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'Form 990

Return of Organization Exempt From Income Tax

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

2009

OMB No 1545-0047

Department of the Treasury

beliefit trust of private foundation)

Open to Public Inspection

Form 990 (2009)

EEA

- •		ue Service	► The organization	may have to use a	copy of this retu	rn to satisfy state	reportin	g require	ements	t:	nspection
A Fo	r the	2009 calendar year,	or tax year beginnin	g		, 2009, a	nd endin	ıg		, 2	20
		pplicable Please		on OKLAHOMA HO	ME & COMMUN	ITY EDUCATI	ON			D Employ	er identification no.
	dress c	use IRS	Doing Business As							73-61:	10746
$\overline{}$	me cha			(or PO box if mail is no	ot delivered to street a	ddress)		Room/suite	e	E Telephor	ne number
\equiv	ial retur	type.	502 N CHICK	•		,					
=	minate	Specific		or country, and ZIP + 4				-		G Gross re	eceints
\equiv		1000	•	OK 74017-721	2						74,883
=	nended	return	me and address of principal			• • • • • • • • • • • • • • • • • • • •	ſ			ل_	
! Ap	plicatio		me and address of principal 2 N CHICKASAW,					H(a) Is th	is a group	return for	Yes X No
											Yes No
		pt status X 501(c)) (3) ◀ (insert no)	4947(a)(1) or	527			H(b) Are	lo," attach	es included? a list (see inst tion number	nuctions)
		▶ N/A				Т					OK
		rganization X Corporat	tion Trust Assoc	ciation Other		L Year of formati	on	M	State of	legal domicile	
Part		Summary	 						A TO T TO	V EDITOR #	
	1	Briefly describe the	organization's missio	in or most significa	nt activities	TO PROMOTE	HOME	& COM	MUNIT	I EDUCAT	10N
_				- ·							
Ĝ G					. <u></u>						
i v					<u> </u>						
y e			lf the organization o	•	•					•	
t n	3	Number of voting me	embers of the goverr	ning body (Part VI,	line 1a) · · ·	• • • • • • • •	• • • •		• • • 📑	3	5
i a e n	4	Number of independ	dent voting members	of the governing b	ody (Part VI, line	1b) • • • • •			• •	4	5
s c	5	Total number of emp	ployees (Part V, line	2a) • • • • • • •					• • [5	0
& e	6	Total number of volu	unteers (estimate if n	ecessary) · · · ·					• • 🗔	6	
			d business revenue f						7	7a	0
			ess taxable income fi						7	7b	0
								Prior Y	ear	C	urrent Year
R	8	Contributions and gr	rants (Part VIII, line 1	h)					127,6		71,087
v	9	Program service rev	enue (Part VIII, line 2	2g)		EIVED.					0
e n	_		(Part VIII, column (A)				7.55		16,5	92	3,796
ü			: Vill, column (A), line				X —		7,7		
е	12	Total revenue - add	lines 8 through 11 (m	oust equal Part VIII					151,9		74,883
	13	Create and similar of	mounts paid (Part IX	column (A) lines	1 3		<u> </u>			-	0
							≌] —				
E	14	•	or members (Part IX,				`]├─				
X D	15		pensation, employee			3-1U)	∸' —				
ė			ising fees (Part IX, co		•		•				_
S		•	penses (Part IX, colu			0	_		100 0		90.065
e s			ırt IX, column (A), line						138,8		82,265
		•	d lines 13-17 (must e						138,8		82,265
	19	Revenue less exper	nses Subtract line 1	8 from line 12 • •	• • • • • • •	• • • • • • • •	• •		13,0	70	(7,382)
Net							Beg	inning of C			end of Year
Assets or	20	Total assets (Part X,	, line 16) • • • • •	• • • • • • • • •	• • • • • • •	• • • • • • •	• •		290,9	38	283,556
Fund	21	Total liabilities (Part	X, line 26) • • • •		• • • • • • •		••[0
Bal- ances	22	Net assets or fund b	palances Subtract lin	ne 21 from line 20					290,9	38	283,556
	L II	Signature Blo	ock	·					_		
Pari		Under penalties of peri	ury, I declare that I have ex	xamined this return, incl	luding accompanying	schedules and statem	nents, and t	to the best	of my kno	wledge	
<% <%		and belief, it is true, con	rrect, and complete Declar	ration of preparer (other	r than officer) is based	on all information of	which prep	arer has ar	ny knowled	ige	
ુ જ્રુSign		1 M_	u Bo	Com.	Toren	uru				5-4	1-10
		Signature of office								Date	
≅Here S¦	•	1	N, TREASURER								
ري ا		Type or print nam									
		-		-	Date		Check if	- I	Prenarer	s identifying nu	mber
Prena		Preparer's	,				ro#	N. TO	(see instr		
Paid		signature	Λ 4 Δ				employed				
Prepa	rer's	¥	J J			-26-2010	<u> </u>				
্যূত্µse O		Firm's name (or yours		KIRKENDALL CI	PA PC		E	N P	•		
~~	-	if self-employed),	405 W CLA								
		address, and ZIP + 4	Claremore	, OK 74017			PI	hone no	▶918-	342-5474	
May th	ne IRS	discuss this return	with the preparer sho	own above? (see in	structions) · ·						Yes X No

