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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 2000

Department of the Treasury Internal Revenue Service

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

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|----|-----|-----|------------|----------|------|------------|---|
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| O | pen | to. | Pub | ارْعَالِ | nspe | ctio | ņ |

| | For the | 2009 calend | ar year, | or tax year begin | ning Jul 1 | | 2009, and | ending | g Jun | | | , 2010 | |
|--------------------------------|------------|--|-------------------------|--|-----------------------|---------------------------|-----------------|--------------|----------------|-----------------|---------|--|----------------|
| В | Check if a | | | C Name of organiza | ation | | | | | D Employ | er idei | ntification Number | |
| | Addr | ess change | Please use IRS label | M.A. Everet | Family Af | filiated Fund | d of the | OCCE | Inc. | 73-1 | 152 | 0821 | |
| | Nam | e change | or print or type. | | | al is not delivered to st | | Room/su | | E Telepho | ne nui | mber | |
| | Initia | al return | See specific | P.O. Box 1 | 146 | | | | | (405 | 5) : | 235-5603 | |
| | Term | nination | Instruc- tions. | City, town or cou | | | State ZIP c | ode + 4 | | | | | |
| | Ame | ended return | | Oklahoma C | itv | | ок 73 | 101 | | G Gross re | eceints | s <u>1,736,62</u> | 2. |
| | Ħ | <u> </u> | F Name a | and address of principa | | | - | | H(a) Is this | a group return | | | |
| | C | | | Anthony P.O. | | Oklahoma Cit | v OK 73 | 101 | H(b) Are all | affiliates incl | uded? | | _ |
| ī - | Tax-e | exempt status | | | (insert no) | 4947(a)(1) | | | If 'No,' | attach a list | (see II | nstructions) | L1 |
| - | | site: ► N/A | | (6) (3) | (III)SELT TIO) | | JI 1 32 | | U(a) Craum | | | • | |
| K | | | X Corpora | ation Trust | Association | Other ► | TL V | | on 199 | exemption nu | | f legal domicile O | |
| | | Summa | | ation riust | Association | Other - | L rear or | roman | 1011 1 2 3 | 7 1111 3 | tate o | r legal domicile O | <u></u> |
| 1.50 | | | | ganization's missi | on or most sign | nificant activities | Suppor | rts th | ne Oklah | noma Cit | v Co | mmunity Fou | ndation |
| | | | | butions to | | | | | | | | | |
| JČ6 | | | 2 11 11 1 | 55-5-15- 55 | | 4 | CP_ PIC | 35± di. | | 2110 10 | | | |
| Activities & Governance | - | | | | | | | | | | | | |
| ove. | 2 C | heck this box | ₹ | if the organizatio | n discontinued | its operations or | disposed (| of mor | e than 25 | 5% of its a | | | |
| Ğ | 3 N | lumber of vot | | bers of the gover | | | | | | | 3 | | |
| 80 | 4 N | lumber of ind | ependen | it voting members | of the governi | ng body (Part VI, | line 1b) | | | | 4 | 7 | |
|)ŧ | i | | | yees (Part V, line | • | | | | | | 5 | | |
| Ę | 1 | | | eers (estimate if | - | | | | | | 6 | 7 | |
| • | 1 | - | | ousiness revenue | | . , | 12 | | | | _ 7 a | | 0. |
| | b N | let unrelated | business | taxable income | from Form 990 | Γ, line 34 | | | · · · · · · | | 7 t | P | |
| | | | | | | | | | P | rior Year | | Current | |
| ē | | | | its (Part VIII, line | | | | | | | | _ | 10. |
| Revenue | | 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -3 | | | | | | | | | | ļ | |
| ě | r . | | - | | • • | , | | | ļ | -34,9 | 23. | 4 | 8,498. |
| | | | | III, column (A), Iir nes 8 through 11 | | • | N line 12 | ^ | - | -34,9 | 22 | · | 8,508. |
| | | | | | | | 1), 11110 12, |) | +- · | 35,2 | | | 0,925. |
| | 14 B | Paratita and | | ounts part (Part I) members (Part I) | A, column (A), | ines 1-3) | | | - | 33,2 | .50. | · | 0,923. |
| | | | | nsation, employee | | | | | } | | | | |
| စ္ | | | | igarees (Partix, o | | | ines 5-10) | , | | | | | |
| Expenses | | 1, , [| | 1071 | | | | | 12.7 5.50 | N. 1907-617-4 | AT W | - 142 - 15 - 15 - 15 - 15 - 15 - 15 - 15 - 1 | out sall are |
| 쫎 | 1 | | | nses_(PartII∰ col | | | 1,7 | 709. | M. A. | 新了。 新聞的 | ¥7.57 | Contract Annual Contract Contr | 是法式用的 |
| | | | | 🖈, dolumn (A), III | | | | | | 13,1 | | | 7,796. |
| | 18 T | otal expense | s Add li | nes 13-17 (must | equal Part IX, c | olumn (A), line 2 | 5) | | | 48,3 | | | 8,721. |
| . — | 19 R | Revenue less | expense | s Subtract line 1 | 8 from line 12 | | | | | -83,3 | 00. | -4 | 0,213. |
| Net Assets or Fund Balances | } | | | | | | | | Begii | nning of Y | ear | End of | /ear |
| 198 | 20 T | otal assets (F | Part X, li | ne 16) | | | | | 1 | ,861,6 | 92. | 2,00 | 6,602. |
| ¥5 | 21 T | otal liabilities | (Part X | , line 26) | | | | | | 14,2 | 50. | . 2 | 8,0 <u>00.</u> |
| | | | fund bala | ances Subtract li | ne 21 from line | 20 | | | 1 | 847,4 | 42. | 1,97 | 8,602. |
| Pa | irtill 32 | Signatu | re Blo | ck | | | | | | | | | |
| | | Under penalties | of perjury, | I declare that I have e Beclaration of prepar | xamined this return, | including accompanyir | ng schedules | and stat | ements, and | to the best of | of my k | nowledge and belie | f, it is |
| | | true, correct, | | - Secial and in of prepar | er (other than office | r) is based on all inion | nation of white | сп ргера | irer nas any | | | | |
| Sig | gn | | UTT | 477411 | <u> </u> | | | | | 4-15 | | 1 / | |
| He | re | Signature o | of officer | v |) | | | | Da | ate | | | |
| | | | | nthony | | | | - | | | | | |
| | | Type or pri | nt name an | d title | | | | | | | | | |
| _ | | | | | | | Date | | | heck if | | Preparer's identifyir (see instructions) | ng number |
| Pa | | Preparer's | _ | | | | - | | | mployed ► | | | |
| Pro | | signature | | | | | | | | | | | |
| ya Us | rer's | Firm's name (or | r | | | | | | | | | | |
| Or | | yours if self employed), | _ | | | | | | E | IN ► | | | |
| | | address, and ZIP + 4 | | | | | | | Р | hone no | | | |
| | , the ID | C discuss the | c return | with the preparer | shown above? | (see instructions | ` | | | | | X Yes | No |

| | | 73-152 | 2082 | 1 | | Page 2 |
|-----|---|--------------------|-----------------|--------------------|-------------------|------------------|
| Pai | MILE Statement of Program Service Accomplishments | | | | | |
| 1 | Briefly describe the organization's mission: | | | | | |
| | Supports the Oklahoma City Community Foundation | | | | | |
| | through contributions to music, dance and arts programs in the loca | 1_com | muni | ty. | | - - - |
| | | | | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the p | prior | | V | | |
| | Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O | | Ш | Yes | x | No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services | 7 | | Yes | X | No |
| | If 'Yes,' describe these changes on Schedule O | | | | | |
| | Describe the exempt purpose achievements for each of the organization's three largest program services by e and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported | xpenses cations | s Sec to oth | tion 50 ers, th | 01(c)(3 e tota | 3) |
| 4 8 | a (Code) (Expenses \$ 70,925. including grants of \$ 70,925.) (Reve | enue \$ | \$ | | | 0.) |
| | The organization helps support the Oklahoma City | | | _ . | - | |
| | Community Foundation by providing grants to designated public charities. | | | | | |
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| 41 | (Code) (Expenses \$ including grants of \$) (Reve | enue \$ | \$ | · · · · · · · | |) |
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| 4 | c (Code) (Expenses \$ | enue \$ | } | | |) |
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| | | | | | | |
| 4 | d Other program services (Describe in Schedule O) | | | | | |
| | (Expenses \$ including grants of \$) (Revenue \$ | | | _ |) | |
| 4 | e Total program service expenses ► 70,925. | | | | | |

