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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545 0047 2009

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19 Revenue less expenses Subtract line 18 from line 12 -133,752.	_	17 (Other expens	ses (Part I	X, column (A), lines 11	a-11d, 11f-24f)				6,3	325.		<u>17,</u>	166
Beginning of Year End of Year 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 31,116,513. 31,054,36 Partities Signature Block Under penalties of prury, I declare-that, I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is frue, correct, and complete Declaration (other than officer) is based on all information of which preparer has any knowledge Nancy B. Anthony Type or print name and title Paid Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's identifying numb self employed Furn's name (or yours it self employed)		18	Total expens	es Add li	nes 13-17 (must equal	Part IX, column (A)	, line 25)			91,5	75.		118,	266
Beginning of Year End of Year 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 31,116,513. 31,054,36 Partities Signature Block Under penalties of prury, I declare-that, I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is frue, correct, and complete Declaration (other than officer) is based on all information of which preparer has any knowledge Nancy B. Anthony Type or print name and title Paid Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's identifying numb self employed Furn's name (or yours it self employed)		19 F	Revenue less	s expense	s Subtract line 18 from	1 line 12				-133,7	52.		-98,	751
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge and belief, it is fire, correct, and complete Declaration of which preparer has any knowledge and belief, it is fire, correct, and complete Declaration of which preparer has any knowledge and belief, it is fire, correct, and complete Declaration of which preparer has any knowledge and belief, it is fire, correct, and complete Declaration of which preparer has any knowledge and belief, it is fire, correct, and complete Declaration of which preparer has any knowledge and belief, it is fire, correct, and complete Declaration of which preparer has any knowledge and belief, it is fired. V - 15 - 1	8 8			•					Regi			1	nd of Ye	ar
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of perparer (other than officer) is based on all information of which preparer has any knowledge Vi - 15 - 1		20 -	Total assets	(Part X II	ne 16)									
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Sign Here Check if signature Preparer's signature Preparer's signature	ž Š			-		from the 20			—				1 054	
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Here Signature of officer Date	18.5.					this return, including according than officer) is based on	ompanying schedu all information of	iles and state which prepar	ments, and er has any			nowledge	and belief, if	t is
Paid Preparer's signature Prim's name (or yours if self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Preparer's identifying numb (see instructions)	Sig	ın		110	110417 1117					<u> </u>	41			
Type or print name and title Paid Preparer's signature	не	re	Signature	of officer	•				Da	ate				
Paid Pre- parer's Use Only May the IRS discuss this return with the preparer shown above? (see instructions) Date Check if self employed Preparer's identifying numb (see instructions) X Yes														
Paid Pre- parer's Use Only May the IRS discuss this return with the preparer shown above? (see instructions) Sen employed Firm's name (or yours if self- employed), EIN Phone no X Yes N		_	Type or p	rint name an	d title									
Preparer's signature Discontinuous if self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Preparer's signature employed			İ				Date	е			_[5	Preparer's see instru	identifying r ctions)	number
parer's Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Signature Signatur			Prenarer's								\Box			
Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no May the IRS discuss this return with the preparer shown above? (see instructions)		_	signature	>			·						_	
Volve In Self- employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) EIN Phone no X Yes N				or										
address, and Phone no Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes N			yours if self-						_F	IN ►				
May the IRS discuss this return with the preparer shown above? (see instructions) X Yes	UII	ıy	address, and											
	Max	the IC		us return	with the preparer chows	n ahove? (see instri	ictions)		<u> </u>			<u>v</u>	Yes	No
BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. TEEA0101 07/20/09 Form 990 (2)					· · · · · · · · · · · · · · · · · · ·	•				TEE 1016:	07:-	1		٠

Form 990 (2009) John & Claudia Holliman Affilated Fund of the OCCF, Inc. 73-15289			152894	6		Page 2
Pai	tillis Sta	Itement of Program Service Accomplishments				
1		ibe the organization's mission:	_			
		the Oklahoma City Community Foundation, Inc.				
•						
2	Did the orga	nization undertake any significant program services during the year which were not listed on the prior				
_	Form 990 or			Yes	X	No
		cribe these new services on Schedule O		163	ച	140
9	•			V	v	N.
3	-	nization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X	No
	=	cribe these changes on Schedule O.		_		
4	Describe the	exempt purpose achievements for each of the organization's three largest program services by expend) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation	ises. Sect	100 D) (c)(.	3) d
	expenses, a	nd revenue, if any, for each program service reported	113 10 0111	513, ti	C (Old	•
_		101 100				
4 8	(Code.) (Expenses \$101,100. including grants of \$101,100.) (Revenue	\$			0.)
	Distrib	utions were made to various 501(c)(3) organizations				
		ote cultural, social and educational awareness and enrichment		_ _ _		
	in the	Oklahoma City community.				
					- - -	
					-	
	~					
	~					
41	p (Code:) (Expenses \$ including grants of \$) (Revenue	\$)
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			- -	- - -		
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4	c (Code:) (Expenses \$ including grants of \$) (Revenue	\$)
•			•——	-		
	~					
	~			-		
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						-
						
	~					
4	d Other progr	am services. (Describe in Schedule O)				
-	(Expenses	\$ including grants of \$) (Revenue \$			1	
	<u> </u>				<i>'</i>	
	c Total progra	am service expenses ► 101,100.				

