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Amended

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

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

A For the 2004 calendar year, or tax year beginning , and ending

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return
- [X] Amended return
- [ ] Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: CROWN HTS-EDGEMERE HTS HOMEOWNERS ASSOCIATION

Number and street (or P O box if mail is not delivered to street address): P O BOX 18283 — Room/suite:

City or town: OKLAHOMA CITY — State or country: OK — ZIP + 4: 73154-0283

D Employer identification number: 23-7288635

E Telephone number:

F Accounting method [X] Cash [ ] Accrual [ ] Other (specify) ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [X] Yes [ ] No (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

G Website ▶ N/A

I Group Exemption Number ▶

J Organization type (check only one) ▶ [X] 501(c) (4) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return**

M Check ▶ [ ] if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 53,870

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

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	0		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	**Total** (add lines 1a through 1c) (cash $ ____ noncash $ ____)			1d	0
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	0
3	Membership dues and assessments			3	30,835
4	Interest on savings and temporary cash investments			4	5,404
5	Dividends and interest from securities			5	0
6 a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	0
7	Other investment income (describe ▶)			7	0
8 a	Gross amount from sales of assets other than inventory	(A)	(B) Other		
		0	8a 0		
b	Less cost or other basis and sales expenses	0	8b 0		
c	Gain or (loss) (attach schedule)	0	8c 0		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	0
9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ [ ]				
a	Gross revenue (not including $ 0 of contributions reported on line 1a)	9a	15,866		
b	Less direct expenses other than fundraising expenses	9b	2,717		
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	13,149
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	0
11	Other revenue (from Part VII, line 103)			11	1,765
12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	51,153
13	Program services (from line 44, column (B))			13	5,206
14	Management and general (from line 44, column (C))			14	2,519
15	Fundraising (from line 44, column (D))			15	0
16	Payments to affiliates (attach schedule)			16	0
17	**Total expenses** (add lines 16 and 44, column (A))			17	7,725
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	43,428
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	176,757
20	Other changes in net assets or fund balances (attach explanation)			20	0
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	220,185

Revenue / Expenses / Net Assets

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	0			
26	Other salaries and wages	26	0			
27	Pension plan contributions	27	0			
28	Other employee benefits	28	0			
29	Payroll taxes	29	0			
30	Professional fundraising fees	30	0			
31	Accounting fees	31	0			
32	Legal fees	32	0			
33	Supplies	33	0			
34	Telephone	34	0			
35	Postage and shipping	35	0			
36	Occupancy	36	0			
37	Equipment rental and maintenance	37	0			
38	Printing and publications	38	0			
39	Travel	39	0			
40	Conferences, conventions, and meetings	40	0			
41	Interest	41	0			
42	Depreciation, depletion, etc (attach schedule)	42	0			
43	Other expenses not covered above (itemize) a INSURANCE	43a	611		611	
	b ORGANIZATIONAL DUES	43b	300	300		
	c ADMINISTRATIVE	43c	1,908		1,908	
	d MEMBERSHIP/HOSPITALITY	43d	437	437		
	e SOCIAL	43e	4,469	4,469		
	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	7,725	5,206	2,519	0

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? ▶ HISTORIC NEIGHBORHOOD IMPROVEMENT & MAINT

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)

a HISTORIC NEIGHBORHOOD IMPROVEMENTS AND MAINTENANCE - INCLUDING STREETLIGHTS, COMMON AREA LANDSCAPING, AND PARK IMPROVEMENTS

(Grants and allocations $) 5,206

b (Grants and allocations $)

c (Grants and allocations $)

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) ▶ 5,206

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

	Note	*Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing			54,908	45	62,255
	46	Savings and temporary cash investments			14,036	46	31,439
	47 a	Accounts receivable	47a	0			
	b	Less allowance for doubtful accounts	47b	0	0	47c	0
	48 a	Pledges receivable	48a	0			
	b	Less allowance for doubtful accounts	48b	0	0	48c	0
	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				53	
	54	Investments—securities (attach schedule) ▶ [X] Cost [ ] FMV			107,813	54	126,491
	55 a	Investments—land, buildings, and equipment basis	55a	0			
	b	Less accumulated depreciation (attach schedule)	55b	0	0	55c	0
	56	Investments—other (attach schedule)			0	56	0
	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)			176,757	59	220,185
Liabilities	60	Accounts payable and accrued expenses				60	
	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)			0	64b	0
	65	Other liabilities (describe ▶ _____)			0	65	0
	66	**Total liabilities** (add lines 60 through 65)			0	66	0
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ [ ] and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted				67	
	68	Temporarily restricted				68	
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ [X] 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			176,757	72	220,185
	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)			176,757	73	220,185
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			176,757	74	220,185

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)

a	Total revenue, gains, and other support per audited financial statements ▶	a	N/A
b	Amounts included on line a but not on line 12, Form 990		
	(1) Net unrealized gains on investments $		
	(2) Donated services and use of facilities $		
	(3) Recoveries of prior year grants $		
	(4) Other (specify)		
	---------- $		
	---------- $		
	Add amounts on lines (1) through (4) ▶	b	0
c	Line a minus line b ▶	c	0
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	0

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

a	Total expenses and losses per audited financial statements ▶	a	
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	0
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	0