| | | | 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 | | _x |
| 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 | | <u>x</u> |
| 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 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes , complete Schedule D, Part V | 10 | х | |
| 11 | Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | digmila- | X |
| ٠ | 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 16? 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 | | | |
| | Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | 12 | - (-) | X |
| 12 <i>F</i> | AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Х |
| | 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 | | x |
| 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 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 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? If 'Yes,' complete Schedule G, Part III | 19 | | х |
| 20 | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H | 20 | | Х |

| | | | 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 | х | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the 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 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b through 24d and complete Schedule K If 'No, 'go to line 25 | 24a | | х |
| ı | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| , | 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 | | |
| (| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 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 | | х |
| 1 | b 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 | | 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 | | x |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | W |
| | a A current or former officer, director. trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| | b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| | c 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 !V | 28 c | | Х |
| 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 | | х |
| 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 | | Х |
| 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 | 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 | | 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 |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O | 38 | X_ | |
| D A / | | Form | aan | ronnes |

Form **990** (2009)

Form 990 (2009) M.A. Everett Family Affiliated Fund of the OCCF, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance

| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, or diversion account, or other financial account)? b if Yes,' reter 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 See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6 a 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? 6 b If Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 7 o Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 mado party as a contribution and party for goods and services provided to the payor? b If Yes, indicate the number of Forms 8282 filed during the year c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If Yes, indicate the number of Forms 8282 filed during the year 1 Did the organization, duri | | | | | Yes | No |
|---|-----|--|---|--------------------|--------------|----------|
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the classified within the year cowered by the return of the classified with a covered by the return of the classified within the year cowered by the return of the classified within the year cowered by the return of the classified within the year cowered by the return of the classified within the year cowered by the return of the classified within the year cowered by the return of the classified within the year cowered by the return of the classified within the year cowered by the return of the classified within the year cowered by the return of the return of the classified within the year cowered by the return of t | 1 a | Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns: Enter -0- if not applicable | 1 a | 0 30 | | |
| (gambing) winnings to prize winners? 2 a first the mither of employers propried on Form W 3. Transmittal of Wage and Tax Statements, filed for the calleddary sear ending with or within the year cowered by this return. 2 b Mote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions). 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. 3 b If Yes' has it filed a Form 990-T for this year? If No, provide an explanation in Schedule O. 4 at any time 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 account in a foreign country: - See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and financial Accounts. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b If Yes, did the organization that It was or is a party to a prohibited tax shelter transaction? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shalt were not tax deductible? 7 to granizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 b If Yes, indicate the number of Forms 8282 filed during the year 9 b If Yes, indicate the number of Forms 8282 filed during the year 10 bit the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 9 b If Yes, indicate the number of Forms 8282 filed during the year 10 bit the organization maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization in amount of the value of the goods or services provided? 11 be form a granization make | b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1 b | 0 3 | (旅) | 10 TO |
| calendar year ending with or within the year covered by this return 2 | c | Did the organization comply with backup withholding rules for reportable payments to vendor (gambling) winnings to prize winners? | s and reportable gaming | 1 c | X | ¥.51 |
| Note. If the sum of lines Ia and 2a is greater than 250, you may be required to e-file this return (see instructions) a Dit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? bit is return? bit is return? bit is return? bit is telled a Form 990-T for this year? If 'No, 'provide an explanation in Schedule O a 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; '> See the instructions for exceptions and fitting requirements for Form TD F 90-22 1, Report of Foreign Bank and Immanical accounts and the state of the | 2 a | 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 | | | 17 Ti |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if Yes' has it filled a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4 a 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: because the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 a Was the organization a party to a prohibited tax shelter transaction? 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not it ax deductible? 6 a Does the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6 b If Yes, 'idl the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 7 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If Yes, 'indicate the number of Forms 8282 filed during the year c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 b To did not organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 9 For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7 for all contributions on cars, boats, airplanes, and other vehicles, did the organizat | 2b | olf at least one is reported on line 2a, did the organization file all required federal employment | t tax returns? | 2b | | |
| this return? 3 a b If Yes' has it filed a Form 990-T for this year? If No,' provide an explanation in Schedule O 4 a 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)? 5 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 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 b Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6 a 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? 6 a Does the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 b If Yes, did the organization notify the donor of the value of the goods or services provided for the payor? 7 b If Yes, indicate the number of Forms 8282 filed during the year of the organization sell, exchange, or otherwise dispose of tangbile personal property for which it was required to file Form 8282? 8 b If Yes, indicate the number of Forms 8282 filed during the year of Port all contributions of qualified intellectual property, did the organization file Form 1098-C as required? 7 b If Yes, indicate the number of Forms 8282 filed during the year of port and port port of the value of the organization, and the value of the organization has any taxable distributions under section 509(x)3 supporting | | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retu | urn (see instructions) | 4 12 44 | | 2.5 |
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| supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 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 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) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a | h | | I | 7 h | A = 1 | 7 50 51 |
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| a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 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 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) 11 a 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a | 9 | | | 10 (mg 4 mg 4) | 第7 章 | 1 |
| b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 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 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) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a | | | | 9 a | 17T-1-20-20- | X |
| 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) 11a 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a | b | Did the organization make any distribution to a donor, donor advisor, or related person? | | | | х |
| b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 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) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a | 10 | Section 501(c)(7) organizations. Enter: | | , et | 17 | 第 |
| b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 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) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a | а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | 1 |
| 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) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a | b | Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | 感音 | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against 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? | | · | | | | |
| 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 | а | Gross income from other members or shareholders | 11 a | 100 E | | 会会 |
| | b | | | | | |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of | Form 1041? | 12a | | |
| The state of the s | b | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b | in son | | |

