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Folm 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 2008

Department of the Treasury

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

Open to Public Inspection

		ide Service	<del>!</del>	The organization may have to					<del></del>
	For the	e 2008 calend	dar year,	or tax year beginning Jul		08, and endir	ng Jun		, 2009
В	Check if	applicable	Please use	C Name of organization				D Employer Iden	
	Add	lress change	IRS label	Omniplex Affiliat	ed Fund of OCC	F, Inc.		73-1330	
	Nam	ne change	or print or type	Number and street (or P O box	if mail is not delivered to street	t addr) Room/s	suite	E Telephone nun	nber
	Initia	al return	See specific	P.O. Box 1146		ŀ		(405) 2	235-5603
	Terr	mination	Instruc- tions.	City, town or country	Stat	te ZIP code +	1		
	-	ended return		Oklahoma City	OF	x 73101-	-1146	G Gross receipts	\$ 3,872,484.
	i=-1	dication pending	F Name a	and address of principal officer			T.	a group return for al	
	[] ^pp			Anthony P.O. Box 114	6 OKC (	OK 73101	H(b) Are all	affiliates included?	Yes No
_				(c) (3 ) (insert no)		527	If 'No.'	attach a list (see in	nstructions)
<u></u>				(c) (3 ) - (insert no.)	1 4347(8)(1) 01	1 327			
<u>;</u>		site: ► N/					<del></del>	exemption number	
K		of organization	X Corpora	ation Trust Association	Other ►	L Year of Forma	ition 199	B   IVI State of	legal domicile OK
Pa	rt I	Summa							
	1 E	Briefly descri	be the org	ganization's mission or most	significant activities s	Support OCC	F by suppo	orting the Omr	niplex Science Museur
9	-						. – – – -		
ш	_								
Activities & Governance									
ę l	•			if the organization discontinu	· · · · · · · · · · · · · · · · · · ·	sposed of mo	re than 25	1	
<b>∞</b> ŏ				bers of the governing body ( t voting members of the gove		ne 1h)		3	5
ies	ı		•	yees (Part V, line 2a)	sitting body (i art vi, iii)	ie 10)		5	0
₹				eers (estimate if necessary)				6	5
Act	1			ousiness revenue from Part \	/III line 12 column (C)			7a	<del></del>
	ı	_		taxable income from Form 9				7b	<del></del>
							Д.	rior Year	Current Year
	8 (	Contributions	and oran	its (Part VIII, line 1h)			<u>'</u>	1,000.	Current rear
Revenue			-	ue (Part VIII, line 2g)				1,000.	
Ven				art VIII, column (A), lines 3, 4	1 and 7d)			304,289.	-81,853.
æ			-	II, column (A), lines 5, 6d, 8				301,203.	017033.
	1		-	nes 8 through 11 (must equa		line 12)		305,289.	-81,853.
						11116 12)		263,666.	269,598.
				ounts paid (Part IX, column (				203,000.	209, 390.
		Benefits paid to or for members (Part IX, column (A), line Salaries, other compensation, The property of the salaries of the s				. C 10)			
8	1				)/ I	es 5-10)		0.	<del> </del>
Expenses	<ul><li>16a Professional fundraising</li><li>b Total fundraising expe</li><li>17 Other expenses (Part</li></ul>		fundraisir	ng fees (Fart TX, column (A), line 11e) ense (Part IX, column (D), line 25) 1,442.					
×			sing expe				, , , , , ,		
ш			ses (Part I	Folumn (A), lines 1 fa-11d, 1/12/241)			29,670.	24,298.	
	18 7	Total expensi	es Add Ii	nes 18-17 (must equal Part I	X 1944 mn (A), line 25)			293,336.	293,896.
	19 F	Revenue less	expense	s Subtatene 18 figm Int	7			11,953.	-375,749.
አ 8	<u> </u>		- Unpullac	TACIDE IN. U	<del></del>		Pos:		End of Year
and	20 -	Total accets	(Dart V 1)	no 16)				ning of Year	4,172,829.
Ass	i i	Total assets	•	•				,198,056.	7,112,029.
Net Assets or Fund Balancos		Total liabilitie	•	•				100 555	4 470 00-
		<del></del>		ances Subtract line 21 from	line 20		1 5	,198,056.	4,172,829.
Pa	ırt II	Signati	ure Bloc	CK					<del></del>
		Under penaltie	es of perjury.	I declare that I have examined this re Reclaration of preparer (other than o	turn, including accompanying si	chedules and sta	itements, and	to the best of my kr	nowledge and belief, it is
		uue, correct, a	andicomplete	r mediamilion of preparer (other than o	nincer) is pased on an implimate	on or willer prep	- ci ci iid5 dily		
Sig		<b></b> /	VUCIY	WILMING				5-5-1	<u> </u>
He	re	Signature	of officer		<del></del>		Da	te	
		Nanc	y B. A	nthony ()					
			rint name an						
						Date	CI	neck if	Preparer's identifying number see instructions)
Pa	id	1_						nployed >	300 1131/1001010)
Pr	e-	Preparer's signature	<b>&gt;</b>				"		
	rer's	<del></del>				<u>!</u>			<del> </del>
Ųs		Firm's name ( yours if self	or	<del></del>					
Or	ıly	employed), address, and	▶					N Þ	
		ZIP + 4					Pi	none no	<del></del>
Ma	y the IF	RS discuss th	ns return	with the preparer shown about	ve? (see instructions)			<u> </u>	X Yes No
RΔ	A For	Privacy Act	and Pane	nyork Reduction Act Notice	see the senarate instri	ıctions		TEF 40101 04/27	3/09 Form <b>990</b> (2008