	\		Yes	No
ì	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		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, 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	11.451	X
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			では
•	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	源。		
•	• 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		#1.00 	
•	• 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			100mm 100mm
•	• 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	が記		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	2 21 1	X
12/	A Was 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 12 A X	學經		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	· E · Lau	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	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	- <u>-</u>	<u>x</u>
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	<u> </u>	<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
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		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>x</u> _

	1990 (2009) John & Claudia Holliman Affilated Fund of the OCCF, Inc. 73-152894	6	P	age 4
Ran	Checklist of Required Schedules (continued)		,	
	·		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		х
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? <i>If 'Yes,' complete Schedule J</i>	23	X	
24 a	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
b	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	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x_
ł	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		х
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		x
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)			
ä	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	P.J.	X
ı	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 IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		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	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х

Form 990 (2009)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O

Page 5

rait () salements regarding other mornings and rax compliance				
	ı	ء ڏئو ڏڻ	Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 0			
b Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable	1b C	100 mg		
c Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 2 2 1 1 c	X	IFE;
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a			
2b If at least one is reported on line 2a, did the organization file all required federal employment		2b	213.823	Name of the last
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retuin			12 A1	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	covered by	3a		х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a nancial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country		1		
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Financial Accounts.	oreign Bank and			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Ent Tax Shelter Transaction?	ity Regarding Prohibited	5с		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible?	d did the organization	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such condeductible?	ntributions or gifts were not	6Ь		
7 Organizations that may receive deductible contributions under section 170(c).			· 一	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and payrovided to the payor?	artly for goods and services	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh Form 8282?	ich it was required to file	7c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	747	رايان الماريان المستركسة والم	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?	s on a personal	7 e		х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	efit contract?	7 f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as re		<u>7g</u>		ļ
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form		7h	m v a 4 3+5	70 ×41 . 1
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, had holdings at any time during the year?	g organizations. Did the ave excess business	8		X
9 Sponsoring organizations maintaining donor advised funds.		2584 2584	7 .70	
a Did the organization make any taxable distributions under section 4966?		9a	- THE EAST SEAST	X
b Did the organization make any distribution to a donor, donor advisor, or related person?		9b		Х
10 Section 501(c)(7) organizations. Enter		188	STATES OF THE STATES	からは
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		認道	Tax.
11 Section 501(c)(12) organizations. Enter:				
a Gross income from other members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?	12a		<u> </u>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	The sales	1. 1814	30

Form **990** (2009)

Section A. Governing Body and Management

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.

					Yes	No
٦a	Enter the number of voting members of the governing body	1a	5	1. 7° %.) - min	***
	Enter the number of voting members that are independent	1 b			ر الآن الآن المراجعة الآن المراجعة الآن	,
	Did any officer, director, trustee, or key employee have a family relationship or a business relation, director, trustee or key employee?			2	X X	
3	Did the organization delegate control over management duties customarily performed by or u	nder t	he direct supervision			
4	of officers, directors or trustees, or key employees to a management company or other perso Did the organization make any significant changes to its organizational documents	n,		4		<u>X</u>
	since the prior Form 990 was filed?					
5	Did the organization become aware during the year of a material diversion of the organization	i's ass	sets?	5		X
6	Does the organization have members or stockholders?			6		Х
	Does the organization have members, stockholders, or other persons who may elect one or n governing body?		•	7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other	her pe	ersons?	7b	Karlane P	X Note:
8	Did the organization contemporaneously document the meetings held or written actions under the following	rtaken	during the year by			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not b	e reached at the	9		x
Sec	tion B. Policies (This Section B requests information about policies not	requi	red by the Interna	I		
Reve	nue Code)					·
10-	Dear the surrenge to the least should be surrenged as a still should			10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	t cuch	abantors offiliatos	10a		<u> </u>
D	If 'Yes,' does the organization have written policies and procedures governing the activities or and branches to ensure their operations are consistent with those of the organization?	Such	chapters, anniates,	10 b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body to	efore	filing the form?	11	X	harren S
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13			12a	X	_
b	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that c	ould give rise	12b	х	
c	Does the organization regularly and consistently monitor and enforce compliance with the pol Schedule O how this is done	icy? I	f 'Yes,' describe in	12c	x	
13	Does the organization have a written whistleblower policy?			13	Х	
14	Does the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and decidents.	approv	val by independent			
a	The organization's CEO, Executive Director, or top management official			15a		Х
Ŀ	Other officers of key employees of the organization			15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			1		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arran	gement with a taxable	16a	د دارهسد النظا	X
t	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	to eva	aluate its participation ganization's exempt	16b		
500	status with respect to such arrangements? tion C. Disclosures		· · · · · · · · · · · · · · · · · · ·	100		<u> </u>
	List the states with which a copy of this Form 990 is required to be filed > Oklahoma					
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ai inspection. Indicate how you make these available. Check all that apply	 nd 990)-T (501(c)(3)s only) av	aılable	o for p	ublic
	Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docum statements available to the public	nents,	conflict of interest poli	cy, and	d finar	ncial
20	State the name, physical address, and telephone number of the person who possesses the b	ooks a	and records of the orga	nızatıc	n	
				05) 2		<u>5603</u>
		_	· — — -			

