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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

Department of the Treasury Internal Revenue Service

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form ► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection:

A	For the 2007 calendar year, or tax year beginning 9/01 , 2007, and ending 8/31	, 2008			
В	Check if applicable C	mployer identification number			
	Address change Please use IRS OKLAHOMA COUNTY BAR FOUNDATION INC 2	23-7185736			
Ħ	Name change liabel or 119 N DORTNSON #240	Telephone number			
	In a stratum Series OVER RESONAL CEMBY OF TOTAL	405-236-8421			
	Termination See Specific	103-230-6421			
		Froup Exemption			
X	Application pending N	lumber			
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts G 'Accounting meth	nod X Cash Accrual			
	must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify)	<u> </u>			
		f the organization is not			
ı	Website: ► N/A required to attack	h Schedule B (Form 990,			
J	Organization type (check only one) — X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 990-EZ, or 990-F	1 ,			
' <u>K</u>	Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are no	ormally 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.	חיר			
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990	0.006			
	Instead of Form 990-EZ	<u>►\$</u> 9,996.			
Pa	rt Island Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instru	ictions.)			
	1 Contributions, gifts, grants, and similar amounts received	1 9,959.			
	2 Program service revenue including government fees and contracts 3 Membership dues and assessments	2			
	3 Membership dues and assessments	3			
	4 Investment income.	4 37.			
	5a Gross amount from sale of assets other than inventory 5a				
	b Less: cost or other basis and sales expenses 5b	4 4			
R	c Gain or (loss) from sale of assets other than inventory. Subtract in 5b from in 5a (attach schd)	5c			
REVENUE	6 Special events and activities (attach schedule) If any amount is from gaming, check here. ▶				
Ň	a Gross revenue (not including \$of contributions				
Ĕ	reported on line 1) 6a				
	b Less: direct expenses other than fundraising expenses 6b	<u> </u>			
	c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c			
	7a Gross sales of inventory, less returns and allowances 7a				
	b Less: cost of goods sold				
	c 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 9,996.			
	10 Grants and similar amounts paid (attach schedule) STATUTE UNIT See Statement 1	10 19,000.			
	11 Benefits paid to or for members	11			
E	12 Salaries, other compensation, and employee benefits CEIVED	12			
EXPENSE	13 Professional fees and other payments to independent contractors	13			
Ņ	14 Occupancy, rent, utilities, and maintenance APR 2 8 7014	14 970.			
	15 Printing, publications, postage, and shipping	15			
S	16 Other expenses (describe > TPR_BRANCH See Statement 2)	16 35.			
\$~	17 Total expenses (add lines 10 through 16) OGDEN				
\$ -	18 Excess or (deficit) for the year Subtract line 17 from line 9	18 -10,009.			
J A	1				
PNS SNS FE FE TT	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)	10,619.			
≠ E S	20 Other changes in net assets or fund balances (attach explanation)	20			
: Տ	20 Other changes in fiel assets of faile belances (attach expendition)	21 610.			
<u></u>	21 Net assets or fund balances at end of year Combine lines 18 through 20				
Pa	Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 inste				
~	(See Instructions) (A) Beginning of your section of the section o				
22		9. 22 610.			
	Land and buildings	24			
24					
25					
		0. 26 0.			
_27					
BA	A For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. TEEA0803L 0	08/06/07 Form 990-EZ (2007)			

