than section ng schedule:	501(c)(3)) or in section 527?	(c)		× No
S	ection 5	01(c) of the Code (c complete the following (a)	other than section ng schedule:	501(c)(3)) or in section 527?	(c)		X No
S	ection 5	01(c) of the Code (c complete the following (a)	other than section ng schedule:	501(c)(3)) or in section 527?	(c)		× No
S	ection 5	01(c) of the Code (c complete the following (a)	other than section ng schedule:	501(c)(3)) or in section 527?	(c)		× No
S	ection 5	01(c) of the Code (c complete the following (a)	other than section ng schedule:	501(c)(3)) or in section 527?	(c)		× No
S	ection 5	01(c) of the Code (c complete the following (a)	other than section ng schedule:	501(c)(3)) or in section 527?	(c)		No No
S	ection 5	01(c) of the Code (c complete the following (a)	other than section ng schedule:	501(c)(3)) or in section 527?	(c)		No No
S	ection 5	01(c) of the Code (c complete the following (a)	other than section ng schedule:	501(c)(3)) or in section 527?	(c)		X No
S	ection 5	01(c) of the Code (c complete the following (a)	other than section ng schedule:	501(c)(3)) or in section 527?	(c)		X No
S	ection 5	01(c) of the Code (c complete the following (a)	other than section ng schedule:	501(c)(3)) or in section 527?	(c)		X No
S	ection 5	01(c) of the Code (c complete the following (a)	other than section ng schedule:	501(c)(3)) or in section 527?	(c)		X No

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of organization

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

2007

CASA OF OKLAHOMA COUNTY INC 13-4364692 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c) (3) (enter number) organization 4947(a)(1) nonexempt charitable trustnot treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.) General Rule -For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules -For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support lest of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF. to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Paperwork Reduction Act Notice, see the Instructions

for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

CASA OF OKLAHOMA COUNTY INC

Employer identification number 13-4364692

Part I	Contributors (See Specific Instructions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
1	OKLAHOMA COUNTY BAR FOUNDATION 119 N ROBINSON STE 210	\$ 6,000.	Person Payroll Noncash	
	OKLAHOMA CITY OK 73102		(Complete Part II if there is a noncash contribution.	
No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
2	HE RAINBOLT	s5,000.	Person	
	1717 RANDEL RD		Payroll Noncash	
	OKLAHOMA CITY OK 73116		(Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d)	
			Type of contribution	
. 3	PO BOX 54525	s50,000.	Person Payroll Noncash	
	OKLAHOMA CITY OK 73154-1525		(Complete Part II	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	noncash contribution.) (d) Type of contribution	
4	DAVID AND LEZLIE HUDIBURG	s 5,000.	Person X	
	6907 AVONDALE DR		Payroll Noncash	
	NICHOLS HILLS OK 73116		(Complete Part II if there is a	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	noncash contribution.) (d) Type of contribution	
5	JEFF AND LORI BLUMENTHAL	s10,282.	Person X	
	7004 COUNTRY CLUB PLACE		Payroll Noncash	
	OKLAHOMA CITY OK 73116		(Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
6	CHESAPEAK ENERGY CORP	\$ 10,000.	Person X	
	PO BOX 18946		Payroll Noncash	
	OKLAHOMA CITY OK 73154-0496		(Complete Part II If there is a noncash contribution.)	

Name of organization

CASA OF OKLAHOMA COUNTY INC

Employer identification number 13-4364692

Part I			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	CRUSADER MANAGEMENT CORP	\$ 5,000.	Person X
	210 PARK AVE STE 3000 OKLAHOMA CITY OK 73102		Noncash (Complete Parl II
(a)	(b)	(c)	if there is a noncash contribution.) (d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
8	DEVON ENERGY CORP 20 N BROADWAY	s5,000.	Person X Payroll
	OKLAHOMA CITY OK 73102-8260		(Complete Part II if there is a
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	noncash contribution.) (d) Type of contribution
9	HALLIBURTON ENERGY SERVICES	s 5,000.	Person X
	210 PARK AVE STE 2000		Payroll Noncash
	OKLAHOMA CITY OK 73102		(Complete Part II if there is a noncash contribution.)
No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	SANDRIDGE OPERATING CO	s5,000.	Person X
	1601 NW EXPRESSWAY STE 1600 OKLAHOMA CITY OK 73118		Noncash (Complete Part II
	ONDIMONIAL CITT ON 75110		if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	MAAIT LP SPECIALIZED BULK	s5,000.	Person
	4413 CAREY ST		Payroll Noncash
	FT WORTH TX 76119		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	SAMSON	ss,000.	Person X
	SAMSON PLAZA TWO WEST SECOND ST		Payroll Noncash
	TULSA OK 74103		(Complete Part II if there is a noncash contribution.)

Name of organization

CASA OF OKLAHOMA COUNTY INC

Employer identification number 13-4364692

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_13	EOG RESOURCES INC 3817 NW EXPRESSWAY STE 500 OKLAHOMA CITY OK 73112-1483	ss	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14	MCGEE FOUNDATION INC PO BOX 18127 OKLAHOMA CITY OK 73154-0127	s14,000.	Person X Payroll Noncash (Complete Part II if there is a
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	noncash contribution.) (d) Type of contribution
		s	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		ss	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		SS	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Land, Buildings and Equipment
US 990 990: Page 4, Line 57; 990-PF: Page 2, Line 14

2007

Description	57; 990-PF: Page 2, L	Accumulated Depreciation	2007 Book Value
OFFICE EQUIPMENT	5,617. 5,617.	1,485. 1,485.	4,132 4,132
yright form software only, 2007 Universal Tax Systems, Inc. All rights reserved	USSTX571		

Form 8868

(Rev. April 2007) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

▶ File a separate application for each return.

OMB No. 1545-1709

e If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II(on page 2 of this form) Part I Automatic 3-Month Extension of Time, Only submit original (no copies needed). Section 501(c) corporations required to file Form 990-T & requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of lime to file income tax returns. Electronic Filing (e-file), Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of lime to file one of the returns onted below (6 months for section 501(c) corporations required to file Form 990-T, However, you cannot file Form 8868 electronically if (1) you want in a additional (not automatic) -month extension of (2) you file Form 890-T, However, you cannot file Form 8868 electronically if (1) you want in a additional (not automatic) -month extension of (2) you file Form 990-T, However, you cannot file Form 8868 electronically if (1) you want in a additional (not automatic) -month extension of (2) you file Form 990-T, However, you cannot file Form 8868 electronically if (1) you want in a additional (not automatic) -month extension of (2) you file Form 990-T, However, you cannot file Form 8868 electronically if (1) you want in a different part of the additional (not automatic) -month extension of (2) you file Form 990-T, However, you cannot file Form 8868 electronically if (1) you want in a different part of the additional (not automatic) -month extension of (2) you file Form 990-TB (900-R) or 8868. For more details on the electronic filing of this form, visal your warris and click on e-file for Chantles and Nonprolits. The proper of the file of Chantles and Nonprolits. The proper of Extension of the file of Chantles and Nonprolits. Employer identification number (2) you for file for the file of Chantles and Nonprolits. Form 990-BL Form 990-BL Form 990-BL Form 990	e If you a	re filing for an Automatic 3-Month Extension, complete only Part land check this box	-	. VI
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c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon	or if con	ured by using EETDS (Electronic Enders) Toy Downson S.		
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Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.	Caution. If y	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-FO and Form 8870.5	O for no	and the second
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