BAA

Form 990 (2009)

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

X Check this box if the organization did not compensate any current officer, director, or trustee (E) (B) (c) (F) Average Position (check all that apply) Reportable compensation from related organizations (W 2/1099 MISC) Reportable compensation from the organization (W-2/1099 MISC) Name and Title Estimated amount of other compensation hours š per week errigioyee institutional taustee ndividi el truscee TITE from the 157 (23 3 emphyee organization and related ξ organizations Destanta John Holliman 0.50 Trustee Х Х Claudia Holliman Х Trustee 0.50Х Jane B. Harlow 0.50 Trustee Х Marjorie Downing Trustee 0.50 Х Nancy B. Anthony 227,193 Trustee & Sec/Treas 0.50Х Х

TEEA0107 11/10/09

Form 990 (2009) John & Claudia Holliman Aff									<u> </u>	73-15289	
Partition A. Officers, Directors,	Trus	tees, K	(ey	Em	plo	ye	es,	an			
. (A)		(B)	 		-	c)	bat -		(D)	(E)	(F)
Name and Title		Average hours per week	1		Officer	,—	employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
							_				
						_				· 	
										·	
										·	
							_	ļ			
					ļ 	1					
Total Total number of individuals (including but not	limited	d to thos	se lis	sted	abo	ve)	who	rec	eived more than \$	227, 193 3100,000 in report	
from the organization						·					
 3 Did the organization list any former officer, don line 1a? If 'Yes,' complete Schedule J for 4 For any individual listed on line 1a, is the suithe organization and related organizations grandividual 5 Did any person listed on line 1a receive or ac 	such ir m of re eater ti	ndividua portable nan \$15	con 0,00	02 /	nsati f 'Ye	ion es' d	and comp	othe	er compensation fi e Schedule J for s	om uch	Yes No X X 4 X
rendered to the organization? If 'Yes,' compl	ete Sch	nedule J	for :	suct	n pei	rsor	1			_ 	5 X
Complete this table for your five highest com- compensation from the organization	pensat	ed inder	end	ent	coni	trac	tors	that	received more th	an \$100,000 of	
(A) Name and business	addres	s					_		Description (of Services	(C) Compensation
						_					
			-								
2 Total number of independent contractors (inc \$100,000 in compensation from the organiza	-	but not	lımıt	ed t	o the	ose	liste	ed al	bove) who receive	d more than	