	Int III. Statement of Program Service Accomplishments (See the instructions.)								es	
What i	at is the organization's primary exempt purpose? See Statement 3									٠.
Desc	ribe y	what was achieved in carrying out the ne services provided, the number of	e organization's exempt purp	oses. In a clear and co	ncise manner,		and (4) (4947(a)(organizat 1) trusts	ions a	and
progi	am ti	tle.	persons benefited, or other	relevant information for	eacii		for other	s)	optic	ла
28	See	Statement 4			_					
			7							
	(Gra	nts \$ 9,996.) If th	7	28 a						
29										
						-1				
						- 1				
	(Gra	nts \$) If th	 is amount includes foreign gi	rants check here		-1	29 a			
30	(Gra	711 (1)	is amount includes foreign gi	arts, check here	<u>_</u> _	╣				
30										
						-				
	70	nts \$) If th		rants chack hara		┪	30 a			
21				ants, check here		╣	30 a			
31		r program services (attach schedule		ranta abadi bara	▶ [\neg	21.0			
20		<u>.</u>	is amount includes foreign gi	rants, check here		╣	31 a			
		I program service expenses Add II		Janaaa Austrias Land				Can lan		\
Parl	IV	List of Officers, Directors,								
		(A) Name and address	(B) Title and average hours per week devoted	(C) Compensation (If not paid, enter -0)	employee benefit p) Expens d other a		
			to position		deferred comper	nsat	tion			
<u>See</u>	Sta	tement 5		0.			0.	. 0.		
							1			
					i		1			
			-							
Par	V . a	Other Information (Note the	statement requirement in the	instructions)	See St	ta	tement	: 6	Yes	No
		he organization make a change in i			Voc'attach a di	ot a	ulad			
33	state	ment of each change	is activities of methods of co	nuucing activities: ii i	res, allacira u	cıa	iieu	33		Х
34	Were	any changes made to the organizing or govern	ing documents but not reported to th	e IRS? If 'Yes,' attach a confo	rmed copy of the ch	nang	jes.	34		X
25	15 16-	area area had maning from business setuate	use such as these reported on lines ?	E and 7 (among others) but	not reported an For	m O	00 T attac	,		
35	a stat	organization had income from business activit ement explaining your reason for not reporting	the income on Form 990-T.	o, and / (among others), but	not reported on ron	III Ə	30-1, allaci	"		
_) (022/s) ms			4			
a		he organization have unrelated bus y tax requirements?	iness gross income of \$1,000	or more or 6033(e) no	tice, reporting,	aiii	u	35 a		Х
ŀ	•	es,' has it filed a tax return on Form	990-T for this year?					35 b	N/	Ά
36	Was	there a liquidation, dissolution, ternies, attach a statement	nination, or substantial contra	action during the year?				36		Х
37 s		amount of political expenditures, direct or ind	irect as described in the instructions		37a		().		
		he organization file Form 1120-POL		,	<u> </u>			37b		X
		-						3,5		
38 a	Did t	he organization borrow from, or ma such loans made in a prior year and	ke any loans to, any officer,	director, trustee, or key	employee or w	/er	е	38 a		X
				e pendu covereu by trii				364		
t	If 'Ye	es,' attach the schedule specified in	the line 38 instructions		30.		N/	ا۵/		
20		enter the amount involved			38 b		N/	4		
		c)(7) organizations Enter	makadad am kore O		200		NT .	ا ۸		,
		ition fees and capital contributions i			39 a 39 b		N/	_		
Ŀ	Gros	s receipts, included on line 9, for pi		N/	A		Li			

Form 990-EZ (2007) OKLAHOMA COUNTY BAR FOUNDATION INC

23-7185736

Page 2

Form 990-E	Z (2007) OKLAHOMA COUNTY BAR FOUNDATION INC	<u>23-718573</u>	6 1	⊃age 3
	Other Information (Note the statement requirement in the instructions.)	(Continued)		
40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
sectio	on 4911 ► 0., section 4912 ► 0.; section 4955 ►	<u> </u>		
year o	c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit for did it become aware of an excess benefit transaction from a prior year? If 'Yes,' an explanation	transaction during the	Yes 40 b	No X
c Enter	amount of tax imposed on organization managers or disqualified persons during the under sections 4912, 4955, and 4958	. 0.		
d Enter	amount of tax on line 40c reimbursed by the organization	<u> </u>		
	ganizations. At any time during the tax year, was the organization a party to a prohibited to retransaction?	ax	40 e	X
41 List the	e states with which a copy of this return is filed OK			
bAt an finance of Yes See to CAt an	the instructions for exceptions and filing requirements for Form TD F 90-22.1. by time during the calendar year, did the organization have an interest in or a signature or collar account in a foreign country (such as a bank account, securities account, or other finance, enter the name of the foreign country. che instructions for exceptions and filing requirements for Form TD F 90-22.1. by time during the calendar year, did the organization maintain an office outside of the U.S. c, enter the name of the foreign country:	icial account) /	Yes 42 b	X
	on 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has	▶ 43	ge and belief, it	N/A N/A
Please Sign Here	Debus Gorden Signature of officer Debra S. Gorden Secretary Executive Type or print name and title	11/28/2012 Director	2	
Paid Pre-	Preparer's signature Date 11-17-12	Check if self employed Prepare General N/A	r's SSN or PTIN Instruction X)	l (See
parer's Use	Firm's name (or yours if self-employed), address, and address, and address, and	EIN ► N/I		
Only	ZIP+4 OKIANOMA CITY, OK /3134-1021		418-444	
BAA	TEEA0812L 12/27/07	FC	orm 990-EZ	(2007)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