BAA

Form 990 (2009)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec | ction A. | Governing E | Body and | Managem | ent | | | | | | | | - | |
|----------|----------------------------------|--|-------------------------------|-------------------------------|---------------------------|------------------------|----------------------------|----------------------------------|-------------------|--------------------------|------------------------|----------------|--------|--------------------|
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | Yes | No |
| 1. | a Enter the | e number of votin | ng members | of the gover | rning body | y | | | 1 a | 7 | | F. 35. | 32 | و جائزی، د ماند |
| | b Enter the | e number of votin | ng members | that are indi | ependent | | | | 1 b | 7 | | 22, 23 | | 10 |
| 2 | Did any officer, d | officer, director, t lirector, trustee o | trustee, or ke | ey employee | e have a f | family rela | ationship or | a business re | lations | ship with | any other | 2 | X | TOOL W |
| 3 | Did the o | organization deleg s, directors or tri | gate control ustees, or ke | over manag v emplovee | jement du | uties custo | omarily pen | formed by or u | under t | he direct | supervision | 3 | | |
| 4 | | organization make | | | | _ | | · · | | | | 4 | | Х |
| | | prior Form 990 | , . | | | | | | | | | <u> </u> | | |
| 5 | | organization beco | | uring the ve | ar of a m | naterial di | version of t | ne organizatio | n's ass | sets? | | 5 | | Х |
| 6 | | organization hav | | | | | | o. gameano | | 30.0 | | 6 | | Х |
| 7 | | e organization hav | | | | ner persor | ns who may | elect one or r | more n | nembers | of the | 7a | | Х |
| | • | decisions of the g | governina bo | dv subject t | to approv | al by mer | mbers, stoc | kholders, or of | ther ne | ersons? | | 7 b | | <u>x</u> |
| _ | • | • | | • | | - | | • | • | | ha waar bu | THE STATE OF | 74,723 | |
| 8 | the follow | organization conti wing. erning body? | emporaneou | Siy documei | in the me | eungs ne | eia or writtei | i actions unde | ertaker | i duning t | ne year by | 8a | X | |
| | • | mmittee with auth | nority to act | on behalf of | the gove | rnina hoc | du2 | | | | | 8b | X | |
| 9 | Is there | any officer, direct | tor or trustee | e, or kev em | nplovee lis | sted in Pa | art VII. Sect | ion A, who ca | nnot b | e reache | d at the | | ^ | |
| <u> </u> | | tion's mailing add | | | | | | | | | Han Indan | 9 | | X |
| | enue Code | Policies (| mis Secu | on B requ | esis ini | оппано | on about p | oolicies not | requi | irea by | ine interi | nai | | |
| | | | | | | | | | | | | | Yes | No |
| 10 | a Does the | e organization hav | ve local cha | oters branc | hes or af | ffiliates? | | | | | | 10 a | | Х |
| | b If 'Yes,' and bran | does the organization | ation have w heir operatio | ritten policie ns are cons | es and pro | ocedures th those o | governing of the organ | the activities o | of such | chapters | s, affiliates, | 10ь | | |
| 11 | Has the | organization prov | vided a copy | of this Forn | n 990 to a | all membe | ers of its go | verning body | before | filing the | form? | 11 | Х | |
| 11 | A Describe | ın Schedule O tl | he process, | if any, used | by the or | rganizatio | on to review | this Form 990 |). | | | 388 | | 爱识的 |
| 12 | a Does the | e organization hav | ve a written | conflict of in | nterest po | olicy? If 'N | Vo,' go to Iır | ne 13 | | | | 12a | Х | |
| | b Are offic to conflic | ers, directors or t | trustees, and | l key emplo | yees requ | ured to di | isclose ann | ually interests | that c | ould give | rise | 12b | х | |
| | c Does the | e organization reg e O how this is de | gularly and o | onsistently i | monitor a | and enforc | ce complian | ce with the po | licy? I | f 'Yes,' d | escribe in | 12c | х | |
| 13 | Does the | e organization hav | ve a written | whistleblow | er policy? | • | | | | | | 13 | Х | |
| 14 | Does the | e organization hav | ve a written | document re | etention a | and destru | uction policy | y? | | | | 14 | Х | |
| 15 | Did the p | process for deterr comparability da | mining comp ata, and con | ensation of temporaneo | the follow us substa | wing person | ons include | a review and eration and de | approv | val by inc | dependent | | | |
| | | anization's CEO, I | | | | | | | | | | 15a | | X |
| | - | ficers of key emp | | | • | | | | | | | 15 b | | Х |
| | If 'Yes' to | o line 15a or 15b | . describe th | e process ir | n Schedul | le O (Se | e instruction | ns) | | | | 200.104 | 5.37 | |
| 16 | a Did the d | organization inves | • | • | | • | | , | arran | gement v | vith a taxab | le A | | |
| | entity du | ring the year? | | | | | | | | | | 16a | en Can | X |
| | in joint v | has the organizat enture arrangem ith respect to suc | ents under a | ipplicable fe | olicy or pr ederal tax | rocedure law, and | requiring th taken step | e organization s to safeguard | to eval the or | aluate its rganizatio | participation's exempt | n 16b | | |
| Se | | Disclosures | | J. 15 | | | | - | | | | 1,00 | | |
| | | states with which | | us Form 990 |) is requir | red to be | filed ► Ol | clahoma | | | | | | |
| | | 6104 requires an on, Indicate how y | | | • | | | | ind 990 |)-T (501(| c)(3)s only) | avaılable | for p | ublic |
| | | website | | ese avaliable er's website | | | on request | | | | | | | |
| 19 | Describe statemer | e in Schedule O w nts available to th | vhether (and ne public | ıf so, how) | the organ | nization m | nakes its go | verning docur | nents, | conflict (| of interest p | olicy, and | finar | icial |
| 20 | | e name, physical | | - | | | | | | | | | | |
| | ► Oklahoma | City Community F | oundation_ | 1000 N. Broa | adway, Ok | lahoma_ | _City,_ | (| <u>Σ</u> Κ | 73102 | | <u>(405)</u> 2 | 35-9 | 5603 |
| | _ | . — | | _ | | | | | | | | | | |

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 organizations'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 employees.'
- 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

Check this box if the organization did not compensate any current officer, director, or trustee, (A) (B) (c) (E) (F) Average Position (check all that apply) Name and Title Reportable compensation from the organization (W 2/1099-MISC) Reportable compensation from Estimated amount of other 3 per week ξ institutional trustee יימיאילי ין related organizations (W-2/1099 MISC) compensation from the direc 5 5 to employee organization and related Ę organizations Liz Eickman Trustee 0.50 Х Mark A. Everett Trustee 0.50 Х Х Howard D. Everett Trustee 0.50 Х Mary Jane Rutherford Trustee 0.50 Х Everett Upshaw 0.50 Trustee Х Х Nancy Yoch Trustee 0.50 Х Nancy B. Anthony Trustee and Secv/Treas 0.50 Х Х 227,193.

| Rart VIII Section A. Officers, Directors, Trus | | (ey | Em | | | es, | an | 1 | l . | 1 - |
|--|---|----------------------|--------------|-----------------|--------------|---------------------------------|---------------|---|---|----------------------|
| (A) | (B) Average | Posi | tion (| • | c) call i | hat a | nnlv) | (D) | (E) | (F) |
| Name and Title | hours per week | | | Officer | | Highest compensated employee | Former | Reportable compensation from the organization (W 2/1099-MISC) | Reportable compensation froi related organizatio (W 2/1099 MISC) | ns] compensation |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| 1 b Total | | | | | | | > | | 227,19 | |
| 2 Total number of individuals (including but not limited from the organization ► | d to thos | se lis | ted | abo | ve) | who | rec | eived more than s | \$100,000 in repo | ortable compensation |
| 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater the individual 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Schedule 'Yes,' complete 'Yes,' complete Schedule 'Yes,' complete Schedule 'Yes,' complete 'Yes,' complete 'Yes,' complete 'Yes,' complete 'Yes,' complete | ndividuai portable han \$15 ompens | con 0,00 atıor | nper 0? / | nsati If 'Ye | ion es' d | and comp unre | othe plete | er compensation f e Schedule J for s | rom uch | 3 X 4 X 5 X |
| Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization. | ed indep | oend | ent | con | trac | tors | that | received more th | an \$100,000 of | |
| (A) Name and business addres | | | | | | | | Description |) of Services | (C) Compensation |
| | | | | | | | | | | |
| | - | | | | | | | | | |
| 2 Total number of independent contractors (including \$100,000 in compensation from the organization. | but not | lımıt | ed t | o th | ose | liste | ed al | bove) who receive | d more than | |