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

Form	n 990 (2009) OKLAHOMA HOME & COMMUNITY EDUCATION		73-6110746	Page 2
	irt III Statement of Program Service Accomplishments			
1.	Briefly describe the organization's mission			
•	TO PROMOTE HOME & COMMUNITY EDUCATION			
2	Did the organization undertake any significant program services during the	year which were not listed on		
	the prior Form 990 or 990-EZ?		· · · Yes	X No
	If "Yes," describe these new services on Schedule O			
3	Did the organization cease conducting, or make significant changes in how			-
	services? · · · · · · · · · · · · · · · · · · ·		· · · LYes	X No
	If "Yes," describe these changes on Schedule O			
4	Describe the exempt purpose achievements for each of the organization's to			
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts		ıd	
	allocations to others, the total expenses, and revenue, if any, for each progr	ram service reported		
				
4a	(Code) (Expenses \$ 82,265 including gran	its of \$) (Revenue	\$)
				
4b	(Code) (Expenses \$ including gran	nts of \$) (Revenue	\$)
			·	
	·····			
				
				<u>.</u>
4c	(Code) (Expenses \$ including gran	nts of \$) (Revenue	\$	
4d	, , , , , , , , , , , , , , , , , , ,			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 82,265			

73-6110746

Page 2

Par	t IV Checklist of Required Schedules			
			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 similar funds or 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,"			
Ü	complete Schedule D, Part III	8		Х
۵	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	<u> </u>	-+	
9				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV - · · · · · · · · · · · · · · · · · ·	9		.,
40		9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 169 If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional · · · · · · · · · · · · · · · · · · ·			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? 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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			<u> </u>
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u> </u>
.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ٿ		^
13	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
20	Did the organization operate one of more hospitals? If ites, complete sofiedule (1)			

<u>Pai</u>	rt IV Checklist of Required Schedules (continued)			
٠,			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		v
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			<u>X</u>
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
		23		v
04-	amployees in teel complete concerned	23		<u>X</u>
24a	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, that was issued after December 31, 2002? If "Yes," answer lines	24a		v
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		<u>X</u>
Ь	Is the organization 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	25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV · · · · · · · · · · · · · · · · · ·	28c		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I • • • • • • • • • • • • • • • • • •	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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		X
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		X
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		X
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		Х