er •

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information — (See separate instructions.)
► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization	_		Employer identification	number
OKLAHOMA COUNTY BAR FOUNDATION INC Part I Compensation of the Five High	pect Paid Employees Oth	or Than Officers	23-7185736	1 Trustoos
(See instructions. List each one	e. If there are none, enter	r 'None.')	, Directors, arr	a musices
(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 and deferred compensation	(e) Expense account and other allowances
None				
				/ J 7 % 1 (
Total number of other employees paid over \$50,000				,
Part II + A Compensation of the Five High (See instructions. List each one	hest Paid Independent C	ontractors for Pu	ofessional Ser	vices None ')
(a) Name and address of each independent contra			of service	(c) Compensation
	——————————————————————————————————————	(6) 1966		(c) compensation
None		-		
		+		
		4		
	<u> </u>			-
		<u> </u>		
Total number of others receiving over \$50,000 for professional services		0		
Part II — B Compensation of the Five High (List each contractor who performs. If there are none, enter	rmed services other than	ontractors for O professional sei	ther Services vices, whether	individuals or
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type	of service	(c) Compensation
None		-	-	
		-		
		-		
		-		
Total number of other contractors receiving over \$50,000 for other services		0	* * * * * * * * *	*

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

		-			^^^ ==		
chedule	Α	(Form	990	or	990-EZ) 2007	

ch	edule A (Form 990 or 990-EZ) 2007 OKLAHOMA COUNTY BAR FOUNDATION INC 23-718	35736	F	age 2
a	rt III Statements About Activities (See Instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attem 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 N/A	npt 1		х
	Organizations that made an election under section 501(h) by filing 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 taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principle beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions')			
i	a Sale, exchange, or leasing of property?	2a		X
!	b Lending of money or other extension of credit?	2b	<u> </u>	х
(c Furnishing of goods, services, or facilities?	2c		<u>x</u>
(d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		x
(e Transfer of any part of its income or assets?	2e		х
3	a 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
ı	b Did the organization have a section 403(b) annuity plan for its employees?	3b	-	х
•	c 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		<u>x</u>
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		x
4	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.	es 4a		X
ŀ	b Did the organization make any taxable distributions under section 4966?	46	N,	/A
•	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N,	/A
(d Enter the total number of donor advised funds owned at the end of the tax year			N/A
,	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			N/A
1	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			0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

00	dale A (1 01111 330 01 330 CE) 2007 011	ELECTRIC COUNTY DI	IN POORBINETON DATE			t age t
Par	t IV 🧽 Reason for Non-Private F	oundation Status (S	See instructions.)			
cert	Ify that the organization is not a private f	foundation because it is	(Please check only ONE ap	plicable box	:)	
5	A church, convention of churches, o	r association of churches	Section 170(b)(1)(A)(i).			
6	A school Section 170(b)(1)(A)(ii). (A	Also complete Part V)				
7	A hospital or a cooperative hospital	service organization Sec	tion 170(b)(1)(A)(iii)			
8	A federal, state, or local government	t or governmental unit Se	ection 170(b)(1)(A)(v)			
9	A medical research organization operand state •	erated in conjunction with	a hospital. Section 170(b)((1)(A)(III). E I	nter the hos	pital's name, city,
10	An organization operated for the ber (Also complete the Support Schedu	nefit of a college or unive le in Part IV-A.)	rsity owned or operated by	a governme	ental unit S	ection 170(b)(1)(A)(iv)
11 a	An organization that normally receive Section 170(b)(1)(A)(vi) (Also comp			ntal unit or	from the ge	neral public
11 b	A community trust. Section 170(b)(1)(A)(vi) (Also complete t	he Support Schedule in Pa	rt IV-A)		
12	An organization that normally receive from activities related to its charitable from gross investment income and unorganization after June 30, 1975. See	le etc functions - subje	ct to certain excentions, an	d (2) no mo	re than 33-1	1/3% of its support
13	An organization that is not controller requirements of section 509(a)(3) C	d by any disqualified pers theck the box that describ	ons (other than foundation bes the type of supporting of	managers) organization	and otherwi	se meets the
	X Type I Type II	Type III-Function	nally Integrated	Type III	-Other	
	Provide the	following information ab	out the supported organiza	ations. (See	instructions	s)
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	the sup organiz	pported on listed in porting ration's rning	(e) Amount of support
				Yes	No	
OKI	AHOMA COUNTY BAR ASSOCIAT	ION 73-0732668	501C (6)	х		0.
_						
			,			
Total					•	0.

