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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A **For the 2008 calendar year, or tax year beginning , and ending**

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [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) Room/suite
P O BOX 18283

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

D **Employer identification number**
23-7288635

E **Telephone number**
405-528-3917

F **Group Exemption Number** ▶

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

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

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

I **Website:** ▶ NA

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

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 55,769

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

	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	38,605
	4	Investment income		4	395
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ [ ]			
	a	Gross revenue (not including RECEIVED of contributions reported on line 1)	6a	16,769	
	b	Less direct expenses other than fundraising expenses	6b	2,282	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	14,487
	7a	Gross sales of inventory less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	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	53,487
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	12,175
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ See attached statement)		16	7,967
	17	**Total expenses.** Add lines 10 through 16 ▶		17	20,142
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	33,345
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	320,629
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	353,974

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

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	320,629	22	353,974
23 Land and buildings		23	
24 Other assets (describe ▶)		24	
25 **Total assets**	320,629	25	353,974
26 **Total liabilities** (describe ▶)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	320,629	27	353,974

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form **990-EZ** (2008)

(HTA)

SCANNED JAN 05 2011

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? HISTORIC NEGIBORHOOD IMPROVEMENTS

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
28	(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a	
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a	12,175
32	**Total program service expenses.** (add lines 28a through 31a) ▶ 32	12,175

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (See the instructions for Part IV)

(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 ALAN KIRKPATRICK Str 1001 NW 40th City OKLAHOMA CITY ST OK ZIP 73118	Title PRES Hr/WK			
Name LEA MORGAN Str 501 NW 42nd City OKLAHOMA CITY ST OK ZIP 73118	Title VP Hr/WK			
Name LESLIE YANCEY Str 516 NW 41st City OKLAHOMA CITY ST OK ZIP 73118	Title SECY Hr/WK			
Name JUDY KRUEGER Str 805 NW 39th City OKLAHOMA CITY ST OK ZIP 73118	Title TREAS Hr/WK			
Name BOB ALFSON Str 805 NW 38th City OKLAHOMA CITY ST OK ZIP 73118	Title D Hr/WK			
Name PATRICIA AYLING Str 833 NW 41st City OKLAHOMA CITY ST OK ZIP 73118	Title D Hr/WK			
Name LOLA BAKER Str 4001 N HARVEY PKV City OKLAHOMA CITY ST OK ZIP 73118	Title D Hr/WK			
Name SUZANNE BOCKUS Str 3920 N HARVEY PKV City OKLAHOMA CITY ST OK ZIP 73118	Title D Hr/WK			
Name PHILLIP CLAYTON Str 812 NW 39th City OKLAHOMA CITY ST OK ZIP 73118	Title D Hr/WK			
Name STEVE COLE Str 717 NW 40th City OKLAHOMA CITY ST OK ZIP 73118	Title D Hr/WK			
Name BOB ESKEW Str 200 NW 40th City OKLAHOMA CITY ST OK ZIP 73118	Title D Hr/WK			
Name BRENDA JOHNSON Str 833 NW 39th City OKLAHOMA CITY ST OK ZIP 73118	Title D Hr/WK			
Name JOHN JOYCE Str 909 NW 37th City OKLAHOMA CITY ST OK ZIP 73118	Title D Hr/WK			
Name SHANNON PURNELL Str 905 NW 40th City OKLAHOMA CITY ST OK ZIP 73118	Title D Hr/WK			
Name SHARON REEVES Str 711 NW 38th City OKLAHOMA CITY ST OK ZIP 73118	Title D Hr/WK			
Name BOB REISLING Str 800 NW 40th City OKLAHOMA CITY ST OK ZIP 73118	Title D Hr/WK			
Name BART ROBEY Str 600 NW 36th City OKLAHOMA CITY ST OK ZIP 73118	Title D Hr/WK			
Name SCOTT TOWERY Str 805 NW 37th City OKLAHOMA CITY ST OK ZIP 73118	Title D Hr/WK			

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ _____			
42 a	The books are in care of ▶ Name CH-EH HOMEOWNERS ASSOCIATION Telephone no ▶ (405) 528-3917 Located at ▶ P O BOX 18283 City OKLAHOMA CITY ST OK ZIP + 4 ▶ 73154-0283			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None 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			
Name Str City ST ZIP	Title Hr/WK			
Total number of other employees paid over $100,000 ▶				

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Total number of other independent contractors each receiving over $100,000 ▶		

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

X Judy V Krueger — X 12/3/10

Signature of officer — Date

X Judy V Krueger Treasurer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date 12/2/2010	Check if self-employed ▶ [X]	Preparer's Identifying Number (See instructions) 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		EIN ▶ 32-0054879 Phone no ▶ (405) 722-8429	

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization
CROWN HTS-EDGEMERE HTS HOMEOWNERS ASSOCIATION

Employer identification number
23-7288635

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

		(a) Event #1 PATRON PARTY (event type)	(b) Event #2 HOME PLAQUES (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	15,243	295	1,231	16,769
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	15,243	295	1,231	16,769
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	2,282			2,282
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				(2,282)
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				14,487

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

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

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

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	13a		
b	An outside facility	13b		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	395
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	395

Part I, Line 16 (990-EZ) - Other Expenses

7,967

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Unrelated business income taxes	10	
11	PAYPAL FEES	11	288
12	ADMIN	12	711
13	INSURANCE-LIABILITY	13	543
14	MISC	14	4,266
15	SECURITY	15	730
16	ORG DUES	16	500
17	MEMBERSHIP	17	252
18	MARATHON	18	677
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part II (Sch G (990/990EZ)) - Events

16,769 16,769 2,282

	Event Type	Line 1 Gross Receipts	Line 2 Less (Charitable contributions)	Line 3 Gross Revenue (line 1 minus line 2)	Line 4 Cash Prizes	Line 5 Non-cash Prizes	Line 6 Rent/Facility costs	Line 7 Other direct expenses
1	PATRON PARTY	15,243		15,243				2,282
2	HOME PLAQUES	295		295				
3	GUEST SOCIALS	601		601				
4	MISC	630		630				
5								
6								
7								
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12								
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Explanations (990)

Reasonable Cause

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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

Part III, Line 31 (990-EZ) - Other Program Services

	Program Service Expenses
(Grants and allocations $ ____________) If this amount includes foreign grants, check here ☐	
(Grants and allocations $ ____________) If this amount includes foreign grants, check here ☐	
(Grants and allocations $ ____________) If this amount includes foreign grants, check here ☐	
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(Grants and allocations $ ____________) If this amount includes foreign grants, check here ☐	
(Grants and allocations $ ____________) If this amount includes foreign grants, check here ☐	
(Grants and allocations $ ____________) If this amount includes foreign grants, check here ☐	
Total	Total

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

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
Name LISA HAMMOND Str 817 NW 38th City OKLAHOMA CITY ST OK ZIP 73118	Title D Hr/WK			
Name NANCY ROBERTSON Str 609 NW 42nd City OKLAHOMA CITY ST OK ZIP 73118	Title D Hr/WK			
Name AMANDA BLEAKLEY Str 601 NW 42nd City OKLAHOMA CITY ST OK ZIP 73118	Title ALT D Hr/WK			
Name HELARY STOLZENBERG Str 800 NW 38th City OKLAHOMA CITY ST OK ZIP 73118	Title ALT D Hr/WK			
Name JOHN ZIEGLER Str 908 NW 40th City OKLAHOMA CITY ST OK ZIP 73118	Title ALT D 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			
Name Str City ST ZIP	Title Hr/WK			
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