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable · · · · · · · · · 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			1
	gaming (gambling) winnings to prize winners? • • • • • • • • • • • • • • • • • • •	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			l
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			ĺ
	this return? · · · · · · · · · · · · · · · · · · ·	3a		Х
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			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)? · · · · · · · · · · · · · · · · · · ·	4a		Х
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			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		ĺ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u>_</u>
	and services provided to the payor?	7a		
þ	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 to file Form 8282? • • • • • • • • • • • • • • • • • • •	7 c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		_	l
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? • • • • • • • • • • • • • • • • • • •	7 g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required? • • • • • • • • • • • • • • • • • • •	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities · · · · · · · · 10b			1
11	Section 501(c)(12) organizations. Enter			1
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them) · · · · · · · · · · · · · · · · · ·			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

73-6110746 Form 990 (2009) OKLAHOMA HOME & COMMUNITY EDUCATION Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body · · · · · · b Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 5 5 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 11 X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard

	the organization's exempt status with respect to such arrangements?							
Se	ction C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed OK							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)							
	available for public inspection. Indicate how you make these available. Check all that apply							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest							
	policy, and financial statements available to the public							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the							
	organization >							

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Form 990 (2009)

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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) of 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)	(F)
Name and Title	Average hours per week 1 t d 1 t 0 K H c e record F r	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations						
JAVONNA EARSOM						 				
CHAIRMAN	1.00			X					0	(
JOANN POINDEXTER										
VICE PRESIDENT	1.00	-	ŀ	X			1	-	o o	(
MARY JO BULLIS				<u></u>				_		
LEADERSHIP CHAIR	1.00			x	}				o o	
MARIE JONES			Ī							
SECRETARY	1.00	İ		X					o o	
MARY BACON					-					
TREASURER	1.00			x		1			d o	
									-	
		-		_		<u> </u>	ļ			ļ
		ļ								

EEA

73-6110746

Pa	rt VII Section A. Officers, Directors, Trustees, K	ey Employe	es, an	d Hi	ghe	st C	omper	nsate	ed Employees (cor	 '			
	(A)	(B)				>)			(D)	Œ		(F)	
	Name and Title	Average hours per week	Positi I t d I n r i d u r i s e v t c i d e o u r a o i r	I t nr su t s i t	Office	K e y e	at apply) H c em g mp g p e o y t e e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	ation amou ated oth lions compe		
													-
											ļ		
1b	Total · · · · · · · · · · · · · · · · · · ·							<u> </u>	0	0			0
2	Total number of individuals (including but not limited to reportable compensation from the organization	those listed	above	e) w	ho r	ecer	ved m	ore t	nan \$100,000 in	0			
		***										Yes	No
3	Did the organization list any former officer, director or employee on line 1a? If "Yes," complete Schedule J fo										3		 V
4	For any individual listed on line 1a, is the sum of repor												X
	the organization and related organizations greater than												
	individual · · · · · · · · · · · · · · · · · · ·							• •			4		_X
5	Did any person listed on line 1a receive or accrue com- services rendered to the organization? If "Yes," complete										5		
50	ction B. Independent Contractors	ete Schedule	3 101	Suc	ii pe	15011							X
1	Complete this table for your five highest compensated	ındepender	nt contr	acto	ors th	nat r	eceive	d m	ore than \$100,000	of			
	compensation from the organization												
	(A)								(B)			(C)	
	Name and business address								Description of s	services	Comp	ensation	<u> </u>
-													
		· · · · · · · · · · · · · · · · · · ·											
2	Total number of independent and the state of the live level.	it not limited	+0 +b	- I	oto-l	ah-	wo\t		l				
2	Total number of independent contractors (including but more than \$100,000 in compensation from the organization from the organizatio		เบ เทอร	se II	અસ્વ	aD0	ve) Wî	io re	ceivea				