14 An organization organized and operated to test for public safety Section 509(a)(4). (See instructions)

BAA

Schedule A (Form 990 or 990-EZ) 2007

OKLAHOMA COUNTY BAR FOUNDATION INC 23-7185736 Page 4 Schedule A (Form 990 or 990-EZ) 2007 Part IV-AT Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting (e) Total (c) 2004 Calendar year (or fiscal year beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) N/A Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 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 25 Enter 1% of line 23 26 a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your 26 b return. Enter the total of all these excess amounts 26 c c Total support for section 509(a)(1) test. Enter line 24, column (e) 19 d Add Amounts from column (e) for lines 18 26 d 26 e e Public support (line 26c minus line 26d total) 26 f f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 27 Organizations described on line 12: N/A a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person ' **Do not file this list with your return.** Enter the sum of

such amounts for each year:							
(2006)	(2005)	(2004)	(2003)				
to show the name of, and amou \$5,000. (Include in the list organ After computing the difference b	nt received for each year, that nizations described in lines 5 between the amount received	at was more than the larger of through 11b, as well as indiv	of (1) the amount on lii riduals.) Do not file thi	ne 25 for t s list with	he year or (2) your return.		
(2006)	(2005)	(2004)	(2003)				
c Add: Amounts from column (e)	for lines: 15	16					
17	20	21		27 c			
d Add Line 27a total	and line	27b total.		27 d			
e Public support (line 27c total mi	nus tine 27d total)			27 e			
f Total support for section 509(a)	(2) test. Enter amount from li	ne 23, column (e) P 27f					
			•	27 g			
	or any amount included in line 17 that was received from each person (other than 'disqualified persons' show the name of, and amount received for each year, that was more than the larger of (1) the amount 5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not the computing the difference between the amount received and the larger amount described in (1) or (2 fferences (the excess amounts) for each year 006) (2005) (2004) (2003) dd: Amounts from column (e) for lines: 15 16 17 20 21						

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement) Does the organization maintain the following 32 a a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially 32 b nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32 c with student admissions, programs, and scholarships? 32 d d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.) · 🖟 📆 33 • 33 Does the organization discriminate by race in any way with respect to. 33 a a Students' rights or privileges? 33 b **b** Admissions policies? 33 c c Employment of faculty or administrative staff? 33 d d Scholarships or other financial assistance? 33 e e Educational policies? 33f f Use of facilities? 33 g g Athletic programs? h Other extracurricular activities? 33 h If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) 34 a 34a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? 34 b If you answered 'Yes' to either 34a or b, please explain using an attached statement Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.

Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

Lobbying Expenditures by Electing Public Charities (See instructions) (To be completed ONLY by an eligible organization that filed Form 5768) N/A If you checked 'a' and 'limited control' provisions apply. Check ► Check if the organization belongs to an affiliated group. (a) Affiliated group (b) Limits on Lobbying Expenditures To be completed totals for all electing (The term 'expenditures' means amounts paid or incurred) organizations 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 Total lobbying expenditures to influence a legislative body (direct lobbying). 37 37 38 38 Total lobbying expenditures (add lines 36 and 37) 39 Other exempt purpose expenditures 39 40 Total exempt purpose expenditures (add lines 38 and 39) 40 Lobbying nontaxable amount Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 41 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 W /x \$1,000,000 Over \$17,000,000 42 42 Grassroots nontaxable amount (enter 25% of line 41) 43 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36

4 -Year Averaging Period Under Section 501(h)

44

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50)

		Lobbying Expenditures During 4 -Year Averaging Period								
	Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total				
45	Lobbying nontaxable amount									
46	Lobbying ceiling amount (150% of line 45(e))	Section 1								
47	Total lobbying expenditures									
48	Grassroots non- taxable amount									
49	Grassroots ceiling amount (150% of line 48(e))	9 de v	* 1, 2 % (· · · · · · · · · · · · · · · · · · ·						
50	Grassroots lobbying expenditures									

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements.
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

If 'Yes' to any of the above.	alco attach a ctatomont	avuna a detailed	description of the	Johnwana activities
it it es to any of the above.	aiso attach a statement	divirio a detalled	describtion of the	loopying activities