| 4 | | M Statement of Re | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|----------------------------|--|--------------------|-------------|-------------|--|--|--|--|
| ر ا | 1 a | Federated campaigns | 1: | a | | 花光点像 含紫色 | が、過程を対した | 大型产品建築 | 的對於學情報歷史 |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | | Membership dues | 11 | b | | | | 在一个大大学 | |
| R S | | Fundraising events | 1. | c | | to the state of th | | | 學學學學學 |
| F A | | Related organizations | 1. | d | | | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | September 197 |
| ا إ | | Government grants (contribution | | + | | 1 Table 1 Tabl | | | 的意思是自己的 |
| Sis Sis | | - | · | <u> </u> | | | | | · 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十 |
| 5里 | f | All other contributions, gifts, g similar amounts not included a | rants, and above 1 | f | 10. | | | | |
| E C | | Noncash contribns included in | | \$ \$ | | | | 新新疆教 | |
| N N | _ | Total. Add lines 1a-1f | 1113 14-11 | Υ | | 10. | | | |
| | | Total: 7100 lines 10 11 | | Busine | ess Code | | · 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | BALL KARA BELL | With the state of |
| EN | 2 a | • | | | | Photo P. A.C., LMG. A | The state of the s | | DOLLARS FOR FORE THE STATE |
| <u></u> | _ b | | | - | | | | | |
| 遊 | _ | ′ | | - | | | | | |
| 2 | | ' | | - | | | | | |
| ∑ ∑ | - | · | | | - | | | | |
| PROGRAM SERVICE REVENUE | f | All other program service | e revenue | - | | | | | |
| ĕ | | Total. Add lines 2a-2f | e revenue | L | | | ALEM TE PERFECT | 学 特殊 独立的遗传 | TENOVICE PROVINGE |
| - | | | | | | | Control of the state of hely a | 12 42 x 18 1 1 18 20 1 21 24 26 1 1 3 | Programme of the Date and a Section 1 |
| | 3 | Investment income (inclother similar amounts) | luaing aiviaen | as, interes | t and - | 60,893. | ٥. | 0. | 60,893. |
| | 4 | Income from investmen | t of tax-exemi | nt hand are | nceeds ► | | | | |
| - 1 | 5 | Royalties | t or tax oxorr | pr dona pro | . | | | | |
| | • | i | (ı) Real | (u) | Personal | 经验属证证证 | | 31 X - 1 - 1 2 1 2 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 | 元文的动态 |
| | 68 | Gross Rents | | | | | | | |
| | | Less. rental expenses | | | | | Alternative or description | | |
| | | Rental income or (loss) | | | | | | 国的中国基本的 | 发现了这个意思 |
| ļ | | Net rental income or (lo | 156) | | | 38114 STANSSER AT 2011 A | NAMES OF STREET | A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE | Commedia Tanta erran |
| ŀ | | , | (i) Securities | (1) |) Other | ·公司(整理:1794 | 建 内公路区以下于1965 | | |
| | 7 a | a Gross amount from sales of assets other than inventory | 1,675,71 | | | 上海建筑 | | | |
| | | - | | | | ELT LANGE TO | | | |
| | ı | Less cost or other basis and sales expenses | 1,688,11 | 4 | | | | 拉多 个人是基础 | |
| | | Gain or (loss) | -12,39 | | | and the second second second | | | |
| | | Net gain or (loss) | 12,03 | | - | -12,395. | 0. | 0. | -12,395. |
| | | | | _ | | Property County of the Samuel | | ST WELLIAM | Mark and the same |
| a l | 88 | Gross income from fund (not including \$ | oraising event | S | | | | 通常证明 证 | |
| ÆN | | of contributions reporte | d on line 1c) | - | | | | 。 在1967年 | 第一次 |
| RE | | See Part IV, line 18 | | a | | 新罗兰教·罗拉 | | | |
| OTHER REVEN | | Less direct expenses | | b | | | | | |
| P | | Net income or (loss) from | om fundraising | events | - | Militaria Contraction Contraction | And the second states a second | - Adams and the second | STATE OF THE PARTY |
| | | • • | • | | | (2) (2) (2) | 会是数据 证 | | 原规则的规则 |
| | 9 | a Gross income from gan See Part IV, line 19 | ning activities | · a | | · · · · · · · · · · · · · · · · · · · | | 华的群众是 | 整理是通过 |
| | | b Less direct expenses | | b | | | | | |
| | | c Net income or (loss) from | om damind ac | | > | Teggs growns in a new period growns and a | Santa The Agent of the spirit and all all Lances Plant The late of | The state accounts to the second | I SHAPE COMPANY OF PROPERTY AND THE STATE OF |
| | l . | | | | | الله والمارات الله الله الله الله الله الله الله ال | ROLLING AND AND A | SE WEEKS | THE RESIDENCE OF |
| | 10: | Gross sales of inventor and allowances | y, less returns | a | | | | | |
| | | b Less: cost of goods sole | | ь | | | | | |
| | I | c Net income or (loss) from | | | > | TAPTILE C. C. SELV. LATESIAND N.Y. | Control of the second of the s | or and reported to the state of | The same of the supple of the same of the |
| | | Miscellaneous Rever | | | ess Code | PARTE STATE | 11000000000000000000000000000000000000 | | 是過過數學是是 |
| | 11 | | | | | | | | |
| | Ι. | - | | _ | | | | | |
| | | | | | | | | | |
| | | d All other revenue | | _ | | | | | |
| | e Total. Add lines 11a-11d | | | · | • | - | THE WASTER OF THE PARTY OF THE | | WART IN |
| | | Total revenue. See inst | | | • | 48,508. | | 1. | |

Part XX 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 required to complete columns (B), (C), and (D).

| Dо I 6Ь, | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---------------|---|-----------------------|--|--|--|
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 70,925. | 70,925. | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 10,923. | 70,923. | The state of the s | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | | | THE PROPERTY OF THE PROPERTY O | The rest of the state of the st |
| 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 | | | | |
| 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) | | | | |
| | Management | 9,149. | 0. | 7,440. | 1,709. |
| |) Legal | 3/113. | | 7,440. | 1,705. |
| | : Accounting | | | | |
| | Lobbying | | | | |
| | Prof fundraising svcs. See Part IV, In 17 | | 5-11-11-11-11-11-11-11-11-11-11-11-11-11 | MILAGENTY CHANCE | |
| | Investment management fees | 8,037. | 0. | 16224 | |
| | Other | 0,037. | 0. | 8,037. | 0. |
| - | | | | | · |
| | Advertising and promotion | | | | |
| 13 | • | | | | |
| 14 | Information technology | | | | <u></u> |
| 15 | • | | | | |
| | Occupancy | | ļ | | |
| 18 | Travel Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 610. | 469. | 141. | 0. |
| | Interest | | | | <u>:</u> |
| 21 | Payments to affiliates | | | | |
| | Depreciation, depletion, and amortization | | | | |
| | 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 | | | | | |
| E. |) | | | | |
| C | | | | | |
| C | ' | | | | |
| e | All attentions | | | | |
| | All other expenses | 25 | | | <u> </u> |
| | Total functional expenses. Add lines 1 through 24f | 88,721. | 71,394. | 15,618. | 1,709. |
| 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 | | • | | · | Form 990 (2009) |

Part X Balance Sheet

(A) Beginning of year (B) End of year Cash - non-interest-bearing 1 2 Savings and temporary cash investments 102,860 2 83,224. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 7 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis 10a , Ale Complete Part VI of Schedule D **b** Less accumulated depreciation. 10b 10c 11 Investments - publicly-traded securities 1,701,023 1,880,273. 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 57,809 15 43,105. 16 Total assets Add lines 1 through 15 (must equal line 34) 1,861,692 16 2,006,602. 17 Accounts payable and accrued expenses 17 18 Grants payable 14,250 18 28,000. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 ABILITIES 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees. highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 25 28,000 Total liabilities. Add lines 17 through 25 14,250 26 Organizations that follow SFAS 117, check here X and complete lines N E T 27 through 29 and lines 33 and 34. ASSETS 27 Unrestricted net assets 210,241 27 234,581. 1,637,201 28 28 Temporarily restricted net assets ,744,021. 29 Permanently restricted net assets 29 8 R Organizations that do not follow SFAS 117, check here and complete FUND lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 BALANCES 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 33 1,847,442 1,978,602. Total net assets or fund balances 34 Total liabilities and net assets/fund balances. 1,861,692. 34 2,006,602. Form 990 (2009) BAA

TEEA0111 01/30/10

| , a Car | t XI I maneiar otatements and reporting | | | |
|---------|--|-----------------------|-----|----|
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | 蒙 | | |
| | If the organization changed its method 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 | Were the organization's financial statements audited by an independent accountant? | 2b | Х | |
| 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 | х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 施公 | | |
| d | If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | ار پیدار (علیستست | 3 | |
| 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 | | х |
| b | olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3 b | | |