Part \	<u>/III </u>	Statement of Revenue					
•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns · · · · · · 1a		İ			
	Ь	Membership dues · · · · · · · 1b		1			
Contri-	c	Fundraising events · · · · · · 1c		1			
butions, gifts,	d	Related organizations · · · · · · · 1d		į			
grants	e	Government grants (contributions) • • 1e	_	1			
and	_			1			
other similar	f	All other contributions, gifts, grants, and similar amounts not included above	71,087				
amounts	_	Noncash contributions included in lines 1a-1f \$		1			
	9 h			71,087			
		Total: Add lines 1a-11	1	.2700.		<u></u>	<u> </u>
	2a		Business Code		**		
	b						
Program	_					-	
Service	d						
Revenue	_						
	e	All other program and the second				_	
	ı	All other program service revenue • • • • • • • • • • • • • • • • • • •					
	<u> </u>	Total. Add lines 2a-2f		<u> </u>			
	3	Investment income (including dividends, interest,		3,796	3,796		
		other similar amounts) • • • • • • • • • • • • • • • • • • •		3,790	3,790		
	4	Income from investment of tax-exempt bond prod Royalties · · · · · · · · · · · · · · · · · · ·					
	5	· · · · · · · · · · · · · · · · · · ·	1				<u> </u>
		(i) Real	(II) Personal	1			
	l .	Gross Rents · · · · · ·		-			
	I	Less rental expenses · · · ·					[
		Rental income or (loss) • • •					
		Net rental income or (loss)	T				
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	b	Less cost or other basis					
0		and sales expenses · · · ·					
t	l	Gain or (loss)					
h e	l .	Net gain or (loss) · · · · · · · · · · · · · · · · · ·					
r	8a	Gross income from fundraising					
R		events (not including \$					
e		of contributions reported on line 1c)					
v e	١.	See Part IV, line 18 · · · · · · · · a		4			
n	1	Less direct expenses · · · · · · · b	L			-	
u		the mount of the contract of t					1
е	9a	Gross income from gaming activities					
		See Part IV, line 19 · · · · · · · · a		-			
		Less direct expenses · · · · · · · b					
	C	Net income or (loss) from gaming activities • •	•••••		<u> </u>		
	10a	Gross sales of inventory, less		1			
		returns and allowances · · · · · · · · a		1			
		Less cost of goods sold · · · · · · b	L	1			1
	<u>c</u>	Net income or (loss) from sales of inventory • •					ļ
		Miscellaneous Revenue	Business Code	1			1
	١.	OTHER INCOME		ļ			_
	Ь		ļ				
	C		<u></u>	ļ			
		All other revenue · · · · · · · · · · · · · · · · · · ·	L	 	1		
	ı	Total. Add lines 11a-11d · · · · · · · · ·					<u> </u>
	12	Total revenue. See instructions		74,883	3,796	(a) c

Part IX

Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column	(A) but are not requi	red to complete colum	ns (B), (C), and (D).	
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		-		
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22 · · · · · · · · · .	_			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16 · · · · · · · · L				
4	Benefits paid to or for members • • • • • • • • • • • • • • • • • • •				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified	J	j	J	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salaries and wages				
8	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)				
а	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal				
С	Accounting • • • • • • • • • • • • • • • • • • •	350	350		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 •				
f	Investment management fees · · · · · · · · · · · .				
g	Other				·
12	Advertising and promotion				
13	Office expenses · · · · · · · · · · · · · · · · · ·				
14	Information technology · · · · · · · · · · · · · · · · · · ·				
15	Royalties · · · · · · · · · · · · · · · · · · ·				
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	Travel · · · · · · · · · · · · · · · · · · ·				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				-
19	Conferences, conventions, and meetings · · · · · ·	25,853	25,853		
20	Interest				-
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
22	Depreciation, depletion, and amortization	2 071	2 071		
23	Insurance	3,871	3,871		
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				ı
	5% of total expenses shown on line 25 below)	20.070	30.070		
а	PROGRAM EXPENSES	30,079	30,079	· - <u>-</u> -	
Ь	ADMINISTRATIVE EXPENSES	18,761	18,761		
С.	FUNDRAISING EVENT	3,351	3,351		
d					
0	 +				
f or	All other expenses	82,265	82,265	0	0
25 26	Total functional expenses. Add lines 1 through 24f · ·	62,263	02,203		
20	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 · · · · · · · · · · · · · · · · · · ·		1		