Yes	No	Amount
-		
_		

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	e reporting organization (directly or in	idirectly engage in any of the following	ng with any other organization described ting to political organizations?	d ın sectı	on 50	1(c)
			o a noncharitable exempt organizati			Yes	No
(i) Ca	, -	3-		· ·	51 a (i)	_	Х
• -	ther assets		a (ii)		Х		
b Other	transactions:						i
(i) Sa	ales or exchanges of ass	ets with a no	oncharitable exempt organization		b (i)		Х
(ii)Po	urchases of assets from a	a noncharita	ble exempt organization		b (ii)		Х
(iii)Re	ental of facilities, equipm	ent, or othe	r assets	Ĺ	b (iii)		Х
(iv)Re	eimbursement arrangeme	ents			b (iv)		X
(v) Lo	oans or loan guarantees			<u> </u>	b (v)		X
(vi)Pe	erformance of services or	r membersh	ip or fundraising solicitations	<u> </u>	b (vi)		X
c Sharır	ng of facilities, equipmen	t, mailing lis	ts, other assets, or paid employees		c	لـِـــا	Х
d If the the go	answer to any of the abo oods, other assets, or ser ansaction or sharing arra	ive is 'Yes,' vices given ingement, sl	complete the following schedule. Co by the reporting organization. If the now in column (d) the value of the q	lumn (b) should always show the fair m organization received less than fair mar oods, other assets, or services received	arket value ket value	ue ot	
(a) Line no	(b) Amount involved		(c) noncharitable exempt organization	Description of transfers, transactions, and s			ts
	Amount involved		monchantable exempt organization	Description of dansiers, transactions, and s	———	igomon	
N/A				- -			
				-			
				" - "			
			· · · · · · · · · · · · · · · · · · ·				
							
							
,				·			
		_	-				
·		-					

·							
			iliated with, or related to, one or mo ther than section 501(c)(3)) or in sec	re tax-exempt organizations ction 527?	► 📗 Ye	s X	No
Dil Tes	s,' complete the following	scriedule.	(b)	(0)			
	(a) Name of organization		Type of organization	(c) Description of relations	ship		
N/A	· · · ·						
11/11			·				
							
					-		
			-				
			<u> </u>				
	 -						
	· _			<u> </u>			
RΔΔ				Schedule A (Form	440 or 9	90-EZ	12007

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2007

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

Name of organización		
OKLAHOMA COUNTY BAR	R FOUNDATION INC	23-7185736
Organization type (check one))	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(<u>3</u>) (enter number) of 4947(a)(1) nonexempt charitable 527 political organization	organization e trust not treated as a private foundation
Form 990-PF	501(c)(3) exempt private founda	ation
	4947(a)(1) nonexempt charitable 501(c)(3) taxable private foundate	e trust treated as a private foundation ation
Check if your organization is cover boxes for both the General Ru	red by the General Rule or a Special Rule (Note: <i>Only a sect ule and a Special Rule</i> — <i>see instructions</i>)	ion 501(c)(7), (8), or (10) organization can check
General Rule – X For organizations filing For contributor (Complete Particular)	rm 990, 990-EZ, or 990-PF that received, during the yets I and II.)	ear, \$5,000 or more (in money or property) from any one
Special Rules —		
509(a)(1)/170(b)(1)(A)(vi)	ganization filing Form 990, or Form 990-EZ, that met t and received from any one contributor, during the yea forms (Complete Parts I and II)	he 33-1/3% support test of the regulations under sections ir, a contribution of the greater of \$5,000 or 2% of the
aggregate contributions or	s), or (10) organization filing Form 990, or Form 990-E. bequests of more than \$1,000 for use <i>exclusively</i> for on of cruelty to children or animals. (Complete Parts I,	Z, that received from any one contributor, during the year, religious, charitable, scientific, literary, or educational II, and III)
some contributions for use	e <i>exclusively</i> for religious, charitable, etc, purposes, bucked, enter here the total contributions that were recei	ved during the year for an <i>exclusively</i> religious, charitable, to this organization because it received nonexclusively
religious, charitable, etc, c	contributions of \$5,000 or more during the year.)	> \$
990-PF) but they must check	re not covered by the General Rule and/or the Special the box in the heading of their Form 990, Form 990-E. nts of Schedule B (Form 990, 990-EZ, or 990-PF)	Rules do not file Schedule B (Form 990, 990-EZ, or Z, or on line 2 of their Form 990-PF, to certify that they do