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Inspection

Employer identification number

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

| | | | Fund of the OCC | | | | | | 520821 | | | |
|-------|--|---|--|-------------------------|--|-------------------------|--|-------------------------|-------------------------|--------------------------|-------------------|-----------|
| Par | 네ଡ Reason for Pu | <u>blic Charity Statu</u> | s (All organizations | must o | comple | te this | part.) | See ii | nstruct | ions | | |
| The o | organization is not a priv | vate foundation becau | se it is (For lines 1 throu | ugh 11, d | heck or | ily one t | oox) | | | | | |
| 1 | A church, convention | on of churches or asso | ociation of churches desc | ribed in | section | 170(b)(| 1)(A)(i). | | | | | |
| 2 | A school described | in section 170(b)(1)(A | A)(ii). (Attach Schedule E | Ξ) | | | | | | | | |
| 3 | A hospital or coope | erative hospital service | e organization described | ın sectio | on 170(b |)(1)(A)(i | ii). | | | | | |
| 4 | | | d in conjunction with a h | ospital d | escribed | in sect | ion 170 | (b)(1)(A |)(iii) Ent | er the hosp | oital's | |
| 5 | name, city, and sta An organization op 170(b)(1)(A)(iv). (0) | erated for the benefit | of a college or university | owned | or opera | ited by a | govern | mental | unit desc | cribed in se | ection | |
| 6 | · | | governmental unit descrit | bed in se | ection 1 | 70(b)(1)(| (A)(v). | | | | | |
| 7 | An organization that in section 170(b)(1) | at normally receives a (A)(vi). (Complete Pa | substantial part of its su art II) | pport fro | ım a gov | vernmen | tal unit | or from | the gene | eral public | describ | ed |
| 8 | _ | | 1 70(b)(1)(A)(vi). (Complet | | • | | | | | | | |
| 9 | from activities relat | ted to its exempt funct | 1) more than 33-1/3 % o tions — subject to certain ss taxable income (less s omplete Part III.) | excepti | ons, and | d (2) no | more th | ian 33-1 | /3 % of i | ts support | from gr | oss |
| 10 | An organization org | ganized and operated | exclusively to test for pu | blic safe | ty See | section | 509(a)(| 4). | | | | |
| 11 | more publicly supp describes the type | orted organizations d of supporting organiz | exclusively for the benef lescribed in section 509(a cation and complete lines | a)(1) or s s 11e thr | section 5 ough 11 | 509(a)(2 h |) See s | , or carr section ! | y out the 509(a)(3) | . Check th | e box tl | or hat |
| | a X Type I | b Type II | c 📙 Type II | | - | _ | | | a [_] | Type III— | | |
| е | X By checking this both than foundation ma 509(a)(2) | ox, I certify that the ca anagers and other that | ganization is not controll n one or more publicly st | ed direct upported | dy or incorrection organization | directly to ations d | by one o lescribe | or more of d in sect | disqualifi tion 509(| ed person a)(1) or se | is other ction | |
| f | If the organization check this box | received a written det | ermination from the IRS | that is a | Type I, | Type II | or Type | III supp | orting or | ganızatıon | • | |
| g | Since August 17, 2 | 006, has the organiza | tion accepted any gift oi | r contrib | ution fro | m any c | of the fo | llowing p | persons? | | | |
| | . | | | | | | | | | | Yes | No |
| | (i) a person who below, the go | o directly or indirectly of the si | controls, either alone or t upported organization? | together | with pei | rsons de | scribed | ın (ıı) a | nd (III) | 11 g (i) | | х |
| | (ii) a famıly mem | iber of a person desc | rıbed ın (ı) above? | | | | | | | 11 g (ii) | | Χ |
| | (iii) a 35% contro | lied entity of a person | described in (i) or (ii) at | oove? | | | | | | 11 g (iiı) | | X |
| h | Provide the following | ng information about t | he supported organizatio | ns. | | | _ | | | | | |
| | (i) Name of Supported Organization | (II) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | organizat (i) lister | Is the tion in cold in your erning ment? | the organ | ou notify ization in (i) of upport? | organizat | zed in the | (vii) Amour | nt of Supp | ort |
| | | | | Yes | No | Yes | No | Yes | No | | | |
| c | KC Community Foundation, | 23-7024262 | 11a | x | | x | | x | | | 70,9 | 25. |
| | | | | | | | | | | | | |
| | | | | <u> </u> | | | <u> </u> | ļ | | | | |
| | | | | | l | | | | | | | |
| | | | | - | ļ - - | | <u> </u> | <u> </u> | | | | |
| | | | | | | | | | | | | |
| | | | | - | | | <u> </u> | | | | | |
| | | | | 1 | [| | ļ | [| | | | |
| | | [19] · 大山山水水水水水水 (19) · 李林 · | LA CONTRACTOR SANCTOR SANCTOR | 7 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | <u>መንገረኛ</u> . | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 2015 15 45 45 1 | 5 <u>65.75</u> 54 | | | |
| Total | 1 | | | | | | | | | | 70,9 | 25. |

| | dule A (Form 990 or 990-EZ) 200 till: Support Schedule for | Organizations | Described in | Sections 170(l | | | |
|---------------|---|--|---|--|---|--|--------------|
| Soci | (Complete only if you checke tion A. Public Support | ed the box on line | 5, 7, or 8 of Part | 1) | | <u> </u> | |
| | ndar year (or fiscal year | | | | | T | |
| begir | nning in) > | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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-through 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 | | | | | | |
| Sec | tion B. Total Support | 1 | | ı | | <u> </u> | |
| Cale: begi | ndar year (or fiscal year nning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 from unrelated business activities, whether or not the business is 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 | | | | | | |
| 12 | Gross receipts from related activ | vities, etc. (see ins | structions) | | | 12 | |
| | First five years. If the Form 990 organization, check this box and | I stop here | | nd, third, fourth, o | or fifth tax year as | a section 501(c)(3 |) ▶ □ |
| | tion C. Computation of Pu | | | . 11 (6) | | 14 | % |
| 15 | Public support percentage for 20 Public support percentage from | • | • | ie 11, column (1) | | 15 | % |
| 16 a | i 33-1/3 support test — 2009. If th and stop here. The organization | e organization did qualifies as a put | not check the bo olicly supported or | x on line 13, and rganization | the line 14 is 33- | 1/3 % or more, che | eck this box |
| t | 33-1/3 support test — 2008. If the and stop here. The organization | e organization did qualifies as a pub | not check a box oblicly supported or | on line 13, or 16a ganization | , and line 15 is 33 | -1/3% or more, ch | eck this box |
| | a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts | meets the 'facts-a s-and-circumstanc | and-circumstances es' test The orga | s' test, check this anization qualifies | box and stop here as a publicly sup | e. Explain in Part I ported organizatio | V how n ► |
| | o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an | meets the 'facts-a id-circumstances' | and-circumstances test The organiz | s' test, check this zation qualifies as | box and stop here a publicly suppor | e. Explain in Part I ted organization. | v how the |
| 18 BAA | Private foundation. If the organi | ization did not che | ck a box on line, | 13, 16a, 16b, 17a | | | tructions |