Fai	<u>τ· γ</u>	ni Statement of Re	venue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) - Revenue excluded from tax under sections 512, 513, or 514
s.	1 a	Federated campaigns	112	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ť	7		1 3 ST 1 3587	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
F S		Membership dues	11	 		3. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	自分的異學是		
88		•			_		فراتر شن آباله بالمرات والله		
Z A		Fundraising events	10	 	_				
들뛰		Related organizations	10		_	430			
Ϋ́Ε	€	Government grants (contribution	ons) 1 e		_	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	10 mg		海流流水
흔낉	f	All other contributions, gifts, g	rants and					1、大きなる意思	
문원	•	similar amounts not included	above 1 f	Į				1	100
풀이	,	Noncash contribns included in		'	-				李明李是
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		Total. Add lines 1a-1f	ilis iu-ii	′	_	- March 1			· 高级工程系统
		1 Total. Aud lines 1a-11		1 2	_	1 // 2/ 2 - 2 - 2	1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 3 3	32.00
Ξ	_			Business Code			The same of the sa	ننت السند أنسته	القاهند مستشفيا
<u> </u>	2 a	3							
22	t)		L			<u> </u>		
5	•	:							
£					_				
Σ		~							
Α¥	,				_				
PROGRAM SERVICE REVENUE		All other program service	e revenue				1.00 E	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Art - word I'm - To Sala I Tall III
=		Total. Add lines 2a-2f			_	<u></u> _	The Marie The Marie	不是你不是什么	Carrier Start
	3	Investment income (incl	luding dividend	is, interest and					
		other similar amounts)	•		•	23,855.	0.	0.	23,855.
	4	Income from investment	t of tax-exemp	t bond proceeds	•		}		
	5	Royalties			•				
		1	(ı) Real	(II) Personal		123.50 25.55		70 . A. L. F. F. B. C. S.	19 大学 1936年 195 日本学 195 日本学
	۵.	Gross Rents	() / 1321	(ii) i diddina	_			人人产品的法院	
					_		· 不可能。		
l		Less: rental expenses			_			1897至,在北海军	
	C	Rental income or (loss)			_			المنافقة المستعددة المستعدد المستعددة المستعدد ال	
j	c	Net rental income or (lo	ss) .		•				
l	7-	Gross amount from sales of	(i) Securities	(II) Other		地方(法) 発送網	がきなる かんしょう	2000年1000年	2.88.48 (1.18)
	/ 6	assets other than inventory	357,26	6.	_				
			33.720	"					
	t	Less: cost or other basis	261 60	_		"是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个			
		and sales expenses	361,60			第二十九八 星	The training of the state of th	1000年400年3月	
	C	Gain or (loss)	-4,340	0.		THE SERVICE STATES	The The State of the	SALESTA	
	C	Net gain or (loss)			>	-4,340.	0.	0.	-4,340.
Ì	Ω:	Gross income from fund	Iraisina events					们是的概念。 第 8章	WINDS TO THE WAY TO TH
핅	0.	(not including \$	naising events	'			· 经有价值的		DOMESTIC OF
EN		of contributions reported	d on line Ic)	-					
Æ		See Part IV, line 18	d on line rey.						
监				a					
OTHER REVENU		Less: direct expenses		D	_	Carlo A Pala And House			
-	(Net income or (loss) fro	m fundraising	events	<u> </u>	Three 34 3 194	115 7 1.0 12 1. 12		W W Z 7 7 W 100 C 100 C 100 E
1	9 a	Gross income from gam	ing activities	ł			是 然	LINE BOOK FAR	
	-	Gross income from gam See Part IV, line 19	9 00	a			新华教教工		阿尔斯哈拉斯斯
	Ŀ	Less: direct expenses		b		17.7% A.C. 17.7%			
		: Net income or (loss) fro	m naming acti	vities	▶	Tarbanan mengemberangan dan dan	والمستميد الرجيلية والمراجعة والمستميدة والمراجعة والمستميدة المستميدة المستميدة المستميدة المستميدة المستميدة	L. & March 1907 De 18th and market have a still detailed by	
				Vicios	_	E 5300 1 5 45 5 15 17	Single Complete Start	120 2 3 7 14 1 14 1 14 1 1 1 1 1 1 1 1 1 1 1 1	企业在17次 在18点
- 1	10 a	Gross sales of inventory	, less returns	1		SECTION AND THE			
	_	and allowances		a	_	美洲。这种种种	计和分类文字		
}		Less cost of goods solo		b			The second secon	S I S I S I S I S I S I S I S I S I S I	
- 1	C	c Net income or (loss) from sales of inventory							
		Miscellaneous Reven	ue	Business Code			Militar and St.	THE RESE	PARTIES
- 1	11 a	1							
	H)							
1									
i		1 All other revenue			_			 	
]		All other revenue		<u></u>	_		मुद्रांक के क्षेत्र राज्यक जातक	2 10 12 11 12 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15	- हार स्ट्रां स्ट्रांस्ट्रिक्ट स
		e Total. Add lines 11a-11d				 	20 - 42 - 42 - 42 - 42 - 42 - 42 - 42 -	のでいる。不正式を発展	公子, 致一年, 就不可不到
	12	Total revenue. See instr	ructions		_	19,515.	0.	0.	19,515.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
Do 1	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	101,100.	101,100.									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22											
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16											
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			Etal Carrie	建新疆外疆							
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			i								
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)											
a	Management	7,214.	0.	5,869.	1,345.							
ŧ	Legal											
c	: Accounting .											
c	Lobbying											
•	Prof tundraising svcs. See Part IV, In 17		(1)等的语言:"不是是有"	· · · · · · · · · · · · · · · · · · ·								
	Investment management fees											
	Other											
_	Advertising and promotion		-									
13	Office expenses											
14	Information technology											
15	Royalties											
16	Occupancy											
17	Travel											
18	Payments of travel or entertainment expenses for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
20	Interest											
21	Payments to affiliates .											
22	Depreciation, depletion, and amortization			ļ <u> </u>								
23	Insurance	9,952.	0.	9,952.	0.							
	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)											
1) 											
					ļ							
•	<u> </u>		<u> </u>									
	• 											
	All other expenses	110 000	101 101	15 00:	1 245							
	Total functional expenses Add lines 1 through 24f	118,266.	101,100.	15,821.	1,345.							
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)							

