

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

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 7/01/08 and ending 6/30/09

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CASA OF OKLAHOMA COUNTY, INC.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
5905 CLASSEN COURT, STE 302

City or town, state or country, and ZIP + 4
OKLAHOMA CITY OK 73118

D Employer identification number
13-4364692

E Telephone number
405-713-6456

F Group Exemption Number

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ **WWW.OKCOUNTYCASA.ORG**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

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

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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **674,768**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	596,471
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	2,942
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	75,355
6b	Less: direct expenses other than fundraising expenses	6b	15,661	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	59,694	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	659,107	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	450,718
	13	Professional fees and other payments to independent contractors	13	46,674
	14	Occupancy, rent, utilities, and maintenance	14	3,109
	15	Printing, publications, postage, and shipping	15	13,384
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	108,390
17	Total expenses. Add lines 10 through 16	17	622,275	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	36,832
	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)	19	510,032
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	546,864

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	494,031	472,610
23 Land and buildings	4,132	33,740
24 Other assets (describe ▶ SEE STATEMENT 2)	20,240	48,646
25 Total assets	518,403	554,996
26 Total liabilities (describe ▶ SEE STATEMENT 3)	8,371	8,132
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	510,032	546,864

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (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 section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 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," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ OK		
42a	The books are in care of ▶ ORGANIZATION Telephone no. ▶ 405-713-6600 5905 N CLASSEN CT Located at ▶ OKLAHOMA CITY, OK ZIP + 4 ▶ 73118		
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)?		X
	If "Yes," enter the name of the foreign country: ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization(s) a section 527 organization?		
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date **MAR 15 2010** Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 **LUTON & CO., PLLC
 201 NW 63RD ST STE 100
 OKLAHOMA CITY, OK 73116** Preparer's Identifying Number (See instr.) **443-68-0236**
 EIN **73-1331618**
 Phone no. **405-848-7313**

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				472,287	596,471	1,068,758
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3				472,287	596,471	1,068,758
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,068,758

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4				472,287	596,471	1,068,758
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				16,858	2,942	19,800
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						1,088,558
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 28f	15	%
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		SPECIAL EVENTS		NONE	(Add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	75,355		75,355	
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	75,355		75,355	
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	15,661		15,661	
	8	Direct expense summary. Add lines 4 through 7 in column (d)				15,661
	9	Net income summary. Combine lines 3 and 8 in column (d)				59,694

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities:		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain:		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a		%				
13b		%				

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ORGANIZATION
 5905 N CLASSEN CT
 Address ▶ OKLAHOMA CITY OK 73118

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address:

Name ▶
 Address ▶

16 Gaming manager information:

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶
 Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

				Yes	No
13a		%			
13b		%			
15a					X
17a					X

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
SPECIAL EVENTS	\$
SPECIAL EVENTS	17,623
EXPENSES	
CONFERENCES/MEETINGS	3,943
INSURANCE	2,565
PAYROLL PROCESSING FEES	9,603
OUTSIDE PRINTING	2,321
REPAIRS AND MAINTENANCE	9,569
RECOGNITION AWARDS	3,704
UNEMPLOYMENT/WORKERS COMP	8,152
DIRECT CARE	42,909
DUES AND SUBSCRIPTIONS	4,595
ADMINISTRATION 401K FEES	3,406
TOTAL	<u>\$ 108,390</u>

Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	\$ 7,859	\$ 38,651
PREPAID EXPENSES AND DEFERRED CHARGES	381	431
FOUNDATION INVESTMENT	12,000	9,564
	<u>20,240</u>	<u>48,646</u>

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 8,371	\$ 3,730
ACCRUED EXPENSES		4,402
	<u>8,371</u>	<u>8,132</u>

Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

TO PROVIDE TRAINED COURT APPOINTED VOLUNTEERS WHO ADVOCATE FOR ABUSED OR NEGLECTED CHILDREN IN THE OKLAHOMA COUNTY JUVENILE COURT SYSTEM. THE VOLUNTEERS WILL PROVIDE THE COURT WITH INFORMATION THE JUDGE NEEDS IN ORDER TO MAKE DECISIONS THAT ARE IN THE CHILD'S BEST INTEREST. CASA VOLUNTEERS RECORDED 14,788 HOURS OF SERVICE VALUED AT \$299,457 BASED ON VOLUNTEER HOURLY RATES APPROVED BY THE ORGANIZATION'S GRANTING SOURCES. THESE SERVICES ARE NOT RECOGNIZED IN THE FINANCIAL STATEMENTS.