(Complete only if you checked the box on line 9 of Part 1)

| Sec | tion A. Public Support | - | · · · · · · | | | | |
|-----------|---|--|---------------------------------------|---|---|--|---------------------------------------|
| | ndar year (or fiscal yr beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') | | | | | | |
| 2 | Gross receipts from | | | | | | |
| | admissions, merchandise sold or services performed, or | | | | | | |
| | facilities furnished in a activity | | | | | | |
| | that is related to the organization's tax-exempt | | | | | | |
| 2 | purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 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 | | | | | | |
| 7 a | 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 amount on line 13 for the | | | | | | |
| | year | | | | | | |
| c | : Add lines 7a and 7b | Strange w. V. Da. Nord- Name St (| Ton at the S. S. Section and C | milional transfer of the state | AND A LICENSON COMMENTS OF | The second of th | |
| 8 | Public support (Subtract line | | | windows of a second | | | |
| <u></u> | 7c from line 6) | ACUST TRACETOR | | | 11000年代第二世紀 | 4.3 の(登校会) 優勝 機 | |
| | tion B. Total Support | | 41,000 | | 1,0000 | | |
| | ndar year (or fiscal yr beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | Amounts from line 6 Gross income from interest, | | | | | | |
| 102 | dividends, payments received on securities loans, rents, royalties and income form similar sources | | | | | | |
| t | 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 | | | | | | |
| 12 | Other income. Do not include | | | | | | - |
| | gain or loss from the sale of capital assets (Explain in | | | | | | |
| 12 | Part IV) Total support. (add Ins 9, 10c, 11, and 12) | | | | | | |
| 14 | First five years. If the Form 990 | is for the organiza | ation's first, secon | d, third, fourth. | 101-6 4 - 20 10 20 10 10 10 10 10 | | 3) |
| | First five years. If the Form 990 organization, check this box and | | | | | | <u> </u> |
| | tion C. Computation of Pul | | | 10 1 (0) | | 1.5 | |
| 15 | Public support percentage for 20 | • | | e 13, column (1)) | | 15 | <u>%</u> % |
| 16 Sec | Public support percentage from 2 tion D. Computation of Inv | | | | | 16 | |
| | | | | | mn (f)) | 17 | % |
| 17 18 | Investment income percentage fi | • | | | (17) | 18 | % |
| | a 33-1/3 support tests – 2009. If the | | | | d line 15 is more t | <u></u> | |
| | more than 33-1/3%, check this b | ox and stop here. | . The organization | qualifies as a pu | blicly supported o | rganization | ▶ [_] |
| ł | 33-1/3 support tests – 2008. If the is not more than 33-1/3%, check | ne organization di this box and stop | d not check a box here. The organi | on line 14 or 19a zation qualifies a | a, and line 16 is m s a publicly suppo | ore than 33-1/3%, rted organization | , and line 18 |
| 20 | Private foundation. If the organization | zation did not che | ck a box on line 1 | 4, 19a, or 19b, cl | heck this box and | see instructions | > |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions OMB No 1545 0047

2009

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| <u>M.</u> A | A. Everett Family Affiliated F | und of the OCCF, Ir | ic. | 73-1520821 | |
|-------------|---|--|---|--|-----------------------------|
| | t la Organizations Maintaining Donor | Advised Funds or Other | Similar Funds or Acc | ounts Complete | ıf |
| | the organization answered 'Yes' to | Form 990, Part IV, line | 6 | | |
| | | (a) Donor advised fi | ınds (b) | Funds 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 t | or advisors in writing that the a o the organization's exclusive I | ssets held in donor advised egal control? | Yes | ☐ No |
| 6 | Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene | he benefit of the donor or dono | r advisor or for any other | Yes | ☐ No |
| Pai | য়ায় Conservation Easements Comple | ete if the organization ans | wered 'Yes' to Form 9 | 90, Part IV, line | 7 |
| | Purpose(s) of conservation easements held by | | | | |
| | Preservation of land for public use (e g , re | ecreation or pleasure) | Preservation of an historic | cally important land a | area |
| | Protection of natural habitat | | Preservation of certified h | istoric structure | |
| | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization last day of the tax year | on held a qualified conservation | | a conservation easen | nent on the |
| | | | 7 12 | Held at the End of | the Year |
| | Total number of conservation easements | | 2a | | |
| | Total acreage restricted by conservation easen | | 2b | | |
| | Number of conservation easements on a certification | | `' | | |
| _ | Number of conservation easements included in | · · · · | 2d | | |
| 3 | Number of conservation easements modified, t | ransferred, released, extinguist | ned, or terminated by the or | ganization during the | tax |
| 4 | Number of states where preparty subject to se | near integral and amont in leasted | _ | | |
| - | Number of states where property subject to con | | | | |
| 5 | Does the organization have a written policy regard enforcement of the conservation easemen | t it holds? | | ations, Yes | ☐ No |
| 0 | Staff and volunteer hours devoted to monitorin during the year • | | _ | | |
| 7 | Amount of expenses incurred in monitoring, in during the year ▶ | specting, and enforcing conserv | vation easements \$ _ | | |
| 8 | Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | | | Yes | ☐ No |
| 9 | In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements | orts conservation easements in the organization's financial st | its revenue and expense st atements that describes the | atement, and balance organization's accou | e sheet, and Inting for |
| Pai | Organizations Maintaining Colle Complete if the organization ansi | ctions of Art, Historical 1 wered 'Yes' to Form 990, | reasures, or Other Sir Part IV, line 8. | milar Assets | |
| 1 a | If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemen | ic exhibition, education, or rese | evenue statement and balar arch in furtherance of public | nce sheet works of a service, provide, in | rt, historical Part XIV, |
| ł | olf the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items | | | | |
| | (i) Revenues included in Form 990, Part VIII, | line 1 | | ► \$ | |
| | (ii) Assets included in Form 990, Part X . | | | > \$ | |
| | If the organization received or held works of ar amounts required to be reported under SFAS 1 | 116 relating to these items | similar assets for financial g | gain, provide the follo | • |
| | Revenues included in Form 990, Part VIII, line | 1 | | ► \$ | -15,000. |
| ŀ | Assets included in Form 990, Part X | | | ▶ \$ | 38,080. |

| Schedule D (Form 990) 2009 M.A. E | | | | | | 73-152 | | Page | e 2 |
|---|--|--|-------------|--|-------------------|-------------------------|------------------|--|--|
| Rart III. Organizations Mainta | ining Collection | s of Art, Histo | rica | Treasures, or | Othe | er Similar Ass | sets (cc | ntınued) | _ |
| 3 Using the organization's acquisiti items (check all that apply). | on accession and of | her records, chec | k any | of the following the | hat are | e a significant use | e of its co | ollection | |
| a Public exhibition | | | | change programs | | | | | |
| b Scholarly research | | e X Other | Ge | rman painti | ngs | to be sold | | | |
| c Preservation for future gener | | | | | | | | | |
| 4 Provide a description of the orga Part XIV. | | | | | | | e in | | |
| 5 During the year, did the organiza assets to be sold to raise funds r | tion solicit or receive ather than to be ma | e donations of art intained as part o | t, histo | orical treasures, or organization's coll | r other ection | sımılar 2 | Yes | X No | <u>, </u> |
| Part IV Escrow and Custodia 9, or reported an amo | I Arrangements unt on Form 990 | Complete if c), Part X, line | rgan 21. | ization answer | red 'Y | es' to Form 9 | 90, Par | t IV, line | |
| 1a Is the organization an agent, trus included on Form 990, Part X? | | - | | | er asse | ets not | Yes | ☐ No | , |
| b If 'Yes,' explain the arrangement | in Part XIV and cor | nplete the followi | ng tat | ole: | | | | | |
| | | | | | <u> </u> | | Amount | | |
| c Beginning balance | | | | | | 1c | | | |
| d Additions during the year | | | | | | 1 d | | | — |
| e Distributions during the year | | | | | } — | 1 e | | | — |
| f Ending balance2a Did the organization include an a | mount on Form 000 | Dort V June 212 | | | L | 1f | □ v | | — |
| b If 'Yes,' explain the arrangement | | , ran A, iiile 211 | | | | | ∐ Yes | ∐No | , |
| Part V Endowment Funds Co | | zation answer | ed 'Y | es' to Form 90 | 0 Pa | art IV line 10 | | | _ |
| Tiggette Endowmone and oo | (a) Current year | (b) Prior yea | | (c) Two years back | | (d) Three years back | | our years back | _ |
| 1 a Beginning of year balance | 1,847,441 | . 2,199,8 | | EN ENERGY TENNES | 1. 6. 15. | Pichara Land | E 30.838 | Car years back | 1.(1) |
| b Contributions | 10 | | 0. | The state of the s | | | 1 Tai. 712 | TO THE SECOND | (23 |
| | _= - | | | The state of the s | 14.1 | | | A The State of the | :57 |
| c Net Investment earnings, gains, and losses | 219,872 | 304,0 | 59. | | | | | | |
| d Grants or scholarships | 70,925 | | | | 1250 12 | | 2 2 3 5 | 4.12.2 | |
| e Other expenditures for facilities and programs | | | | | | | | | |
| f Administrative expenses | 17,796 | . 13,1 | 27. | 國人之意思學學 | 建 | 學。學學 | 3 53677 | 化种理论的 | |
| g End of year balance | 1,978,602 | . 1,847,4 | 41. | 通過電影 | 13 | がある。 | 直流流 | 等。 | 100 |
| 2 Provide the estimated percentage | e of the year end ba | lance held as | | | | | | | |
| a Board designated or quasi-endov | vment ► | % | | | | | | | |
| b Permanent endowment ► | <u> </u> | | | | | | | | |
| c Term endowment ► 100 | 0.00 % | | | | | | | | |
| 3a Are there endowment funds not i organization by: | n the possession of | the organization | that a | re held and admin | nstered | d for the | | Yes No | _ |
| (i) unrelated organizations | | | | | | | 3a(i) | Х | |
| (ii) related organizations | | | | | | | 3a(ii) | X | _ |
| b If 'Yes' to 3a(ıı), are the related of | rganizations listed a | is required on Sc | hedul | e R ⁹ | | | 3b | | |
| 4 Describe in Part XIV the intended | | | | | | | | | |
| Part VI Investments—Land, B | uildings, and Ed | juipment. See | For | m 990, Part X, | line | 10. | | | |
| Description of investment | | st or other basis investment) | |) Cost or other basis (other) | Ď | Accumulated epreciation | (d) B | look Value | |
| 1a Land | | | | | Bragg. | 的任何的特殊 | | | |
| b Buildings | | | | | | | <u> </u> | | |
| c Leasehold improvements | | | | | | | | | |
| d Equipment | | | | | | | | | |
| e Other | | | | | | | | | _ |
| Total. Add lines 1a through 1e (Column | n (d) must equal Fo | m 990, Part X, c | olumr | (B), line 10(c)) | | | | | |
| BAA | | | | | | Sche | dule D (F | orm 990) 20 |)09 |