Ρặ	rt X	Balance Sheet				
	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		120,138.	_ 2	122,756.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part	s, trustees, key employees, Il of Schedule L		5	
	6	Receivables from other disqualified persons (as define	ed under section 4958(f)(1))	ALTER TO 15 1 15 1	i	
		and persons described in section 4958(c)(3)(B) Comp	olete Part II of Schedule L		6	
S	7	Notes and loans receivable, net			7	
A S S E T S	8	Inventories for sale or use			8	
Ś	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis	10a		2.00	第一个人的
		Complete Part VI of Schedule D		A CONTRACTOR OF THE PARTY OF TH	تتعت	
	b	Less. accumulated depreciation	10b		10 c	
	11	Investments — publicly-traded securities		992,320.	11	927,254.
	12	Investments – other securities See Part IV, line 11			12	
	13	Investments – program-related See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		14,447.	15	4,372.
	16	Total assets. Add lines 1 through 15 (must equal line	34)	1,126,905.	16	1,054,382.
	17	Accounts payable and accrued expenses		10,392.	17	14.
	18	Grants payable			18	
	19	Deferred revenue			19	
Ļ	20	Tax-exempt bond liabilities			20	
A B	21	Escrow or custodial account liability Complete Part I	V of Schedule D		21	
LIABILI	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per	stees, key employees, sons Complete Part II			
Ţ		of Schedule L			22	
E S	23	Secured mortgages and notes payable to unrelated th	ard parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		10,392.	26	14.
Ñ		Organizations that follow SFAS 117, check here ►	X and complete lines		第1	
N E T		27 through 29 and lines 33 and 34.		Maria Language		
Ş	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets		1,116,513.	28	1,054,368.
Ĕ	29	•			29	
R		Organizations that do not follow SFAS 117, check he	ere F and complete	(建) (1) (1)	13-17	
		lines 30 through 34.	<u> </u>		يَّةِ إِنَّا الْمُ	
FUZD	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equip	ment fund	_	31	
Ļ	32	Retained earnings, endowment, accumulated income			32	
BALAXCES	33	Total net assets or fund balances		1,116,513.	33	1,054,368.
Ĕ	34	Total liabilities and net assets/fund balances		1,126,905.	+	1,054,382.

BAA

Form 990 (2009)

Form 990 (2009) John & Claudia Holliman Affilated Fund of the OCCF, Inc.	73-1528946		Pag	je 12
Part XI/I Financial Statements and Reporting				
	-	Y	'es	No
1 Accounting method used to prepare the Form 990	<u> </u>		5	:
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				ا در
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	<u>x</u>
b Were the organization's financial statements audited by an independent accountant?		2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?	jht of the audit,	2c	х	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	n [
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we consolidated basis, separate basis, or both	re issued on a			
Separate basis X Consolidated basis Both consolidated and separate basis	:	<u> </u>	1 5	<u>`</u> 20
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single	3a		x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the organization why in Schedule O and describe any steps taken to undergo such audits.	ne required audit	3b		

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 2009

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public >

Employer identification number

			ed Fund of the s (All organizations				nart \		28946			
			se it is (For lines 1 throu					366 11	1311 4011	0113		
1	Ď '		ociation of churches desc	•		•	•					
2	H		AXii). (Attach Schedule E		Section),(u)U\t	1)(14)(1).					
		` ^ ^	~ ~ ~	•	170/L	\/1\/A\/!						
3	—	•	organization described		•		•	/1 \/ 4 \/ 4 \	=		.1-11-	
4	_		d in conjunction with a ho	ospitai u	escribed	in seci	ion 170	(D)(T)(A)	XIII). E⊓t	er the nosp	illai S	
5	name, city, and state An organization ope 170(b)(1)(A)(iv). (C)	erated for the benefit	of a college or university	owned	or opera	ted by a	govern	mental	unit desc	cribed in se	ction	
6 7	A federal, state, or	local government or g	governmental unit describ substantial part of its su					or from	the cone	مراطينم أمير	doc o rub	ood
	☐ In section 170(b)(1)	(A)(vi). (Complete Pa	art II.)			enmen	ıtai uiiit	OI HOIH	the gene	rai public (1620111)eu
8			70(b)(1)(A)(vi). (Complet		•							
9	from activities relate investment income	ed to its exempt funct	more than 33-1/3 % o nons — subject to certain ss taxable income (less somplete Part III)	excepti	ons, and	l (2) no	more th	ian 33-1.	/3 % of m	ts support f	rom a	ross
10	An organization org	anized and operated	exclusively to test for pul	blic safe	ty See	section	509(a)(4	4).				
11	more publicly suppo describes the type	orted organizations do of supporting organiz	exclusively for the benef escribed in section 509(a ation and complete lines	a)(1) or s 11e thr	section 5 ough 111	509(a)(2 n) See s	or carr section 5	y out the 509(a)(3) .	. Check the	e box	or that
	a X Type I	b Type II	· · · · · ·		ctionally	•			d 📙	Type III-		
е	By checking this bo than foundation ma 509(a)(2)	x, I certify that the org nagers and other than	ganization is not controlled one or more publicly su	ed direct ipported	tly or inc organiz	lirectly t ations d	y one c escribe	or more of d in sect	disqualifi tion 509(ed person a)(1) or sec	s othe ction	r
f	If the organization r	eceived a written dete	ermination from the IRS	that is a	Type I,	Туре ІІ	or Type	III supp	orting or	ganızatıon,		
g	Since August 17, 20	006, has the organiza	tion accepted any gift or	r contrib	ution fro	т апу с	f the fo	llowing p	oersons?	ſ	Yes	No.
	(i) a person who below, the go	directly or indirectly overning body of the si	controls, either alone or tupported organization?	together	with per	sons de	scribed	ın (ıı) aı	nd (III)	11 g (i)	162	110_
	, 3	ber of a person desc	., .							11 g (ii)		
	• • • • • •	•	described in (i) or (ii) at	nove?						11 g (iii)		
h	` '	, ,	he supported organizatio							[119 (117)		
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) organiza (i) liste- gove	Is the tion in col d in your erning iment?	the organ	ou notify nization in (i) of upport?		s the ion in col zed in the 5 ?	(vii) Amoun	t of Sup	port
				Yes	No	Yes	No	Yes	No			
_		237024262	11a	x		x		x		1	01,1	00
	OKC Community Foundation,	23-1024202	1114	 ^ -	<u> </u>						01,1	.00.
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		angles was a second of	arms have a section made one to the	**1 10 ***	 		120 20 4	130.725	State 1			
	•						THE STATE OF THE S	Maria Personal	國際			
Total		開始的經濟學的	的是是是一个一个	保護局	Programme State		574 E1		的经验到	1	01,1	100.

