

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)

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Header section A-M containing organization details: Name (Youth & Family Services of North Central Oklahoma, Inc), EIN (73-0972483), and financial data (Gross receipts: 1,568,004).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Main table with 21 rows detailing revenue (1-12), expenses (13-17), and net assets (18-21). Includes a 'RECEIVED' stamp and a handwritten '6' at the bottom right.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of 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	
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	22	0	0		
23	Specific assistance to individuals (attach schedule)	23	0			
24	Benefits paid to or for members (attach schedule)	24	0			
25	Compensation of officers, directors, etc	25	51,344	0	51,344	
26	Other salaries and wages	26	836,165	742,478	93,687	
27	Pension plan contributions	27				
28	Other employee benefits	28	82,174	67,671	14,503	
29	Payroll taxes	29	76,120	63,792	12,328	
30	Professional fundraising fees	30	5,500		5,500	
31	Accounting fees	31	6,440	0	6,440	
32	Legal fees	32	0			
33	Supplies	33	45,631	41,994	3,637	
34	Telephone	34	14,013	11,723	2,290	
35	Postage and shipping	35	2,637	2,206	431	
36	Occupancy	36	44,168	36,951	7,217	
37	Equipment rental and maintenance	37	22,871	19,134	3,737	
38	Printing and publications	38	2,605	2,179	426	
39	Travel	39	27,167	0	27,167	
40	Conferences, conventions, and meetings	40	5,008	0	5,008	
41	Interest	41	2,062	0	2,062	
42	Depreciation, depletion, etc (attach schedule)	42	17,056		17,056	
43	Other expenses not covered above (itemize) a	43a	0			
	b Statement attached	43b	166,708	153,816	5,137	
	c	43c	0			
	d	43d	0			
	e	43e	0			
	f	43f	0			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13—15	44	1,407,669	1,141,944	252,470	13,255

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <input type="checkbox"/> Youth and child counseling	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a Temporary emergency shelter for children under the age of 18 is provided 24 hours per day, 365 days per year (Grants and allocations \$)	440,628
b Out-patient counseling and prevention services focused primarily on children, youth and families (Grants and allocations \$)	574,033
c Providing therapudic foster care for children under age 18 (Grants and allocations \$)	127,283
d (Grants and allocations \$)	
e Other program services (attach schedule) (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,141,944

Part IV Balance Sheets (See page 25 of the instructions)

				(A)		(B)
				Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
Assets	45 Cash—non-interest-bearing			-7,535	45	37,342
	46 Savings and temporary cash investments			74,738	46	156,798
	47 a Accounts receivable	47a	135,227			
	b Less allowance for doubtful accounts	47b	0	149,630	47c	135,227
	48 a Pledges receivable	48a	37,415			
	b Less allowance for doubtful accounts	48b	0	7,300	48c	37,415
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			0	50	0
	51 a Other notes and loans receivable (attach schedule)	51a	0			
	b Less allowance for doubtful accounts	51b	0	0	51c	0
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			8,358	53	13,942
	54 Investments—securities (attach schedule)			0	54	0
	55 a Investments—land, buildings, and equipment basis					
	b Less accumulated depreciation (attach schedule)	55a	517,244			
	56 Investments—other (attach schedule)	55b	364,031	160,640	55c	153,213
	57 a Land, buildings, and equipment basis	57a	0			
	b Less accumulated depreciation (attach schedule)	57b	0	0	57c	0
58 Other assets (describe)			0	58	0	
59 Total assets (add lines 45 through 58) (must equal line 74)			393,131	59	533,937	
Liabilities	60 Accounts payable and accrued expenses			38,428	60	25,201
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)			0	64a	0
	b Mortgages and other notes payable (attach schedule)			20,641	64b	13,637
	65 Other liabilities (describe)			0	65	0
66 Total liabilities (add lines 60 through 65)			59,069	66	38,838	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted			266,675	67	318,768
	68 Temporarily restricted			67,387	68	176,331
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			334,062	73	495,099	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)			393,131	74	533,937	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	1,568,706
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ 702		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	----- \$		
	Add amounts on lines (1) through (4)	b	702
c	Line a minus line b	c	1,568,004
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	----- \$		
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,568,004

a	Total expenses and losses per audited financial statements	a	1,407,669
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) \$		
	----- \$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	1,407,669
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	----- \$		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,407,669

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name <u>Connie Blankensh</u> Str <u>1201 N. Oakwood</u> City <u>Enid</u> ST <u>OK</u> ZIP <u>73703</u>	Title <u>Chairman</u> Hr/WK <u>5</u>	0	0	0
Name <u>Bill Presley</u> Str <u>1818 Hereford Drive</u> City <u>Enid</u> ST <u>OK</u> ZIP <u>73703</u>	Title <u>Vice-chairman</u> Hr/WK <u>1</u>	0	0	0
Name <u>Mike Bigheart</u> Str <u>3722 Willow Lake La</u> City <u>Enid</u> ST <u>OK</u> ZIP <u>73703</u>	Title <u>Treasurer</u> Hr/WK <u>3</u>	0	0	0
Name <u>Linda Kooiman</u> Str <u>3532 N. Lake Lane</u> City <u>Enid</u> ST <u>OK</u> ZIP <u>73703</u>	Title <u>Secretary</u> Hr/WK <u>1</u>	0	0	0
Name <u>Justin Simmons</u> Str <u>2925 Midway</u> City <u>Enid</u> ST <u>OK</u> ZIP <u>73701</u>	Title <u>Executive directo</u> Hr/WK <u>40</u>	51,344	2,274	0
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see page 28 of the instructions

Part VI Other Information (See page 28 of the instructions.)

Table with columns for question number, question text, Yes, and No. Rows include questions 76 through 92 regarding organizational activities, financial reporting, and tax status.