(a) Description of Liability (b) Amount
Federal Income Taxes

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

| SafeWay Reconcilitation of Change in Net Assets from Form 990 to Financial Statements Total revenue form 990, Part IX, column (A), line 25) | Sched | dule D (Form 990) 2009 M.A. Everett Family Affiliated Fund of the OCCF, Inc. | 73-1520821 | Page 4 |
|--|-------------|---|---|----------------|
| 2 Total expenses Form 990, Part IX, column (A), Ine 25) 3 Excess or dictently for the year Subtract time 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (eigh. 2 Med lines 4 through 8 10 Excess or (delicell) for the year per audited financial statements with Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 5 Donated services and use of facilities 6 Recoveries of prior year grants 7 Other (Describe in Part XIV) 9 Add lines 2a through 2d 9 Subtract line 2e from line 1 9 A minounts included on Form 990, Part VIII, line 12, but not on line 1: 9 a Investments expenses not included on Form 990, Part VIII, line 7b 9 DOther (Describe in Part XIV) 9 C Add lines 4 and 4b 9 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 9 S Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 9 S Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 9 Donated services and uses of facilities 9 Prior year adjustments 9 C Armounts included on Form 990, Part IX, line 25 9 Donated services and uses of facilities 9 Prior year adjustments 9 C Hilling Reconciliation of Expenses per Audited Financial Statements 9 Donated services and uses of facilities 9 Prior year adjustments 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial | Part | Reconciliation of Change in Net Assets from Form 990 to Financial Statem | ients | |
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| c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Fatikalli Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 a Investments expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18) Fatikally Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information Pt III Line 4 German works of art that remain in collection are held for sale. Oklahoma City Community Foundation, Inc. | а | Investments expenses not included on Form 990, Part VIII, line 7b | | |
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| b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18) 5 Part XIVA Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information Pt III Line 4 German works of art that remain in collection are held for sale. Pt V Line 4 To continue to support the charitable purposes of the Oklahoma City Community Foundation, Inc. | | | | |
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| Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information Pt III Line 4 German works of art that remain in collection are held for sale. Pt V Line 4 To continue to support the charitable purposes of the Oklahoma City Community Foundation, Inc. | 5 | Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18) | 5 | |
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| Pt V Line 4 To continue to support the charıtable purposes of the Oklahoma City Community Foundation, Inc. | line 4 | l, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comple | ., Part IV, lines 1b and 2b; Part te this part to provide any addi | : V, tional |
| Oklahoma City Community Foundation, Inc. | <u>Pt</u> _ | III Line 4 German works of art that remain in collection a | re held for sale. | |
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| | | Oklahoma City Community Foundation, Inc. | - | |
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SCHEDULE I

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

2009

OMB No 1545-0047

Open to Publicati

Employer identification number 73-1520821

| M.A. Everett Family Affiliated Fund of the Parks General Information on Grants and Assistance | rants and Assist | OCCF, | Inc. | | : | 73-1520821 | 21 |
|---|---|----------------------------------|---|--|---|--|------------------------------------|
| 1 Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance? | ds to substantiate the he grants or assistance | unt of | the grants or assistance, the grantees' eligibility for the grants or assistance, and | antees' eligibility for th | e grants or assistance | e, and | X Yes No |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | procedures for moni | | ant funds in the United S | States | | | |
| ***Bartili** 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 | nce to Governme vy recipient that r (Form 990) if add | | Organizations in the United States. Complete if the organization answered 'Yes' to Form more than \$5,000. Check this box if no one recipient received more than \$5,000. Use ace is needed | ed States. Complet this box if no one r | te if the organizat ecipient received | ion answered 'Y more than \$5,00 | es' to Form 30. Use |
| 1 (a) Name and address of organization or government | (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 |
| Chamber Music in Oklahoma P.O. Box 54624 OKC OK 73154 | 73-6096120 | 501(c)(3) | 6,000 | | | | underwritecon |
| Ballet Flamenco P.O. Box 668 Norman OK 73070 | 73-1517075 | 501(c)(3) | 6,000. | | | | general suppor |
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| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations | 3) and government or | ganizations | | | | A A | 5 |
| BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | uction Act Notice, se | e the Instructions f | or Form 990. | TEEA3901 | 02/10/10 | Schec | Schedule I (Form 990) 2009 |

Page 2 Schedule I (Form 990) 2009 **Batills** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and 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. Ration Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 73-1520821 (e) Method of valuation (book, FMV, appraisal, other) M.A. Everett Family Affiliated Fund of the OCCF, Inc. (d) Amount of non cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt_I_Line_2 BAA

SCHEDULE J (Form 990)

Compensation Information

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

M.A. Everett Family Affiliated Fund of the OCCF, Inc.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Employer identification number