Part II: Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1)			
Sect	ion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year 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						
	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				~\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. 131 170 1 2 6	
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)						
	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
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					文是物源 经整理	
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 organization, check this box and		ation's first, secon	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	³⁾ ► □
	tion C. Computation of Pu						
	Public support percentage for 20 Public support percentage from	•	· · ·	e 11, column (f)		14 15	<u>%</u> %
16 a	33-1/3 support test — 2009. If the 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
ŀ	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a put	not check a box blicly supported or	on line 13, or 16a ganization.	, and line 15 is 33	1-1/3% or more, ch	eck this box ►
1 7 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ınd-cırcumstances	s' test, check this l	box and stop here	e. Explain in Part I	V how
	or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-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	Private foundation. If the organi	zation did not che	ck a box on line,	13, 100, 100, 1/a	, or 170, check thi	is box and see ins	tructions -

Schedule A (Form 990 or 990-EZ) 2009 John & Claudia Holliman Affilated Fund of the OCCF, Inc. 73-1528946 Randill Support Schedule for Organizations Described in Section 509(a)(2)

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

Sect	ion A. Public Support	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
	dar 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						
	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						
	Total. Add lines 1 through 5 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						
С	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6.)			The state of	200	- W 16 18	8
Sec	tion B. Total Support	····					
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6				_		
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (add Ins 9, 10c, 11, and 12)		EVEL TO THE		美国的企业	起來。多學學學	
14	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ition's first, secon	d, third, fourth, o	or fifth tax year as	a section 501(c)(3) ▶ □
	tion C. Computation of Pu						
	Public support percentage for 20	•	•	e 13, column (f))		15	
	Public support percentage from					16	
	tion D. Computation of Inv						
Sec					mn (t))	17	%
<u>Sec</u>	Investment income percentage f		,		1111 (1))		
17 18	Investment income percentage f Investment income percentage f	rom 2008 Schedul	e A, Part III, line	17		18	8 %
17 18 19 a	Investment income percentage f Investment income percentage f 33-1/3 support tests — 2009. If t more than 33-1/3%, check this b	rom 2008 Schedul he organization die ox and stop here.	e A, Part III, line d not check the b The organization	17 ox on line 14, and qualifies as a pu	d line 15 is more to blicly supported o	18 than 33-1/3%, a rganization	nd line 17 is not
17 18 19 a	Investment income percentage f Investment income percentage f 33-1/3 support tests — 2009. If t	rom 2008 Schedul he organization di tox and stop here. he organization di this box and stop	e A, Part III, line dinot check the both the organization dinot check a box bere. The organi	17 ox on line 14, and qualifies as a pu on line 14 or 19a zation qualifies as	d line 15 is more to oblicly supported o a, and line 16 is m s a publicly suppo	than 33-1/3%, a rganization lore than 33-1/3 irted organizatio	% nd line 17 is not % % %, and line 18 n

(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. h to Form 990. ► See separate instructions

Attach to Form 990.