13-4364692

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MELINDA OLBERT 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118	PRESIDENT		0	0	0
MARK LIVINGSTON 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118	PRES-ELECT		0	0	0
NANETTE HAAG 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118	TREASURER		0	0	0
LAUREN HAMMACK 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118	SECRETARY		0	0	0
TIM BAKER 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118	DIRECTOR		0	0	0
LORI BLJMENTHAL 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118	DIRECTOR		0	0	0
DR. SID BROWN 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118	DIRECTOR		0	0	0
TIM HAWS 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118	DIRECTOR		0	0	0
TOM HOSHALL 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118	DIRECTOR		0	0	0
JULIE JONES 5905 CLASSEN COURT, STE 302	DIRECTOR		0	0	0

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
OKLAHOMA CITY, OK 73118					
MARY JONES 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118	DIRECTOR		0	0	0
DR. JULIE KRODEL 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118	DIRECTOR		0	0	0
ADELAIDE LIEDTKE 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118	DIRECTOR		0	0	0
LESLIE LYNCH 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118	DIRECTOR		0	0	0
LISA PHELPS 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118	DIRECTOR		0	0	0
DR. ABBAS SHOBEIRI 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118	DIRECTOR		0	0	0
CHRIS SHOROW 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118	DIRECTOR		0	0	0
MARNIE TAYLOR 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118	DIRECTOR		0	0	0
CONNIE WEBER 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118	DIRECTOR		0	0	0

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
SCOTT WITT 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118	DIRECTOR		0	0	0
LEE ANN LIMBER	EX DIRECTOR	40	16,615	0	0
LYNN CONNELL	EX DIRECTOR	40	11,000	0	0
JERI TOWLER	INTERIM ED	40	16,500	0	0

State of Oklahoma

RETURN OF ORGANIZATION

EXEMPT FROM INCOME TAX Section 501(c) of the Internal Revenue Code



FORM **512E**

2008

PART 1: For the year January 1 - December 31 2008, or other taxable year beginning 07/01/08, 2008 ending 06/30, 2009

Name of Organization CASA OF OKLAHOMA COUNTY, INC.		Federal Identification Number 13-4364692	
Address (number and street) 5905 CLASSEN COURT, STE 302		Date Qualified for Tax Exempt Status: 9-17-07	OFFICE USE ONLY
City, State and Zip OKLAHOMA CITY, OK 73118			
Enter the name and address used on your return for prior year (if same, write "same"). If none filed, give reason. SAME			

PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME (Please read instructions on the back of this form)

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

INCOME SUBJECT TO TAX

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

TAX COMPUTATION

4. Tax at 6% of line 3 (If Trust - See Rate Schedule on back)	4	- 00
5. Amount paid on 2008 estimate	5	00
6. Oklahoma withholding (enclose Form 1099, Form 500A, Form 500B or other withholding statement)	6	00
7. Add lines 5 and 6 and enter amount	7	- 00
8. Overpayment (if line 7 is larger than line 4 enter amount overpaid)	8	- 00
9. Amount of line 8 to be credited to 2009 estimated tax	9	- 00
Line 10 provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization, from the instructions to this form, in the oval below. If you give to more than one organization, please put a "99" in the oval and attach a schedule showing how you would like your donation split.		
10. Donations from your refund	10	00
11. Add lines 9 and 10 and enter amount	11	- 00
12. Amount to be refunded to you (line 8 minus line 11)	12	- 00
13. Tax due (if line 4 is larger than line 7 enter tax due)	13	- 00
14. For delinquent payment, add penalty of 5% _____ plus interest at 1 1/4% per month	14	00
15. Underpayment of estimated tax interest (enclose Form OW-8-P)	15	00
16. Total tax, penalty and interest due - Add lines 13, 14 & 15; pay in full with return	16	- 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	Signature of Individual or Firm Preparing this Return
Print Name	Print Name LUTON & CO., PLLC
Title	Address 201 NW 63RD ST STE 100, OKLAHOMA CITY, OK 73116
Date	Date MAR 15 2010
Phone Number with Area Code 405-713-6456	Phone Number with Area Code 405-848-7313