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Private pay					39,830
b City & county funds					10,500
c School based services					3,324
d Independent living					2,150
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					0
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					3,275
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					1,600
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					0
100 Gain or (loss) from sales of assets other than inventory					0
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a Sundry					2,387
c Expense reimbursements					8,795
d Special grants					2,100
e Lease purchase allocation					17,450
104 Subtotal (add columns (B), (D), and (E))		0		0	91,411
105 Total (add line 104, columns (B), (D), and (E))					91,411

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

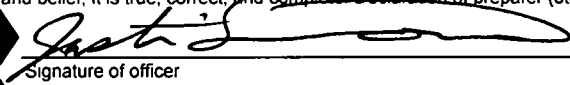
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).


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

Please Sign Here

Signature of officer:  Date: 4/11/2006

Justin Simmons, Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____

Check if self-employed: Preparer's SSN or PTIN (See Gen Inst W): _____

EIN: _____ Phone no: _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2004

Supplementary Information—(See separate instructions.)

Department of the Treasury
Internal Revenue Service

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

Name of the organization Youth & Family Services of North Central Oklahoma, Inc	Employer identification number 73-0972483
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(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
Name Str Leon Desecottier City Enid ST OK Zip 73703 Country	Title Counselor Avg hr/wk 40	50,222	1,481	0
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Total number of others receiving over \$50,000 for professional services		

Part III Statements About Activities (See page 2 of 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 ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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	1	X
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)		
a Sale, exchange, or leasing of property?	X	
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 A church, convention of churches, or association of churches 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 hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____ City _____ ST _____ Country _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A 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.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,238,894	1,183,815	1,108,324	993,882	4,524,915
16 Membership fees received					0
17 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	180,896	43,860	34,673	25,000	284,429
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	545	426	502	1,362	2,835
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	2,822	3,928	0	340	7,090
23 Total of lines 15 through 22	1,423,157	1,232,029	1,143,499	1,020,584	4,819,269
24 Line 23 minus line 17	1,242,261	1,188,169	1,108,826	995,584	4,534,840
25 Enter 1% of line 23	14,232	12,320	11,435	10,206	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶	26a	90,697
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 2000 through 2003 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts	▶	26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)	▶	26c	4,534,840
d Add Amounts from column (e) for lines 18 <u>2,835</u> 19 <u>0</u>	▶	26d	9,925
22 <u>7,090</u> 26b <u>0</u>	▶	26e	4,524,915
e Public support (line 26c minus line 26d total)	▶	26f	99.78%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶		

27 Organizations described on line 12: 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	(2003) _____ (2002) _____ (2001) _____ (2000) _____		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2003) _____ (2002) _____ (2001) _____ (2000) _____		
c Add Amounts from column (e) for lines 15 <u>0</u> 16 <u>0</u>	▶	27c	0
17 <u>0</u> 20 <u>0</u> 21 <u>0</u>	▶	27d	0
d Add Line 27a total <u>0</u> and line 27b total <u>0</u>	▶	27e	0
e Public support (line 27c total minus line 27d total)	▶		
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	▶	27f	0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27g	0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h	0.00%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	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?		
30	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?		
31	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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) ----- ----- -----		
32	Does the organization maintain the following		
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 nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34 a	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? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	0	0
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)	0	0
41	Lobbying nontaxable amount Enter the amount from the following table—		
	If the amount on line 40 is—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41		0	0
42	Grassroots nontaxable amount (enter 25% of line 41)	0	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	0	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	0	0

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

4-Year Averaging Period Under Section 501(h)

(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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

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	Yes	No	Amount
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.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Line 1a (990) - Direct public support

1	Contributions	1	124,198
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 9 - Special Events)	6	0
7	-----	7	
8	-----	8	
9	-----	9	
10	Total	10	124,198

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only ▶
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization YOUTH & FAMILY SERVICES OF NORTH CENTRAL OKLAHOMA, INC.	Employer identification number 73 : 0972483
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 2925 NORTH MIDWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ENID, OK 73701	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ CORPORATION

Telephone No. ▶ (580) 233-7220 FAX No. ▶ ()

- If the organization does **not** have an office or place of business in the United States, check this box ▶
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until _____, 20____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 ... or
 ▶ tax year beginning _____, 20____, and ending _____, 20____

2 If this PLEASE MAIL TO: Initial return Final return Change in accounting period

3a If this nonre or 6069, enter the tentative tax, less any \$ _____

b If this made INTERNAL REVENUE SERVICE CENTER ntable credits and estimated tax payments it \$ _____

c Balan with l instru OGDEN, UT 84201-0027 ment with this form, or, if required, deposit onic Federal Tax Payment System). See \$ _____

Caution. If with this Form 8868, see Form 8453-EO and Form 8879-EO

Statement 1

Form 990, Part 1, Line 20

Other Changes in Net Assets of Fund Balances

Unrealized Gain on Investments

702

Statement 2

Form 990, Part II, Line 43

Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Agency Functions	493	412	81	
Consultant	2565	2565	0	
Contract labor	29375	29375	0	
Dues/memberships	6739	6739	0	
Foster care	66348	66348		
Fund raising	7755	0		7755
Insurance	30945	25889	5056	
Program recreation	1256	1256		
Sundry	21232	21232	0	
Totals	166708	153816	5137	7755

Statement 3

Form 990, Part IV, Line 55b

Investments - Land, Buildings, and Equipment

	Basis	Accumulated Depreciation	Book Value
Construction in-progress	2185		2185
Vehicles	21150		10172
Furniture & fixtures	31984		6601
Office equipment	103186		14412
Buildings	296879		57983
Land	61860		61860
Accumulated depreciation		364031	0
Totals	517244	364031	153213