OMB No 1545-0047 Openito Public Inspection 🖫

Employer Identification number

73-1528946 John & Claudia Holliman Affilated Fund of the OCCF, Inc. Partill Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Rartill Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year 1 Held at the End of the Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easement it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year > Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes Nο In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Rangelling Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 > Ŝ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 John & Part III Organizations Maintai					528946 Assets (con	Page 2 tinued)
3 Using the organization's acquisition items (check all that apply)	on accession and oth	-		that are a significant	use of its colli	ection
a Public exhibition		⊢	xchange programs			
b Scholarly research		e Other _				
c ☐ Preservation for future genera						
Provide a description of the organ Part XIV					pose in	
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or receive ather than to be mair	donations of art, hi tained as part of th	storicai treasures, c e organization's col	or other similar Nection?	Yes	No
Part IV Escrow and Custodia 9, or reported an amount	Arrangements (Complete if orga	anization answe		1 990, Part	IV, line
1 a Is the organization an agent, trus included on Form 990, Part X?				ner assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and comp	olete the following t	able			
					<u>Amount</u>	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1f		
2a Did the organization include an a	•	Part X, line 21?			∐ Yes	∐No
b If 'Yes,' explain the arrangement			N/ II	00 0 1 1 1 1	10	
Part V Endowment Funds Col			· - · · · · · · · · · · · · · · · · · ·			
	(a) Current year	(b) Prior year	(c) Two years bac	ck (d) Three years b	ack (e) Fou	r years back
1 a Beginning of year balance	1,116,512.	1,357,115				3. 16. 4. 18. 18. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
b Contributions			には、もの数数	4-91 15 12 11 17 X 34 15		Carrier State of
c Net Investment earnings, gains,				"秦秦军三十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	Y M	
and losses	56,122.	-149,027	10 th 10 th 10 th 10 th 10 th 10 th	Figure 10 miles Conference to the Co	PART PART CON	
d Grants or scholarships	101,100.	85,250	· Harrish received	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	5-10 A 162 A 2 C	PROPERTY OF THE PARTY OF THE PA
e Other expenditures for facilities and programs						2.7
f Administrative expenses	17,166.	6,326	15 10 15 15 17 13	学生/63人然。2.7.12	A STATE OF S	
g End of year balance	1,054,368.	1,116,512		語言語學言語學	经常可能的	第一个一个一个
2 Provide the estimated percentage	e of the year end bala	nce held as				
a Board designated or quasi-endow	ment 🟲	%				
b Permanent endowment ►	<u> </u>					
3a Are there endowment funds not in organization by:	n the possession of the	ne organization that	are neid and admi	nistered for the		res No
(i) unrelated organizations					3a(i)	Х
(ii) related organizations					3a(ii)	х
b If 'Yes' to 3a(ii), are the related of	rganizations listed as	required on Sched	ule R?		3b	
4 Describe in Part XIV the intended	J	•			· · · · · · · · · · · · · · · · · · ·	
Part VI Investments-Land, B				(, line 10.		
Description of investment	(a) Cos		(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Bor	ok Value
1a Land		,		文字 《元·金·李)	5 "4"	
b Buildings						
c Leasehold improvements				 		
d Equipment						
e Other					 	
Total. Add lines 1a through 1e (Column	n (d) must equal Form	n 990. Part X. colur	nn (B), line 10(c))	·	•	
BAA	· (=) mast oqual i on		(=///- / - / - / - / /	Sc	chedule D (For	m 990) 2009
					,	•

Schedule D (Form 990) 2009 John & Claudia Hollima	n Affilated Fund of th	e OCCF, Inc. 73-152	8946 Page 3
Part VIII Investments—Other Securities See			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	et value
Financial derivatives			
Closely-held equity interests			
Other			
	-		
			
	_		
Table (Column (b) must soud Form 000 Part V and (D) lim 10 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-		
Total. (Column (b) must equal Form 990 Part X, col (B) line 12) Part VIII Investments—Program Related (See			the second second second
(a) Description of investment type	(b) Book value	(c) Method of valua	hon
(a) Description of investment type	(b) book value	Cost or end-of-year mark	ket value
		·- <u>-</u>	
		·	
	•		
Total. (Column (b) must equal Form 990, Part X, Col (B) une 13)		是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	是一种的人们。 第二种的人们的一种,但是一种的人们的一种,但是一种的人们的一种,但是一种的人们的一种,但是一种的人们的一种,但是一种的人们的一种,但是一种的人们的一种,但是一种
Part X Other Assets (See Form 990, Part X			dis Dealisania
Accrued Investment Income	Description		(b) Book value 4,372.
Accided investment income			4,512.
			,
Total (Column (h) must oqual Form 000, Part V cal (P)	luno 15)	>	4,372.
Total. (Column (b) must equal Form 990, Part X, col (B), Part X Other Liabilities (See Form 990, Part			4,512.
(a) Description of Liability	(b) Amount	李朝 为京 200g (100g) 新 a 100g (100g)	LE MANAGER TO
Federal Income Taxes	3.7		
			ATTACK STREET
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 for	otnote to the organization's	s financial statements that reports the	organization's liability
for uncertain tax positions under FIN 48			-

	edule D (Form 990) 2009 John & Claudia Holliman Affilated Fund of the OCCF, Inc. rt*XI={Reconciliation of Change in Net Assets from Form 990 to Financial Statements	73-1528946	Page 4
	Total revenue (Form 990, Part VIII,column (A), line 12)		
	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 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 (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	5.0	
	a Net unrealized gains on investments		
1	b Donated services and use of facilities 2b		
	c Recoveries of prior year grants		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	機約	
;	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	₩XIII\$ Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25	2 22	
	a Donated services and use of facilities		
	b Prior year adjustments 2b		
	c Other losses 2c		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2e	
3		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	177 h	
	a Investments expenses not included on Form 990, Part VIII, line 7b	[[]	
	b Other (Describe in Part XIV) 4b		
	c Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	
	rt:XIV® Supplemental Information	· '	
lıne	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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 rmation	part to provide any a	eart V, dditional
- -			
 -			
- -			
- -		· 	
BAA	TEEA3304 02/02/10	Schedule D (Forn	n 990) 2009

SCHEDULE I (Form 990)

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.