73-1520821

| Par | till Questions Regarding Compensation | | | | |
|-----|--|---|----------------------|--|------------------|
| | | | | Yes | No |
| 1 a | Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a Complete Part III to provide any relevant i | the following to or for a person listed in Form 990, Part information regarding these items | | | |
| | First-class or charter travel | Housing allowance or residence for personal use | 7 3 2 4 6 3 2 4 6 | 養養 | 100 |
| | Travel for companions | Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments | Health or social club dues or initiation fees | | 10 m | C. 20. 20. 3 |
| | Discretionary spending account | Personal services (e.g., maid, chauffeur, chef) | 13.34 | | 1. July 2 250 |
| | _ | | 認效 | 1 | |
| t | If any of the boxes on line 1a are checked, did the organization for reimbursement or provision of all of the expenses described above | ollow a written policy regarding payment or e? If 'No,' complete Part III to explain | 1 b | | |
| 2 | Did the organization require substantiation prior to reimbursing or trustees, and the CEO/Executive Director, regarding the items che | allowing expenses incurred by all officers, directors, ecked in line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the organization uses to es CEO/Executive Director Check all that apply. | stablish the compensation of the organization's | | 10000000000000000000000000000000000000 | |
| | Compensation committee | Written employment contract | | | |
| | Independent compensation consultant | Compensation survey or study | The series of | | |
| | Form 990 of other organizations | Approval by the board or compensation committee | | | |
| | | | 樣的 | | Section 1 |
| 4 | During the year, did any person listed in Form 990, Part VII, Sect or a related organization | ion A, line 1a with respect to the filing organization | | | |
| a | Receive a severance payment or change-of-control payment? | | 4a | | X |
| t | Participate in, or receive payment from, a supplemental nonqualit | fied retirement plan? | 4b | | Х |
| c | Participate in, or receive payment from, an equity-based compen- | sation arrangement? | 4c | | Х |
| | If 'Yes' to any of lines 4a-c, list the persons and provide the appli | icable amounts for each item in Part III | | | |
| | Only section 501(c)(3) and 501(c)(4) organizations must complet | te lines 5-9. | 100 | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of: | ne organization pay or accrue any compensation | | | |
| | The organization? | | 5a | | X |
| ŀ | Any related organization? | | 5b | G-852, 44 | X |
| | If 'Yes' to line 5a or 5b, describe in Part III | | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the contingent on the net earnings of | he organization pay or accrue any compensation | | | 为"对" 为"对" |
| á | The organization? | | 6a | | Х |
| ŀ | Any related organization? | | 6b | | X |
| | If 'Yes' to line 6a or 6b, describe in Part III | | | | 100 mg |
| 7 | For person listed in Form 990, Part VII, Section A, line 1a, did the described in lines 5 and 6? If 'Yes,' describe in Part III | e organization provide any non-fixed payments not | 7 | | х |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrue contract exception described in Regs section 53.4958-4(a)(3)? If | ed pursuant to a contract that was subject to the initial 'Yes,' describe in Part III | 8 | | х |
| 9 | If 'Yes' to line 8, did the organization also follow the rebuttable pr section 53 4958-6(c)? | | 9 | | |

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

Schedule J (Form 990) 2009

Page 2

Schedule J (Form 990) 2009 M.A. Everett Family Affiliated Fund of the OCCF, Inc. 73-1520821

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 of instance in the instructions on of instance on Form 990, Part VII

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 o | (B) Breakdown of W-2 and/or 1099-MIS(| SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|------------------|----------------|---|---------------------------------------|---|---|---|---|---|
| (A) Name | | (I) Base compensation | (ii) Bonus and incentive compensation | (III) Other reportable compensation | other deferred compensation | benefits | (B)(ı)·(D) | reported in prior Form 990 or Form 990-EZ |
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| ВАА | | | | TEE,A4102 02 | 02/02/10 | | Schec | Schedule J (Form 990) 2009 |

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Rublic Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

| Name of the organization | Employer identification number |
|---|---|
| M.A. Everett Family Affiliated Fund of the OCCF, Inc. | 73-1520821 |
| Pt VI-A, Line 2 This organization was established by the Everet | t family. As such, |
| the following family members are trustees of th | is_entity: |
| Howard Everett, Dean Everett and Mark Upshaw | |
| Pt VI-B, Line 11A Form 990 is prepared and reviewed by staff of C | KC Community |
| Foundation, the supported organization. The re | turn is emailed |
| to trustees for review prior to filing. | |
| Pt_VI-B, Line_12c_Conflict_of_interest_policy_is_distributed, rev | iewed |
| and signed at annual trustee meeting. | |
| Pt_VI-C, Line 19 Governing documents, conflict of interest police | y and |
| financial statements are available upon request | · |
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047.

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling
entity Institute In Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Employer identification number 73-1520821 (E)
Public charity status
(if section 501 (c)(3)) (E) End-of-year assets **Rand Identification of Disregarded Entities** (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (**D)** Exempt Code section Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. * See separate instructions. (**D)** Total income (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity Family Affiliated Fund of the OCCF, Inc. (A)Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity See Schedule R - Part II Attachment ı Everett Name of the organization M.A.

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Randing Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because of had one or more related organizations treated as a partnership during the tax year.)

| (A) Name, address, and EIN of related organization | (B) Primary Activity | (C) Legal domicile (state or | (D) Direct controlling entity | (E) Predominant income (related, unrelated, excluded from tax incher | (A) (B) (C) (D) (E) Predominant organization of Primary Activity domicile controlling entity income (related, excluded from tax under from tax under from tax under the control organization (F) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H | (G) Share of end-of-year assets | (H) Disproportionate allocations? | Code V-UBI amount in box 20 of Schedule K-1 | (J) General or managing partner? | al or ging er? |
|--|----------------------|---------------------------------------|-------------------------------------|--|---|---|-----------------------------------|--|---|----------------------|
| | | country) | | sections 512-514) | | | Yes No | (Form 1065) | Yes | ક |
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| parity Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) | axable as a Cor | poration or Trus treated as a corp | t (Complete poration or tr | of the organizations of the the | ation answered 'Ye tax year.) | s' to Form 990, Pa | ۲. ا ≥, |
|--|-------------------------|--|-------------------------------|---|---|---|--------------------------------|
| (A) Name, address, and EIN of related organization | (B) Primary Activity | (C) Legal domicile (state or foreign cor | (D) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (B) (C) (D) (D) Type of entity (C corp, S corp, country) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | (G) Share of end-of-year assets | (H) Percentage ownership |
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Schedule R (Form 990) (2009)

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| মিইনিট্টেন্টা Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.) | ine 34, 35, or 36.) | | | |
|---|---------------------------|------------------------------|-----------------|--------------|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Y 12.2.2.2.2 | Yes No | <u>ا</u> و (|
| | ٠ | | <u>;</u> > | |
| a Receipt of (1) Interest (11) annumes (11) royantes (11) | | , - | * - | ۔ ا |
| b Gift, grant, or capital contribution to other organization(s) | | ┸ | ╁ | . |
| c Gift, grant, or capital contribution from other organization(s) | | | √ ; | ١, |
| d Loans or loan guarantees to or for other organization(s) | | B | <u>×</u> | ایر |
| e Loans or loan guarantees by other organization(s) | | ј е | × | اید |
| | | - 1 | Lemmas Land | 7 0 1 |
| f Sale of assets to other organization(s) | | = | × | اہ |
| g Purchase of assets from other organization(s) | | 19 | × | ایہ |
| | | ٦ <u></u> | × | اہ |
| i Lease of facilities, equipment, or other assets to other organization(s) | | 1i | × | ابر |
| | | | 1 2 1 1 1 TO ME | [-,7 |
| j Lease of facilities, equipment, or other assets from other organization(s) | | ;= | × | ایر |
| k Performance of services or membership or fundraising solicitations for other organization(s) | | - | × | ایر |
| 1 Performance of services or membership or fundraising solicitations by other organization(s) | | = | × | ايد |
| m Sharing of facilities, equipment, mailing lists, or other assets | | E | × | ایر |
| n Sharing of paid employees | | 12 | × | أيد |
| | | - 4 | 1000 | - [|
| o Reimbursement paid to other organization for expenses | | 10 | × | ایر |
| n Reimbirsement paid by other organization for expenses | | 1 0 | × | × |
| | | | To the State of | |
| a Other transfer of cash or property to other organization(s) | | 10 | | |
| y Other transfer of cash or property from other organization(s) | | - | × | |
| | and transaction threshold | ls | | 1 |
| ŀ | (B) Transaction | (C) Amount involved | volved | |
| | type (a-r) | | | 1 |
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Partwin Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

| (B) (C) (C) Are all par (B) (C) Are all par section (State or foreign (State or foreign (State) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | (B) Primary activity | (C) Legal domicile (state or foreign country) | Are all partners section 501(c)(3) | (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? | ging er? |
|--|----------------------|--|------------------------------------|---------------------------------------|-----------------------------------|---|---|-------------|
| | | | Yes No | | Yes No | (222) | Yes | 윈 |
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