Par	t X.	Balance Sheet			
•			(A)		(B)
			Beginning of year	<u> </u>	End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	60,041	1	119,223
	2	Savings and temporary cash investments · · · · · · · · · · · · · · · · · · ·	230,897	2	164,333
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	<u> </u>	4	
	5	Receivables from current and former officers, directors, trustees, key			
	i	employees, and highest compensated employees. Complete Part II of			
		Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		1	
A S		Part II of Schedule L · · · · · · · · · · · · · · · · · ·		6	
s	7	Notes and loans receivable, net		7	
e t s	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · · · ·		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D · · · · · 10a			
	b	Less accumulated depreciation · · · · · · · · · · · 10b		10c	
	11	Investments - publicly traded securities		11	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	290,938	16	283,556
	17	Accounts payable and accrued expenses		17	
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
L	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·		19	
i	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
b	21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · · ·		21	<u> </u>
į	22	Payables to current and former officers, directors, trustees, key			
i		employees, highest compensated employees, and disqualified			
t		persons Complete Part II of Schedule L		22	
i A	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · ·		23	
s	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · ·		24	
	25	Other liabilities Complete Part X of Schedule D · · · · · · · · · · · · [25	
	26	Total liabilities. Add lines 17 through 25 · · · · · · · · · · · · · · · · · ·	0	26	0
		Organizations that follow SFAS 117, check here X and			
NF		complete lines 27 through 29, and lines 33 and 34.			
e u	27	Unrestricted net assets	250,441	27	209,455
t n d	28	Temporarily restricted net assets	7,603	28	53,601
ΑŪ	29	Permanently restricted net assets	32,894	29	20,500
s B	[Organizations that do not follow SFAS 117, check here		1	
sa el		and complete lines 30 through 34.			
t a	30	Capital stock or trust principal, or current funds		30	
s n	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
οē	32	Retained earnings, endowment, accumulated income, or other funds		32	
r s	33	Total net assets or fund balances	290,938	33	283,556
	34	Total liabilities and net assets/fund balances	290,938	34	283,556

Pai	rt X! Financial Statements and Reporting						
			Yes	No			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other						
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in						
	Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• 2a	X				
b	b Were the organization's financial statements audited by an independent accountant?						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	- 2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O		ł				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		1				
	issued on a consolidated basis, separate basis, or both			Ì			
	Separate basis Consolidated basis Both consolidated and separate basis]			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			[
	the Single Audit Act and OMB Circular A-133? · · · · · · · · · · · · · · · · · ·	. 3a	ļ	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Γ				
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. 3b	1				
	EEA	Forn	n 990 (2009)			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Employer identification number OKLAHOMA HOME & COMMUNITY EDUCATION 73-6110746 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type! b Type II c Type III-Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(B) Provide the following information about the supported organization(s) h (ii) EIN (m) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of Name of supported organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the US? support? (see instructions))