	990 (2008) Omniplex Affiliated Fund of OCCF, Inc.	13-13	3051	<u>6</u>		Page 2
Par	t III Statement of Program Service Accomplishments (see instructions)					
1	Briefly describe the organization's mission.					
	Support OCCF by supporting the Omniplex Science Museum					_
2	Did the organization undertake any significant program services during the year which were not listed on the	prior		_	-	
_	Form 990 or 990-EZ?	<b>P</b>		Yes	X	No
	If 'Yes,' describe these new services on Schedule O.		L.J		21	140
2	·	- 2		Yes	X	Ma
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	<b>,</b> '	Ш	res		No
_	If 'Yes,' describe these changes on Schedule O					
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo	expense	s Sect	11011 5U 11011 5U	JI(c)(. e tota	3) i
	expenses, and revenue, if any, for each program service reported	,000,000	10 0111	,, iii	C IOIO	•
4 8	(Code) (Expenses \$ 269,598. including grants of \$ 269,598.) (Rev					
	Distributions are made to the Omniplex Science Museum which is					
	a Sec. 501(c)(3) organization and the ultimate beneficiary of					_
	this fund.					
					<b>-</b>	
			_			
					<b>-</b>	
			. <b>–</b> – –		<del>_</del>	
41	(Onder ) (France C ) (Parity of C )		¢			
40	(Code:) (Expenses \$ including grants of \$) (Rev	enue :	₹			,
		<b></b>	<b>-</b>			
					<b>-</b>	
						_
		<b>-</b> -				
			- <b>-</b> -			
4	: (Code) (Expenses \$ including grants of \$) (Rev	enue	Ś			)
	7 (2000) / (2000) 4 moleculary grants of 4 / (1000)		·—–			
			. <b></b>		. <u>-</u> -	- <b></b>
						<del>-</del>
	1 Other program conveces (December in Cohert II- O.)					
4(	d Other program services (Describe in Schedule O )					
	(Expenses \$ including grants of \$ ) (Revenue \$				<u>)                                    </u>	
4	e Total program service expenses ► \$ 269,598. (Must equal Part IX, Line 25, column (B))					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
t	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18_		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20		20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23	Х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		x
t	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
(	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
I	<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х_
			000	/OUUS/

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
,	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a	_	X
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		х
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
32		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х

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Tarty   Otalements Regarding Carlot into Things and Tax Combination		<del></del>	_
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1a	0		
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gi (gambling) winnings to prize winners?	aming 1 c	X	-
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a	0		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26	,	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instruction	ns)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	,	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)?	over, a 4a	, ,	x
<b>b</b> 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			,
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	,	Х
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts deductible?	were not 6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7 a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	,	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	to file 7c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	 7e		x
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 q		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as rec	quired? 7h		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, excess business holdings at any time during the year?	,	·	x
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		<del> </del>	<u> </u>
a Did the organization make any taxable distributions under section 4966?	9a	<b>├</b>	x
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b	<del> </del>	X
10 Section 501(c)(7) organizations. Enter	J. 33	<del> </del> -	
a Initiation fees and capital contributions included on Part VIII, line 12		} .	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11 Section 501(c)(12) organizations. Enter			]
a Gross income from other members or shareholders	-		}
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	F
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
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Form 990 (2008) Omniplex Affiliated Fund of OCCF, Inc.

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Part VI

Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	<u>tion A.</u>	Governing Body and Management				<del></del>
	For each processe	Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, do s, or changes in Schedule O See instructions	escribe the circumstances,		Yes	No
1 a	Enter the	number of voting members of the governing body	1a 5			
b	Enter the	number of voting members that are independent	1 <b>b</b> 5			
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business related trustee or key employee $^{\circ}$	ationship with any other	2		x
3	Did the o	rganization delegate control over management duties customarily performed by or ur s, directors or trustees, or key employees to a management company or other persor	nder the direct supervision	3		х
4	Did the o	rganization make any significant changes to its organizational documents		4		Х
		prior Form 990 was filed?				
_		rganization become aware during the year of a material diversion of the organization	's assets?	5		X
6		organization have members or stockholders?		6		X
	governin	•		7a		х
	•	decisions of the governing body subject to approval by members, stockholders, or oth	•	7b		<u>X</u>
	the follow		taken during the year by			- 1
	-	rning body?		8a	<u>X</u>	
		nmittee with authority to act on behalf of the governing body?		8b	<u> </u>	
		organization have local chapters, branches, or affiliates?		9a		_X
	and bran	loes the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?		9b		
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed $^{7}$ in Schedule O the process, if any, the organization uses to review the Form 990	' All organizations must	10	х	
	organiza	any officer, director or trustee, or key employee listed in Part VII, Section A, who can tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	11		х
<u>Sec</u>	tion B.	Policies				
					Yes	No
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X	
	to conflic		-	12b	х	
	Schedule	organization regularly and consistently monitor and enforce compliance with the police ${\it O}$ how this is done	cy? If 'Yes,' describe in	12c	x	
13		organization have a written whistleblower policy?		13	X	
14		organization have a written document retention and destruction policy?		14	Х	
15	Did the persons,	rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent ision	******		
а	The orga	nization's CEO, Executive Director, or top management official?		15a		X
b		icers of key employees of the organization?		15b		X
	Describe	the process in Schedule O (see instructions)				,
16 a	Did the c entity du	rganization invest in, contribute assets to, or participate in a joint venture or similar $\alpha$ ring the year?	arrangement with a taxable	16a	_	<u>x</u>
b	ın joint v	has the organization adopted a written policy or procedure requiring the organization the enture arrangements under applicable federal tax law, and taken steps to safeguard the tespect to such arrangements?	to evaluate its participation the organization's exempt	16b		
Sec		Disclosures				
		states with which a copy of this Form 990 is required to be filed • Oklahoma				
18	Section (	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an n Indicate how you make these available. Check all that apply	d 990-T (501(c)(3)s only) av	aılable	for p	ublic
		website X Another's website X Upon request				
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing documents available to the public	ents, conflict of interest police	y, and	l finan	icial
20		name, physical address, and telephone number of the person who possesses the bo	ooks and records of the orga	nızatıo	n.	
•		city Community Foundation, 1000 N. Broadway Oklahoma City Ol		<u>05) 2</u>		603
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Form 990 (2008)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

(A)	(B) (c)						(D)	(E)	<b>(F)</b>	
Name and Title	Average hours				(check all that apply)			Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	adividi el frastee or director	institutional trustee	Offi 1	Key employee	Hig} est connectsated employee	<b>デいいき</b>	the organization (W 2/1099 MISC)	compensation from related organizations (W-2/1099 MISC)	amount of other compensation from the organization and related organizations
Christian Keesee										
Trustee	0.50	X		X				0.	0.	0.
Jim Farris										
Trustee	0.50	X		L_	L			0.	0.	0.
James Pickel				ĺ	ĺ	]				
Trustee	0.50	Х	<u> </u>	Х			<u> </u>	0.	0.	0.
Paul Dudman										
Trustee	0.50	X		L.			ļ	0.	0.	0.
Anne Morgan										
Trustee	0.50	Х		<u></u>	<u> </u>	ļ	_	0.	0.	0.
Nancy B. Anthony		ĺ			ŀ					
Sec/Treas	0.50		<u> </u>	X	L_			0.	222,524.	0.
						]				
							-			
							_			
			ļ		<u></u>					

TEEA0107 04/24/09

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4	х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5		X

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (B) Description of Services (C) (A) Compensation Name and business address

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

Section B. Independent Contractors

Far	T VIII   Statement of Revenue		(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function	Unrelated business revenue	Revenue excluded from tax under sections
	1 - Endorsted comparing	1a	-	revenue		512, 513, or 514
NTS	1a Federated campaigns	1b				
S S	<b>b</b> Membership dues	<del></del>	_	1		
AM.	c Fundraising events	1c	_	-		
£ £	d Related organizations	1d	_	-	`	
S S	e Government grants (contributions)	1e	<b>-</b> ∤ ` ·		,	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above	1f			,	-
ž S	g Noncash contribns included in Ins 1a-1f	\$			į	
	h Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	<b>•</b>	-		·
₽		Business Code	_			
Ę	2a					
2	b					
氵	c					
SER	d					
Æ	e					
PROGRAM SERVICE REVENUE	f All other program service revenu	e				
&	g Total. Add lines 2a-2f	·	<b>&gt;</b>		,	<u>.</u> ,,,
_	3 Investment income (including div	udonds interest and	·			
	other similar amounts)	nuerius, interest anu	148,892.	0.	0.	148,892.
	4 Income from investment of tax-e	xempt bond proceeds	•			
	5 Royalties	)	<b>&gt;</b>			
	(i) R	Real (II) Personal		, 4		7
	6a Gross Rents		- ,			٠, ٩
	b Less: rental expenses			1.		
	c Rental income or (loss)		- · · · · ·	1 (		- ' '
	, ,					,
	d Net rental income or (loss)	urities (ii) Other		<del> </del>		
	/a Gross amount from sales of	<del></del>	· '		· .	`- ~ ;
	assets other than inventory 3,723	,592.	<b>-</b>   .	, ,	,	
	<b>b</b> Less cost or other basis			. 1		, ,
	and sales expenses 3,954		` ` `		, ,	
		,745.				- '
	d Net gain or (loss)	<b></b>	-230,745.	0.	0.	-230,745.
	8a Gross income from fundraising e	vents		3		
N	(not including \$				,	, , , , , ,
E	of contributions reported on line	1c)	, ,			
8	See Part IV, line 18	a			` .	
OTHER REVENU	<b>b</b> Less. direct expenses	b				
0	c Net income or (loss) from fundra	ising events	>			
	9a Gross income from daming activ	ities				,
	9a Gross income from gaming activ See Part IV, line 19	a				
	<b>b</b> Less: direct expenses	b			ì.	, , , , , , , , , , , , , , , , , , ,
	c Net income or (loss) from gamin	g activities	•			
	10a Gross sales of inventory, less re					
	and allowances .	a				
	<b>b</b> Less cost of goods sold	Ь				
	c Net income or (loss) from sales		-			on the second section is a second section in the second section in the second section is a section section in the section in the section is a section section in the section section in the section section is a section section section in the section section is a section s
	Miscellaneous Revenue	Business Code		· · · · · · · · · · · · · · · · · · ·		<u> </u>
	11.		<b>1</b> <sup></sup>	1 .		
		<del></del>		<u> </u>	···	
	b			<del>                                     </del>		·
	<u> </u>			<del> </del>		
	d All other revenue		<del> </del>	<del>                                     </del>		<del></del>
	e Total. Add lines 11a-11d	·	>	· ` · · · · · · · · · · · · · · · · · ·		·
	12 Total Revenue. Add lines 1h, 2g	, 3, 4, 5, 6d, 7d, 8c, 9c,			_	0.5 - 5-5
	10c, and 11e		<u>-81,853.</u>	0.	0.	-81,853.

All other organizations must complete column (A) but are not requi	rired to complete columns (B), (C), and (D).
--	--

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	269,598.	269,598.		,
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	209,390.	209,390.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				-
<ul> <li>Benefits paid to or for members</li> <li>Compensation of current officers, directors, trustees, and key employees</li> </ul>				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				· · · · · ·
a Management	7,489.	0.	6,047.	1,442.
<b>b</b> Legal	· ·			
c Accounting	-			
<b>d</b> Lobbying				
e Prof fundraising svcs. See Part IV, In 17				
f Investment management fees	16,809.	0.	16,809.	0.
<b>q</b> Other	,			
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
-				.,
16 Occupancy				
<ul> <li>17 Travel</li> <li>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</li> </ul>				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	ł I			
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	293,896.	269,598.	22,856.	1,442.
26 Joint Costs. Check here ► ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		·	<del></del>	Form <b>990</b> (2008)

Га	ILA	Dalance Silect						
				(A) Beginning of year		(E End o	<b>3)</b> f year	
	1	Cash - non-interest-bearing	· · · · · · · · · · · · · · · · · · ·		1			_
	2	Savings and temporary cash investments		494,751.	2	2	37,3	318.
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net	_		4			
	5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule	s, trustees, key employees, L		5			
	6	Receivables from other disqualified persons (as define						
		and persons described in section 4958(c)(3)(B) Comp			6		<b>·</b> ·	-
A	7	Notes and loans receivable, net			7		_	
A S E T S	8	Inventories for sale or use			8			
T S	9	Prepaid expenses and deferred charges			9			
	10a	Land, buildings, and equipment cost basis	10a	,				,
	•	Less accumulated depreciation Complete Part VI of			, ,		<b>,</b>	·
		Schedule D	10b		10c			
	11	Investments - publicly-traded securities		4,686,231.	11	3,9	24,6	501.
	12	Investments – other securities See Part IV, line 11			12			
	13	Investments – program-related See Part IV, line 11			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11		17,074.	15		10,9	910.
	16	Total assets Add lines 1 through 15 (must equal line	34)	5,198,056.	16		72,8	
	17	Accounts payable and accrued expenses			17			
	18	Grants payable			18			
	19	Deferred revenue			19			
Ł	20	Tax-exempt bond liabilities		20				
Å	21	Escrow account liability Complete Part IV of Schedule	e D		21		-	
LIABILITIES	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per						
I		of Schedule L		22				
S	23	Secured mortgages and notes payable to unrelated th	ird parties		23			
	24	Unsecured notes and loans payable			24			
	25	Other liabilities Complete Part X of Schedule D			25			
	26	Total liabilities. Add lines 17 through 25		0.	26			0.
N E T		Organizations that follow SFAS 117, check here ▶	X and complete lines		-			
Ť		27 through 29 and lines 33 and 34.		The second and the		<u></u>		٠
A S S	27	Unrestricted net assets		5,198,056.	27		00,9	
	28	Temporarily restricted net assets			28	3,5	<u>71,8</u>	887.
Š	29	Permanently restricted net assets	_		29		<u></u>	
R R	į	Organizations that do not follow SFAS 117, check he	re 🕨 🔛 and complete	7		, .		
FUZD		lines 30 through 34.					·	
N	30	Capital stock or trust principal, or current funds			30			
B	31	Paid-in or capital surplus, or land, building, and equip	ment fund		31			
Ä	32	Retained earnings, endowment, accumulated income,	or other funds		32			
BALANCES	33	Total net assets or fund balances.		5,198,056.	33		72,8	
	34	Total liabilities and net assets/fund balances.		5,198,056.	34	4,1	72,8	329.
Pa	art X	I   Financial Statements and Reporting						
		🗀 .		a			Yes	No
7		3	Cash X Accrual	Other		20	-	X
4		ere the organization's financial statements compiled or		accountant		2a 2b	X	_
		ere the organization's financial statements audited by an		u for outpreacht of the out	dı+	20		-
	rev	Yes' to 2a or 2b, does the organization have a committiview, or compilation of its financial statements and sele	ction of an independent accor	untant?		2c	Х	
•		s a result of a federal award, was the organization requiludit Act and OMB Circular A-133?	ed to undergo an addit of ad-	uns as set forth in the s	myle	3a		_x_
		Yes,' did the organization undergo the required audit or	audits?			3b		
DA	^					Form	990	(2008)

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545 0047 2008

Dan to Bub!

Department of the Treasury Internal Revenue Service \*\*
Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

$\overline{}$	Omniplex Affiliated Fund of OCCF, Inc. 73-1330516  Part   Reason for Public Charity Status (All organizations must complete this part.) (see instructions)																	
											part.	(see	instruc	tions)				
_	rgai			-			is (Please check of				4 > 7 & > 2 >							
1	$\vdash$						ion of churches des		section	170(b)(	1 )(A)(i).							
2	Ц						. (Attach Schedule											
3			•			-	anization described							-				
4	Ш					rated in	conjunction with a l	hospital c	described	d in sect	tion 170	(Ь)(1)(А	)(iii) Ent	ter the hos	oital's			
5		An c	roaniza	and sta ation ope <b>Yiv)</b> . (C		efit of a	college or universit	y owned	or opera	ited by a	gover	nmental	unit desc	cribed in se	ection	. – – -		
6	П					or gove	rnmental unit descr	ibed in s	ection 1	70(b)(1)(	(A)(v).							
7		An c	rganiza ection 1	ation tha 1 <b>70(b)(1</b> )	it normally receive (A)(vi). (Complet	s a sub e Part II	stantial part of its s )	upport fro	om a gov	vernmen	ital unit	or from	the gene	eral public	descri	bed		
8	$\sqcup$	А со	mmuni	ty trust	described in <b>secti</b>	on 1 <b>70</b> (b	)(1)(A)(vi). (Comple	ete Part I	1)									
9		from	äctiviti stment	ies relat income	ed to its exempt fi	unctións siness ta	ore than 33-1/3 %  – subject to certain ixable income (lessilete Part III)	n excepti	ons. and	d (2) no	more th	nan 33-1	/3 % of a	ts support	from o	aross		
10		An c	rganiza	ation org	janized and opera	ted excl	usively to test for p	ublic safe	ety See	section	509(a)(	<b>4).</b> (see	instructi	ions)				
11	X	more	oildua s	lv supp	orted organization	is descr	usively for the bene ibed in section 509 n and complete line	(a)(1) or	section 5	509(a)(2								
		a X	Type	1	<b>b</b> Type	e II	<b>c</b> Type	III – Fund	ctionally	ıntegrat	ed		d 🗌	Type III-	Other			
е	Х	than					zation is not control or more publicly s									;r		
f												orting or	ganization,					
g		Sinc	e Augu	st 17, 2	006, has the organ	nization	accepted any gift	or contrib	ution fro	m any o	f the fo	llowing p	oersons?	•				
															Yes	No		
		(i)	a pers	son who , the go	directly or indired verning body of th	tly contr e suppo	ols, either alone or rted organization?	together	with per	rsons de	scribed	ın (ıı) a	nd (III)	11 g (i)		X		
		(ii)	a fam	ıly mem	ber of a person of	escribed	d in (i) above?							11 g (ii)		_X_		
		(iii)	a 35%	contro	lled entity of a per	son des	cribed in (i) or (ii) a	above?						11 g (iii)		X		
h		Prov	ide the	followir	ng information abo	ut the o	rganizations the org	ganızatıor	n suppor	ts.								
	(i	Name Ore	e of Suppo ganization	orted 1	(ii) EIN		iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organiza (i) liste gove	Is the tion in col d in your erning iment?		iization in (i) of	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amount of Support				
								Yes	No	Yes	No	Yes	No					
0	кс с	ommun	ıty Four	ndation,	23-7024262	11.	a	х		х		Х		2	69,5	598.		
				_			<del></del>		ļ			<del> </del>						
												}						
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								+					<del> </del>					
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								-	<del> </del>	<del> </del>		-						
Total							·	`						2	69,5	598.		

	dule A (Form 990 or 990-EZ) 200		Affiliated Described in			73-13		Page 2
<u>. u.</u>	(Complete only if you checke	_		•		a 170(b)(	,•,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Sec	tion A. Public Support						•	
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 20	08	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	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							
4	Total. Add lines 1-3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						,	
6	Public support. Subtract line 5 from line 4		• • • • • • • • • • • • • • • • • • • •	- ' )	- 4	1 -		
Sec	tion B. Total Support				·	·		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 20	08	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income form unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV.)				,			
11	Total support. Add lines 7 through 10	,		."		;		
12	Gross receipts from related activ	ities, etc (see ins	tructions)				12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 5	i01(c)(3)	▶ □
	tion C. Computation of Pul			· · · · · · · · · · · · · · · · · · ·		<u>-</u>		
	Public support percentage for 20 Public support percentage for 20	•	•	e 11, column (f)			15	<u>%</u> %
	33-1/3 support test - 2008. If the	e organization did	not check the box	on line 13, and	the line 14 is 33-1	1/3 % or m	ore, checl	
ŀ	and <b>stop here.</b> The organization <b>33-1/3 support test – 2007.</b> If the and <b>stop here.</b> The organization	e organization did	not check a box of	on line 13, or 16a,	, and line 15 is 33	-1/3% or m	iore, chec	k this box
17 a	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-ai	nď∙circumstances	test, check this l	box and stop here	. Explain ir	n Part IV I	
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-aid-circumstances'	nd-circumstances test The organiz	' test, check this l ation qualifies as	box and <b>stop here</b> a publicly suppor	. Explain in the ted organiz	n Part IV I ation	how the
18 BAA	Private foundation. If the organiz	zation did not ched	ck a box on line,	13, 16a, 16b, 17a,				or 990-EZ) 2008

BAA

### Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2004 Calendar year (or fiscal yr beginning in) **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11 and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form Supp	990 or 9 lemen	990-EZ tal In	) 2008 <b>forma</b> or 17b	On tion : or	nnıpi Com Part	lex iplet	Aff e thi ne 1	ilia s pa 2. Pa	ated rt to rovid	Fur provi	de the	occe e expla r addit	F, Ir anatio	nc. on req inforr	73-1 uired b nation.	13305: y Part (see i	16 II, line 1 nstructio	Page <b>4</b> 10; ons)
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																<b>-</b>		<del></del>	
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# SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545 0047

2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name	of the organization			Employer Identification	number
Omr	iplex Affiliated Fund of OCCE	, Inc.		73-1330516	
Par	tl Organizations Maintaining Donor the organization answered 'Yes' to	Advised Funds or Other Similar Funds Form 990, Part IV, line 6.	nds or Acco	ounts Complete	ıf
		(a) Donor advised funds	<b>(b)</b> F	unds and other acc	ounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year	-			
5	Did the organization inform all donors and don funds are the organization's property, subject		onor advised	Yes	∏ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for timpermissible private benefit??			Yes	No
Par	t II Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 99	0, Part IV, line	7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	_		
	Preservation of land for public use (e.g., re	ecreation or pleasure) Preservation	of an historica	ally important land a	area
	Protection of natural habitat	Preservation	of certified his	storic structure	
	Preservation of open space	<del>_</del>			
2	Complete lines 2a-2d if the organization held a of the tax year.	qualified conservation contribution in the form	n of a conserv	ation easement on	the last day
			,	Held at the End of	the Year
ā	Total number of conservation easements		2a		
ŀ	Total acreage restricted by conservation easer	nents	2b		
•	: Number of conservation easements on a certif	ied historic structure included in (a)	2c		
•	Number of conservation easements included in	(c) acquired after 8/17/06	2 d		
3	Number of conservation easements modified, year ►	transferred, released, extinguished, or termina	ted by the orga	anization during the	taxable
4	Number of states where property subject to co				
5	Does the organization have a written policy re- enforcement of the conservation easement it h	olds?		Yes	☐ No
6	Staff or volunteer hours devoted to monitoring	-			
7	Amount of expenses incurred in monitoring, in	specting, and enforcing easements during the	year ► \$		
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of se	ection	Yes	☐ No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote t conservation easements	o the organization's financial statements that o	describes the c	organization's accou	e sheet, and inting for
Pai	t III Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Sime 8.	nilar Assets	
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial stateme	ic exhibition, education, or research in furthera	ent and baland ance of public	ce sheet works of a service, provide, in	rt, historical Part XIV,
i	o If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	ic exhibition, education, or research in furthera	ent and baland ance of public	service, provide the	following
	(i) Revenues included in Form 990, Part VIII,	line 1		<b>▶</b> \$	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of a amounts required to be reported under SFAS		for financial ga		
	a Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$	
ı	Assets included in Form 990, Part X			<b>►</b> \$	

Schedule D (Form 990) 2008 Omnip					73-133		Page 2
Part III Organizations Maintain	ning Collection	ons of Art, Histo	rical Tr	easures, or C	Other Similar Ass	ets (conti	nued)
<ol> <li>Using the organization's accession that apply)</li> </ol>	n and other recor				nificant use of its colle	ection items (	check all
a Public exhibition		<b>d</b> Loan	or exchar	nge programs			
<b>b</b> Scholarly research		e Other					
c Preservation for future genera							
4 Provide a description of the organ Part XIV.						e in	
5 During the year, did the organizate assets to be sold to raise funds ra	ther than to be n	naintained as part o	of the orga	anization's collec	ction?	Yes	No
Part IV Trust, Escrow and Cus IV, line 9, or reported a	stodial Arranç an amount on	gements Compl Form 990, Part	ete if or X, line	ganization ai 21.	nswered 'Yes' to I	Form 990,	Part 
1 a Is the organization an agent, trust included on Form 990, Part X?				butions or other	assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in	in Part XIV and c	omplete the followi	ng table				
						Amount	
c Beginning balance					1 c		
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance					1f	<del></del>	
2a Did the organization include an ar		90, Part X, line 21?				Yes	∐ No
<b>b</b> If 'Yes,' explain the arrangement							
Part V Endowment Funds Cor	nplete if orgai	nization answer					
	(a) Current year	(b) Prior yea	r	(c) Two years back	(d) Three years back	(e) Four y	ears back
1 a Beginning of year balance	5,198,05						<del>i</del>
<b>b</b> Contributions		0.			- '	<u> </u>	<del>, , , , , , , , , , , , , , , , , , , </del>
c Investment earnings or losses	<del>-731,33</del>	0.		<u> </u>	-		
d Grants or scholarships	269,59	8.		,			
<ul> <li>Other expenditures for facilities and programs</li> </ul>				· · · · · · · · · · · · · · · · · · ·			, ,
f Administrative expenses	24,29					<u> </u>	
<b>g</b> End of year balance	4,172,82	9.	,	ξ- ,			
2 Provide the estimated percentage	of the year end	balance held as					
a Board designated or quasi-endow	ment 🟲	<b></b> &					
<b>b</b> Permanent endowment ▶							
c Term endowment ► 100	.00 %						
3a Are there endowment funds not in organization by	the possession	of the organization	that are h	neld and adminis	stered for the	Yes	No
(i) unrelated organizations						3a(i)	X
(ii) related organizations						3a(ii)	X
<b>b</b> If 'Yes' to 3a(ii), are the related o	rganizations liste	d as required on So	hedule R	7		3b	
4 Describe in Part XIV the intended	-						
Part VI Investments-Land, B				990, Part X,	line 10.		
Description of investment		Cost or other basis (investment)	<b>(b)</b> Co	ost or other is (other)	(c) Depreciation	(d) Book	Value
1a Land							
<b>b</b> Buildings							
c Leasehold improvements							
<b>d</b> Equipment							
e Other							
Total. Add lines 1a-1e (Column (d) sho	ould equal Form 9	90, Part X, column	(B), line	10(c) )			
BAA					Sche	dule <b>D</b> (Form	990) 2008

TEEA3302 12/23/08

Schedule D (Form 990) 2008 Omniplex Affiliate	ed Fund of OCCF	, Inc. 73-1	330516 Page 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, line	e 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
		<del>-</del>	
Total (Column (b) should equal Form 990 Part X, col. (B) line 12)			·····
Part VIII Investments-Program Related (See I	orm 990. Part X. Ju	ne 13)	<del></del>
(a) Description of investment type	(b) Book value	(c) Method of val	uation
	(.,,	Cost or end-of-year m	arket value
			· · · · · · · · · · · · · · · · · · ·
Total Column (b)(should equal Form 990, Part X, Col. (B) line 13)		, ,	
Part IX Other Assets (See Form 990, Part X,	line 15)		
<b>(a)</b> De	scription		(b) Book value
Accrued Income			10,906.
Real Estate			0.
Oil & Gas Minerals			4.
		-	
Total. Column (b) Total (should equal Form 990, Part X, col	(B), line 15)	<b>•</b>	10,910.
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		
Federal Income Taxes		- , , ,	
	<del></del>	-	, , , , , , , , , , , , , , , , , , ,
	<u> </u>		
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T. 1. 0.1			
Total dolarin (b) Total (directed experiences) territy des (2) mile 20)	<u> </u>		· · · · · · · · · · · · · · · · · · ·
In Part XIV, provide the text of the footnote to the organizations under FIN 48	ion's financial statement	s that reports the organization's liab	ility for uncertain tax

		-1330	016 Page 4
Par		<del></del>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	<u> </u>	<u>-81,853.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)	<u> </u>	293, 896.
3	Excess or (deficit) for the year Subtract line 2 from line 1	$\vdash$	-375,749.
4	Net unrealized gains (losses) on investments		-649,478.
5	Donated services and use of facilities	$\vdash$	<del></del>
6	Investment expenses		<del></del>
7	Prior period adjustments		<del></del>
8	Other (Describe in Part XIV)	<u> </u>	540, 470
9	Total adjustments (net) Add lines 4-8	<u> </u>	-649,478.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9  † XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	-1,025,227.
1	Total revenue, gains, and other support per audited financial statements	1	-301,399.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<del>                                     </del>	-301, 399.
	a Net unrealized gains on investments  2a -649, 478.	1 1	
	Donated services and use of facilities  2b		
-	Recoveries of prior year grants  2c	1	
	d Other (Describe in Part XIV)  2d 429, 932.	{	
	<u> </u>		210 E46
_	e Add lines 2a through 2d  Subtract line 2e from line 1	2e	-219,546.
3		3	-81,853.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	-	
-	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	-81,853.
	t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per		101 011
1	Total expenses and losses per audited financial statements	-   -	124,214.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities 2a -169, 682.		
	Prior year adjustments 2b		
	c Losses reported on Form 990, Part IX, line 25		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2e	-169 <b>,</b> 682.
	Subtract line 2e from line 1	3	<u> 293,896.</u>
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
ā	a Investments expenses not included on Form 990, Part VIII, line 7b	<u> </u>	
ŧ	Other (Describe in Part XIV)		
(	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	293,896.
Pai	rt XIV Supplemental Information		
Com line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, I 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	lines 1b a	and 2b, Part V,
<u>Pt</u>	XII Line 2d FAS 136		
<u>Pt</u>	XIII Line 2d FAS 136		
<u>Pt</u> .	V Line 4 Endowment earnings support general operations of the		
	Omniplex museum.		
<b>~</b> - ·			

Schedule D	(Form 990) 2008	Omniplex Af Information (c	filiated F	und of OCC	F, Inc.		73-1330516	Page 5
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SCHEDULE I (Form 990)		້ອ	ants and Oth Governmen	Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.	o Organization als in the U.S.	, S		2008
Department of the Treasury		► Comple	te if the organizatiد؛	<ul> <li>Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.</li> <li>Attatch to Form 990.</li> </ul>	orm 990, Part IV, lines ).	21 or 22.		Open to Public Inspection
Name of the organization	7 G	0 f OCO F The					Employer identification number 73-1330516	ation number . 6
Part   General In	formation on Gr	احا	ınce					
1 Does the organiza the selection criter	ation maintain record	is to substantiate the e grants or assistance	amount of the gran	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	antees' eligibility for the	e grants or assistance	, and	X Yes No
Part II Grants and 990, Part IV	d Other Assistan  V, line 21 for any d Schedule I-1 (F	Grants and Other Assistance to Governments and Organizations 990, Part IV, line 21 for any recipient that received more than \$5,0 Part IV, and Schedule I-1 (Form 990) if additional space is needed	ints and Organi: eceived more the	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 1800, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	ed States. Completinis box if no one r	e if the organizati ecipient received	on answered 'Ye more than \$5,00	es' on Form 00. Use
1 (a) Name and address of organization or government	ss of organization ment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
Omniplex Museum 2100 N.E. 52nd OKC OK 73111		73-0682415	501(c)(3)	269,598.				gen support
								, <u>u</u>
2 Enter total numbe	Enter total number of section 501(c)(3) are Enter total number of other organizations	Enter total number of section 501(c)(3) and government organizations.	ganizations					1
1	and Paperwork Redu	uction Act Notice, sec	e the Instructions for	or Form 990.	TEEA3901	12/19/08	Schec	Schedule I (Form 990) 2008

Page 2 Schedule I (Form 990) 2008 **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non cash assistance All grants are f/b/o the supported organization and are disbursed to 501(c)(3) organizations. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 73-1330516 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance Omniplex Affiliated Fund of OCCF, Inc. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2008 Pt\_I\_Line\_ Part III BAA

### SCHEDULE J (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Omniplex Affiliated Fund of OCCF,

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, line 23.

Inspection
Employer identification number

73-1330516

Par	t   Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel			1
	Travel for companions Payments for business use of personal residence	}	1	
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			٠,
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
t	of line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b		-
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
		-		
3	Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply.			, ,
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	-		
	Form 990 of other organizations  Approval by the board or compensation committee			· .;
		-	3	1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a	. `.'		
	Receive a severance payment or change of control payment?	4a	L	<u> </u>
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<u> </u>	X
	If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III			,
	Only 501(2)(2) and 501(2)(4) agreement are supplied by 5.0		1	" ;
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.	١, ١	1	,
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			- ;
a	The organization?	5 a		x
Ŀ	Any related organization?	5b	_	Х
	If 'Yes' to line 5a or 5b, describe in Part III			1
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		, ·	, 1
-	contingent on the net earnings of			]
ā	The organization?	6a	<b></b>	X
t	Any related organization?	6 b		X
	If 'Yes' to line 6a or 6b, describe in Part III		1*	
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8		x

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

Schedule J (Form 990) 2008

73-1330516

Page 2

Schedule J (Form 990) 2008

Omniplex Affiliated Fund of OCCF, Inc.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC	ISC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	() Base compensation	(ii) Bonus and incentive compensation	(III) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Nancy B. Anthony	(i) 222,524.	0:0	0	0 0	50,590	0.	0
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	(i)						
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	(3)						
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BAA			TEEA4102 08/1	08/11/08		Sched	Schedule J (Form 990) 2008

Page 3	, o	; ! !	     	 	! !	 	 	 	 	 	 	! ! !	     	1 1 1	 	       	       	 	90) 2008
73-1330516	1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete																		Schedule J (Form 990) 2008
Schedule J (Form 990) 2008 Omniplex Affiliated Fund of OCCF, Inc.  Part III   Supplemental Information	1.9 7.1																		ВАА

### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization	Employer identification number
Omniplex Affiliated Fund of OCCF, Inc.	73-1330516
Pt_VI-A, Line 10 Form 990 is prepared are reviewed by the staff of	of OKC
Community Foundation, Inc., the supported organi	zation.
Return is emailed to trustees for review prior t	to filing.
Pt VI-B, Line 12c Conflict of interest policy is distributed, revi	lewed
and signed by all trustees at annual trustee mee	eting.
Pt VI-B, Line 15 The organization does not have any compensated e	
Pt VI-C, Line 19 The organization's governing documents, conflict	
policy and financial statements are available up	oon_reguest.

						OMB No 1545 0047
SCHEDULE R (Form 990)	Related (	Organizations and Unrelated Partnerships	Unrelated Partn	erships		2008
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.</li> <li>See separate instructions.</li> </ul>	ed by organizations that ans ► See separate in	wered 'Yes' to Form 99 Istructions.	0, Part IV, lines 33, 34, 3	15, 36, or 37.	Open to Public Inspection
Name of the organization Omniplex Affiliated	"				Employer identification number 73-1330516	ication number 16
Part I Identification	Disregarded Entitie					
Name, address	(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification	Identification of Related Tax-Exempt Organizatio	ons				
Name, address	(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Schedule R -	Part II Attachment					1

Schedule **R** (Form 990) (2008)

TEEA5001 12/23/08

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of OCCF, Inc.	e as a Partnership
Fund	Taxable
Omniplex Affiliated Fund	rganizations
Omniplex	of Related O
e <b>R</b> (Form 990) 2008	Identification
Schedule F	PartIII

Name, address, and EIN of	(B) Primary Activity	(C) Legal	(C) (D) Legal Direct	(E) Predominant	(F) Share of total income	Share of total income Share of end-of-year	(H) Dispropor	Code V-UBI Ge	(J) General or managing
		(state or	5				allocations	20 of Schedule K-1	partněr?
		country)					Yes No	(Form 1065)	Yes No
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			,				
(A) Name, address, and ElN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign c country)	(D) Direct controlling entity	(E) Type of entity (C corp., S corp, or trust)	(B) (C) (D) (E) Type of entity (C corp. S corp. S corp. S country) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(G) Share of end-of-year assets	(H) Percentage ownership
	·- <del></del>						
	T						
	-						
ВАА		TEEA5002 12/23/08	3/08			Schedule <b>R</b> (Form 990) (2008)	990) (2008)

Page 3

73-1330516

Schedule R (Form 990) 2008 Omniplex Affiliated Fund of OCCF, Inc.

Schedule R (Form 990) 2008 Omniplex Affiliated Fund of OCCF, Inc.

# Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount In Box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?
			Yes No		Yes No		Yes No
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ВАА		TEEA5004 01/21/09				Schedule R (Form 990) (2008)	n 990) (2008)

Schedule R - Part II Attachment - Identification of Related Tax-Exempt Organizations	Exempt Organizations	Omniplex Affiliated Fund of OCCF, Inc	ated Fund of	FOCCF, Ir	ñ		73-1330516
(A)			(B)	(c)	( <u>o</u> )	(E)	(F)
				Legal	Exempt	Public	<b>Direct Controlling</b>
Name	Address	E.N	Activity I	Domicile	Code Sec.	<b>Charity Status</b>	Entity
Albers Family Affiliated Fund of OCCF, Inc	O Box 1146,	26-0703109	Charitable	š	501(c)(3)	509(a)(3)	A/N
Allied Arts Foundation Affiliated Fund of OCCF, Inc	P O Box 1146, OKC, OK, 73101	73-1483619	Charitable	š	501(c)(3)	509(a)(3)	N/A
Bob & Nancy Anthony Family Affiliated Fund of OCCF, Inc	P O Box 1146, OKC, OK, 73101	73-1574817	Charitable	š	501(c)(3)	509(a)(3)	A/N
Christian Keesee Charitable Fund of OCCF, Inc	O Box 1146,	20-4459575	Charitable	š		509(a)(3)	A/N
Community Resources Oil & Gas	O Box 1146,	73-1608889	Charitable	š	501(c)(3)	509(a)(3)	N/A
Community Resources Real Estate	O Box 1146,	73-1608887	Charitable	š	501(c)(3)	509(a)(3)	N/A
Cowboy Hall of Fame Affiliated Fund of OCCF, Inc	O Box 1146,	73-1374647	Charitable	š	501(c)(3)	509(a)(3)	N/A
Deer Creek Affiliated Fund of OCCF, Inc	O Box 1146,	73-1461683	Charitable	š	501(c)(3)	509(a)(3)	A/A
Hentage Hall Affiliated Fund of OCCF, Inc	P O Box 1146, OKC, OK, 73101	73-1506204	Charitable	š	501(c)(3)	509(a)(3)	N/A
Hospice Foundation of Oklahoma Affiliated Fund of OCCF, Inc.		73-1549817	Charitable	š	501(c)(3)	509(a)(3)	N/A
Janice & Joe L. Singer Family Affiliated Fund of OCCF, Inc.	O Box 1146, OKC, OK,	32-0101644	Charitable	š	501(c)(3)	509(a)(3)	N/A
John & Claudia Holliman Affiliated Fund of OCCF, Inc	O Box 1146, OKC, OK,	73-1528946	Charitable	š	501(c)(3)	509(a)(3)	N/A
Kirkpatrick Center Affiliated Fund of OCCF, Inc	P O Box 1146, OKC, OK, 73101	73-1353370	Charitable	š	501(c)(3)	509(a)(3)	N/A
Kirkpatrick Family Affiliated Fund of OCCF, Inc	O Box 1146, OKC,	73-1355924	Charitable	š	501(c)(3)	$\simeq$	A/A
Lawton Community Foundation Affiliated Fund of OCCF, Inc	O Box 1146, OKC, OK,	73-1566026	Charitable	š	501(c)(3)	$\sim$	A/N
Leadership Oklahoma City Affiliated Fund of OCCF, Inc	O Box 1146,	73-1461684	Charitable	š	501(c)(3)	$\sim$	A/N
Love Family Affiliated Fund of OCCF, Inc	Box 1146, OKC, OK,	73-1581477	Charitable	š	501(c)(3)	509(a)(3)	A/A
M A Everett Family Affiliated Fund of OCCF, Inc	O Box 1146, OKC, OK,	73-1520821	Charitable	š	501(c)(3)	$\simeq$	N/A
Malzahn Family Affiliated Fund of OCCF, Inc	O Box 1146,	73-1405419	Charitable	š	501(c)(3)	a	A/A
Oklahoma Air Space Museum Affiliated Fund of OCCF, Inc	Box 1146,	73-1374645	Charitable	š	501(c)(3)	ä	N/A
Oklahoma City Art Museum Affiliated Fund of OCCF, Inc	O Box 1146, OKC,	73-1400397	Charitable	š	501(c)(3)	509(a)(3)	N/A
Oklahoma City Community Foundation, Inc	O Box 1146, OKC,	23-7024262	Charitable	š	501(c)(3)	509(a)(3)	N/A
Oklahoma City Disaster Relief Fund, Inc	O Box 1146,	73-1476117	Charitable	ð	501(c)(3)	509(a)(3)	A/N
Oklahoma City Retailers Foundation Affiliated Fund of OCCF, Inc	O Box 1146,	73-1550200	Charitable	š	501(c)(3)	ä	A/N
Oklahoma Philharmonic Affiliated Fund of OCCF, Inc	O Box 1146,	73-1461680	Charitable	š	501(c)(3)	a	A/N
Raymond H , Jr & Bonnie Hefner Family Affiliated Fund of OCCF, Inc	1146, OKC, OK,	73-1549818	Charitable	š	501(c)(3)	509(a)(3)	A/Z
Robert & Blanche Gordon Family Affiliated Fund of OCCF, Inc	O Box 1146, OKC, OK,	73-1609200	Charitable	š	501(c)(3)	509(a)(3)	A/A
Rural Oklahoma Community Foundation, Inc., an affiliated fund of OCCF, Inc.	1146, OKC,	73-1464051	Charitable	ŏ	501(c)(3)	509( a )( 3 )	A/A
William E & Margaret H Davis Family Affiliated Fund of OCCF, Inc	P O Box 1146, OKC, OK, 73101	73-1324131	Charitable	ŏ	501(c)(3)	509(a)(3)	A/N