2007	Federal Statements	Page 1
Client OCBAFDN	OKLAHOMA COUNTY BAR FOUNDATION INC	23-7185736
10/22/12		03:01PM
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts F	Paid	
Cash Grants and Allocati	Lons	
Donee's Name: Donee's Address:	OKLAHOMA LAWYERS FOR CHILDREN 4901 RICHMOND SQUARE, STE 101 OKLAHOMA CITY, OK 73118	
Amount Given:	\$	6,000.
Donee's Name: Donee's Address:	OKC COMM FOUNDATION 1000 N BROADWAY OKLAHOMA CITY, OK 73102	
Amount Given:	OKLAHOMA CIII, OK 73102	7,000.
Donee's Name: Donee's Address:	CASA OF OKLAHOMA COUNTY 5905 N CLASSEN CT, STE 302 OKLAHOMA CITY, OK 73118	
Amount Given:	\$	6,000.
	Total Cash Grants and Allocations \$	19,000.
	Total Grants and Similar Amounts Paid 🕏	19,000.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses		
BANK SERVICE CHARGES	Total \$	35. 35.
Statement 3 Form 990-EZ, Part III Organization's Primary Exem	·	
WITHIN THE OKLAHOMA COU	OF THE FOUNDATION ARE TO ADVANCE, FACILITATE AND PROPERTY COMMUNITY THE SCIENCE OF JURISPRUDENCE AND THE STATE OF AND TO ASSIST THE OKLAHOMA COUNTY BAR ASSOCIATION OSES.	TUDY
		

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

> Grants and <u>Allocations</u>

Program Service **Expenses**

Description

GRANTS WERE MADE TO OTHER CHARITABLE NON-PROFIT

ORGANIZATIONS FOR CHARITABLE OR EDUCATIONAL PURPOSES TO ENABLE THEM TO CONDUCT THEIR OWN AFFAIRS, PROVIDE SERVICES AND FULFILL THEIR OWN EXEMPT PURPOSES THAT ARE COMPATIBLE

007	Federal Statements	5		Page .
ent OCBAFDN OKLA	HOMA COUNTY BAR FOUND	ATION INC		23-718573
22/12				03 01P
Statement 4 (continued) Form 990-EZ, Part III, Line 28 Statement of Program Service Accord	mplishments			
Desc	ription		Grants and ocations	Program Service Expenses
WITH THE EXEMPT PURPOSES OF		ts: No	9,996.	
		\$	9,996.	0.
Statement 5 Form 990-EZ, Part IV List of Officers, Directors, Trustees, Name and Address	and Key Employees Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	
STEVEN L BARGHOLS 119 N ROBINSON #240 OKLAHOMA CITY, OK 73102	President 9			
LESLIE BATCHELOR 119 N ROBINSON #240 OKLAHOMA CITY, OK 73102	Vice President 0.25	0.	0.	(
DEBRA GORDEN 119 N ROBINSON #240 OKLAHOMA CITY, OK 73102	Secretary 0.75	0.	0.	(
ROBERT D NELON 119 N ROBINSON #240 OKLAHOMA CITY, OK 73102	Treasurer 0.25	0.	0.	
JOHN BELT 119 N ROBINSON #240 OKLAHOMA CITY, OK 73102	Director 0.25	0.	0.	
JIMMY GOODMAN 119 N ROBINSON #240 OKLAHOMA CITY, OK 73102	Director 0.25	0.	0.	
		0.	0.	
JOHN GREEN 119 N ROBINSON #240 OKLAHOMA CITY, OK 73102	Director 0.25			
119 N ROBINSON #240		0.	0.	

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•)/ 1		•

Federal Statements

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Client OCBAFDN

OKLAHOMA COUNTY BAR FOUNDATION INC

23-7185736

10/22/12

03:01PM

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

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
KARLA MCALISTER 119 N ROBINSON #240 OKLAHOMA CITY, OK 73102	Director : 0.25	\$ 0.	\$ 0.	\$ 0.
MARK PRICE 119 N ROBINSON #240 OKLAHOMA CITY, OK 73102	Director 0.25	0.	0.	0.
JON TRUDGEON 119 N ROBINSON #240 OKLAHOMA CITY, OK 73102	Director 0.25	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

Statement 6
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No