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 L C RESNICK Str 829 NW 39th City OKC ST OK ZIP 73118	Title PRESIDENT Hr/WK VARIOUS	0	0	0
Name G A WOOD Str 825 NW 39th City OKC ST OK ZIP 73118	Title VICE-PRES Hr/WK VARIOUS	0	0	0
Name J A DIXON Str 1001 NW 37th City OKC ST OK ZIP 73118	Title SECRETARY Hr/WK VARIOUS	0	0	0
Name J KRUEGER Str 808 NW 39th City OKC ST OK ZIP 73118	Title TREASURER Hr/WK VARIOUS	0	0	0
Name J MORRIS Str 915 NW 40th City OKC ST OK ZIP 73118	Title MEMBER Hr/WK VARIOUS	0	0	0
Name C LEWIS Str 800 NW 38th City OKC ST OK ZIP 73118	Title MEMBER Hr/WK VARIOUS	0	0	0
Name D THADANI Str 717 NW 38th City OKC ST OK ZIP 73118	Title MEMBER Hr/WK VARIOUS	0	0	0
Name A ONTKO Str 301 NW 42nd City OKC ST OK ZIP 73118	Title MEMBER Hr/WK VARIOUS	0	0	0
Name J SMITH Str 517 NW 39 City OKC ST OK ZIP 73118	Title MEMBER Hr/WK VARIOUS	0	0	0
Name SEE LIST Str SEE LIST City ST ZIP	Title Hr/WK	0	0	0

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 [X] No
If "Yes," attach schedule—see page 28 of the instructions

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

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt **or** ☐ nonexempt			
81 a	Enter direct and indirect political expenditures See line 81 instructions 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations* **a** Were substantially all dues nondeductible by members?	85a	X	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	X	
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs Enter **a** Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	*501(c)(12) orgs* Enter **a** Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		X
89 a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ N/A , section 4912 ▶ _____ , section 4955 ▶ _____			
b	*501(c)(3) and 501(c)(4) orgs* 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," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A			
90 a	List the states with which a copy of this return is filed ▶ _____			
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions) 90b			
91	The books are in care of ▶ Name CH-EH HOMEOWNERS ASSOCIATION Telephone no ▶ (405) 528-3917 Located at ▶ P O BOX 18283 City ST ZIP + 4 ▶ 73154-0283			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***— Check here ▶ ☒ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A			

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)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			03	30,835	
95 Interest on savings and temporary cash investments			03	5,404	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			03	13,149	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a INSURANCE PROCEEDS			03	1,765	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		51,153	0
105 **Total** (add line 104, columns (B), (D), and (E))				▶	51,153

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)*

Please Sign Here

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

▶ Judy V Krueger — Signature of officer — Date ▶ 12/3/10

▶ Judy V Krueger Treasurer — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See Gen Inst W)
	10/14/2005	▶ ☒	P00361090

Firm's name (or yours if self-employed), address, and ZIP + 4: JOHN W HENRY & ASSOCIATES, 12702 N MACARTHUR BLVD , OKLAHOMA CITY, OK 73142-29 — EIN ▶ 32-0054879 — Phone no ▶ (405) 722-8429

Explanations (990)

Reasonable Cause

1
2
3
4
5
6
7
8
9
10

General Explanation

1 THIS RETURN IS AMENDED DUE TOTHE INCLUSION OF INFORMATION FROM CH-EH IMPROVEMENTS, INC
2 EIN 73-1109351 ON THE ORIGINAL RETURN THE CORRECT RETURNS HAVE BEEN FILED FOR CH-EH IMPROVEMENT
3
4
5
6
7
8
9
10

Line 9 (990) - Special events and activities

		Event A	Event B	Event C	All others		Totals
1	Special event name	PATRON PARTY	CHRONICAL	GUEST @ SOCIALS			
1a	Number of special events	1	1				
2	Gross receipts	14,696	910	260		2	15,866
3	Less contributions					3	0
4	Gross revenue	14,696	910	260	0	4	15,866
5	Less direct expenses	1,787	930			5	2,717
6	Net income or (loss)	12,909	-20	260	0	6	13,149

Line 54 (990) - Investments - Securities

Check one box below to indicate how securities are report

[X] Cost

[ ] End of year market value (FMV)

	Securities at end of year		Number of shares/ face value	Value at time of donation	Beginning balance book value Cost	Ending balance book value Cost
1	OKC COMMUNITY FOUNDATION				107,813	126,491
2					0	0
3					0	0
4					0	0
5					0	0
6					0	0
7					0	0
8					0	0
9					0	0
10					0	0
11					0	0
12					0	0
13					0	0
14					0	0
15					0	0
16					0	0
17					0	0
18					0	0
19					0	0
20					0	0
21	Totals	21	0	0	107,813	126,491

LIST OF OFFICERS, DIRECTORS

Total: 0

1	S EVANS,4108 HARVEY PKW, OKC, OK, 73118	-MEMBER-VAR	1
2	B KINNIBURGH,809 NW 37th OKC, OK, 73118	-MEMBE	2
3	S REEVES, 211 NW 38th, OKC, OK, 73118	-MEMBER-VARIOI	3
4	S BOCKUS, 3920 HARVEY PLACE, OKC, OK, 73118	-MEMBER-VARI(	4
5	B REISING, 800 NW 40th, OKC, OK, 73118	-MEMBER-VARIOUS	5
6	N ROBERTSON 609 NW 42th, OKC, OK, 73118	-MEMBE	6
7	D COATS, 401 NW 42nd, OKC, OK, 73118	-MEMBER-VAR	7
8	B ESKEW, 200 NW 40th, OKC, OK, 73118	-MEMBER-VAF	8
9	R TINSLEY 400 NW 40th, OKC, OK, 73118	-MEMBER-VAF	9
10	L MORGAN 501 NW 42nd, OKC, OK 73118	VICE PRESIDE	10
11	P ROOT, 336 NW 40th, OKC, OK, 73118	-MEMBER-VAR	11
12	S COLEMAN, 821 NW 38th, OKC, OK 73118	ALTERNATE	12
13	K BARNETT, 417 NW 39th, OKC, OK 73118	ALTERNATE	13
14	A KIRKPATRICK 1001NW 40th, OKC, OK 73118	ALTERNATE	14