18

Pa	rt II . Support Schedule for Org (Complete only if you checked the	ganizations De	escribed in Se	ctions 170(b)	(1)(A)(iv) and	170(b)(1)(A)(v	i)
<u></u>	tion A. Public Support	DOX OF HITE 5, 7, 0	i o ori arti j			- 	
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Jaici	idai yedi (oi iisedi yedi begiiiiing iii)	(a) 2003	(b) 2000	(6) 2007	(u) 2000	(e) 2009	(i) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	42.000	77.007	70 164	107 611	71 007	200 100
	include any "unusual grants") • • • • •	43,229	77,097	70,164	127,611	71,087	389,188
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf • • • • • • • • • • • • • • • • • • •						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge · · · · ·						
4	Total. Add lines 1 through 3 · · · · ·	43,229	77,097	70,164	127,611	71,087	389,188
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						
			1				
	shown on line 11, column (f)						200 100
<u>6</u>	Public support. Subtract line 5 from In 4						389,188
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	43,229	77,097	70,164	127,611	71,087	389,188
8	Gross income from interest, dividends, payments received on securities loans.						
	rents, royalties and income from similar	ĺ	ſ	ĺ			
	sources	5,124	6,646	3,945	16,592	3,796	36,103
9	Net income from unrelated business						
3	activities, whether or not the business is		İ				
	regularly carried on · · · · · · · ·						
10 -	Other income Do not include gain or		-			-	-
	loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						425,291
12		1				12	
	Gross receipts from related activities, etc (s					1	
13	First five years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	n, or fifth tax year a	s a section 501(c)	(3)	. □
	organization, check this box and stop here						• • • • • •
<u>Sec</u>	tion C. Computation of Public Su	pport Percent	age		·- 1		
14	Public support percentage for 2009 (line 6,						91.51 %
15	Public support percentage from 2008 Schei				-		%
16a	33 1/3% support test - 2009. If the organiza	tion did not check t	he box on line 13,	and line 14 is 33 1	/3% or more, chec	k this box	
	and stop here. The organization qualifies a	s a publicly support	ted organization	• • • • • • • •			· · · · • X
b	33 1/3% support test - 2008. If the organiza	tion did not check a	a box on line 13 or	16a, and line 15 is	33 1/3% or more,	check this	
	box and stop here. The organization qualifi	es as a publicly sur	ported organization	n			▶□
17a	10%-facts-and-circumstances test - 2009.				r 16b, and line 14	s 10% or	
-	more, and if the organization meets the "fac						
	organization meets the "facts-and-circumsta						▶□
h	10%-facts-and-circumstances test - 2008.						۔ ۔
b	more, and if the organization meets the "fac						
	organization meets the "facts-and-circumsta	ances test The org	janization qualifies	as a publicly supp	iorteu organization		▶□

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

			COMMUNITY ED		(0)	73-61107	46 Page 3
<u> </u>	Support Schedule for Org (Complete only if you checked the			ection 509(a)	(2)		
	*	box on line 9 of I	Part I)				
	ction A. Public Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(a) 2000	(f) Total
Van	endar year (or fiscar year beginning iii)	(a) 2005	(b) 2006	(6) 2007	(u) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchan- dise sold or services performed, or fac- lities furnished in any activity that is related to the organization's tax-exempt purpose		100000				
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			<u> </u>	ļ.———	ļ	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·					ļ	ļ <u>.</u>
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	,					
С 11	Add lines 10a and 10b · · · · · · · · · · · · · · Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on · · · · · · · · · · · · · · · · · ·						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the org organization, check this box and stop here	anızatıon's first, s	second, third, fourth	n, or fifth tax year	as a section 501(c	0(3)	▶ 🔲
Sec	ction C. Computation of Public Su	pport Percer	tage				
15	Public support percentage for 2009 (line 8, co						<u>%</u>
16	Public support percentage from 2008 Schedu			• • • • • • • • • • • • • • • • • • • •		16	%
17	Investment income percentage for 2009 (line Investment income percentage from 2008 Sci	10c, column (f) d	ivided by line 13, c	olumn (f))		17	%
18							
	33 1/3% support tests - 2009. If the organizal 17 is not more than 33 1/3%, check this box a	and stop here. Th	ne organization qua	alifies as a publicly	supported organi	zation	▶ 🗀
b	33 1/3% support tests - 2008. If the organization 18 is not more than 33 1/3%, check this b	ion did not check lox and stop her	a box on line 14 o e. The organization	r line 19a, and line i qualifies as a pul	e 16 is more than 3 blicly supported org	33 1/3%, and ganization	▶ □

20 Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions