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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [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 **Tax-exempt status** (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 Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 42,234

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

Revenue	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	34,155
	4	Investment income		4	8,079
	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)		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 $ _____ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	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	42,234
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	15,668
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ See Attached Statement)		16	7,532
	17	**Total expenses.** Add lines 10 through 16 ▶		17	23,200
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	19,034
	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	353,974
	20	Other changes in net assets or fund balances (attach explanation)		20	-15,030
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	357,978

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 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	353,974	22	357,978
23 Land and buildings		23	
24 Other assets (describe ▶)		24	
25 **Total assets**	353,974	25	357,978
26 **Total liabilities** (describe ▶)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	353,974	27	357,978

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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

What is the organization's primary exempt purpose? HISTORIC NEIGHBORHOOD MAINTENANCE

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, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	VARIOUS MAINTENANCE PROJECTS (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	23,200
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	
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	23,200

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
ALAN KIRKPATRICK 1001 NW 40th OKLAHOMA CITY OK 73118	Title PRES Hr/WK			
LEA MORGAN 501 NW 42nd OKLAHOMA CITY OK 73118	Title D Hr/WK			
LESLIE YANCEY 516 NW 41st OKLAHOMA CITY OK 73118	Title SECY Hr/WK			
JUDY KRUEGER 805 NW 39th OKLAHOMA CITY OK 73118	Title TREAS Hr/WK			
KATIE ARCHER 1012 NW 41st OKLAHOMA CITY OK 73118	Title D Hr/WK			
PATRICIA AYLING 833 NW 41st OKLAHOMA CITY OK 73118	Title D Hr/WK			
LOLA BAKER 4001 N HARVEY PKW OKLAHOMA CITY OK 73118	Title D Hr/WK			
SUZANNE BOCKUS 3920 N HARVEY PKW OKLAHOMA CITY OK 73118	Title VP Hr/WK			
PHILLIP CLAYTON 812 NW 39th OKLAHOMA CITY OK 73118	Title ALT D Hr/WK			
STEVE COLE 717 NW 40th OKLAHOMA CITY OK 73118	Title D Hr/WK			
BOB ESKEW 200 NW 40th OKLAHOMA CITY OK 73118	Title D Hr/WK			
BRENDA JOHNSON 833 NW 39th OKLAHOMA CITY OK 73118	Title D Hr/WK			
JOHN JOYCE 909 NW 37th OKLAHOMA CITY OK 73118	Title D Hr/WK			
SHANNON PURNELL 905 NW 40th OKLAHOMA CITY OK 73118	Title D Hr/WK			
SHARON REEVES 711 NW 38th OKLAHOMA CITY OK 73118	Title D Hr/WK			
BOB REISLING 800 NW 40th OKLAHOMA CITY OK 73118	Title D Hr/WK			
BART ROBEY 600 NW 36th OKLAHOMA CITY OK 73118	Title D Hr/WK			
SHELLIE LOOMIS 823 NW 38th OKLAHOMA CITY OK 73118	Title D Hr/WK			

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

			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? 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 why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to 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	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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 outstanding at the end 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 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations 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		
41	List the states with which a copy of this return is filed ▶ _____			
42 a	The organization's books are in care of ▶ 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)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			
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			
			Yes	No
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 and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b 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 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		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

50 Complete this table for the organization's 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			

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's 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		

d 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
Signature of officer

x 12/20/10
Date

x Judy V Krueger
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ X	Preparer's identifying number (See instructions)
	10/14/2010		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

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
LISA HAMMOND 817 NW 38th OKLAHOMA CITY OK 73118	Title D Hr/WK			
NANCY ROBERTSON 609 NW 42nd OKLAHOMA CITY OK 73118	Title D Hr/WK			
AMANDA BLEAKLEY 601 NW 42nd OKLAHOMA CITY OK 73118	Title D Hr/WK			
PATI WHITE 409 NW 38th OKLAHOMA CITY OK 73118	Title ALT D Hr/WK			
SUSAN WYMER 529 NW 42nd OKLAHOMA CITY OK 73118	Title ALT D Hr/WK			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			

Explanations (990-EZ)

Reasonable Cause

1 THIS RETURN IS AMENDED DUE TO THE 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

General Explanation

	Part	Line	Explanation
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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

			7,532
1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	
13	PAYPAL FEES	13	274
14	MISCELLANEOUS	14	2,349
15	INSURANCE-LIABILITY	15	543
16	INSURANCE-PROPERTY	16	1,530
17	PLAQUES	17	1,384
18	ORG DUES	18	400
19	MEMBERSHIP	19	352
20	MARATHON	20	700
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	
30		30	
31		31	
32		32	
33		33	
34		34	
35		35	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances -15,030

	Description		Amount
1	MARKET VALUATION DECREASE IN OKC COMMUNITY FOUNDATION FUND	1	-15,030
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	