OMB No 1545 0047

2009	Opća to Public Inspection	Employer identification numbor
		Employer ident

73-1528946

John & Claudia Holliman Affilated Fund of t	Efilated Fund	of the OCCE,	. Inc.			73-1528946	91
 Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the uniterior. 	rds to substantiate the grants or assistants or assistants or occupants for mon	int of	the grants or assistance, the grantees' eligibility for the grants or assistance, and see of grant finds in the United States	antees' eligibility for the	grants or assistance	e, and	X Yes No
- T	ance to Governm ny recipient that (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	e if the organizat ecipient received	ion answered 'Yemore than \$5,00	es' to Form 00. 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
Nepalese Youth Opportunit 3030 Bridgeway, Suite 123 Sausalito CA 94965	68-0224596	501(c)(3)	12,500.				qen purbose
World Neighbors 4127 N.W. 122nd OKC OK 73120	73-0707328	501(c)(3)	11,500.				gen purposes
City Rescue Mission, Inc. 800 W California	73-0713883	501(c)(3)	25,500.				den purboses
Oklahoma Philharmonic Soc 428 W California OKC OK 73102	73-1328565	501(c)(3)	6,000.				den purboses
OK_Zoological_Society PO_Box_18424 OKC_OK_73154	73-0688645	501(c)(3)	5, 500				
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	(3) and government of tions	ırganızatıons					5
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	luction Act Notice, se	e the Instructions f	or Form 990.	TEEA3901	02/10/10	Sched	Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 **Parents 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. pa版队第 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 73-1528946 (e) Method of valuation (book, FMV, appraisal, other) John & Claudia Holliman Affilated Fund of the OCCF, Inc. (d) Amount of non-cash assistance (c) Amount of cash grant (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

OMB No 1545 0047

2003

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

Joh:	n & Claudia Holliman Affilated Fund of th	e OCCF, Inc.	73-1528946			
Parl	N⊠ Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provided any of t VII, Section A, line 1a Complete Part III to provide any relevant in	the following to or for a person liste formation regarding these items	ed in Form 990, Part	5 y		
	First-class or charter travel	Housing allowance or residence for	personal use		\$1.56 11.56	
	Travel for companions	Payments for business use of person	onal residence	5' 75 . V (1.23)	10.5	tville Sentatio
	Tax indemnification and gross-up payments	Health or social club dues or initiat	on fees	2 4		
	Discretionary spending account	Personal services (e g , maid, chau	iffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization fol reimbursement or provision of all of the expenses described above	llow a written policy regarding payn? If 'No,' complete Part III to expla	nent or ın	<u>参</u> 1b	12.X	- 1 2 to
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 c cked in line 1a?	fficers, directors,	2		
3	Indicate which, if any, of the following the organization uses to est CEO/Executive Director Check all that apply	ablish the compensation of the org	anızatıon's			
	Compensation committee	Written employment contract		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Compensation survey or study		20 C	4	Service Services
	Form 990 of other organizations	Approval by the board or compensation	ation committee			م م م م م م م م م م م م م م م م م م م
4	During the year, did any person listed in Form 990, Part VII, Section a related organization.	on A, line 1a with respect to the fili	ng organization			
а	Receive a severance payment or change-of-control payment?			4a		Х
b	Participate in, or receive payment from, a supplemental nonqualifi	ed retirement plan?		4b		Х
С	Participate in, or receive payment from, an equity-based compens	ation arrangement?		4 c		Х
	If 'Yes' to any of lines 4a-c, list the persons and provide the application	able amounts for each item in Pari	1111		K-41.	が選続
	Only section 501(c)(3) and 501(c)(4) organizations must complete	e lines 5-9.		15 TO 15	100	N SE
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of	e organization pay or accrue any co	ompensation			
a	The organization?			5a		х
b	Any related organization?			5 b		Х
	If 'Yes' to line 5a or 5b, describe in Part III.			48		A. Marie
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the contingent on the net earnings of	e organization pay or accrue any c	ompensation	西		The second
а	The organization?			6a		Х
b	Any related organization?			6b		Х
	If 'Yes' to line 6a or 6b, describe in Part III.			2255	1 14 2 p	12.2
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	organization provide any non-fixed	l payments not	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued contract exception described in Regs section 53 4958-4(a)(3)? If	d pursuant to a contract that was su 'Yes,' describe in Part III	ubject to the initial	8		x
9	If 'Yes' to line 8, did the organization also follow the rebuttable presection 53 4958-6(c)?	esumption procedure described in F	Regulations	9		

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

Schedule J (Form 990) 2009

Page 2

73-1528946

Schedule J (Form 990) 2009 John & Claudia Holliman Affilated Fund of the OCCF, Inc. 73-1528946 [Parting Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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.

	(R) Breakdown	(B) Breakdown of W.2 and/or 1099.MIS	SC compensation	(C) Betweenent and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name	(i) Base compensation		(III) Other reportable compensation	other deferred compensation	benefits	(D)·(D)	reported in prior Form 990 or Form 990-EZ
						0	0
Nancy B. Anthony (ii)	227,193	00		45,439.	6,622	279,254	
()						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1
(3)							
(ii)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(9)		1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
(9)	-					 	1 1 1 1 1 1
(ii)							
<u> </u>	 	 	1 1 1 1 1			1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1
(ii)							
(0)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1	 		[1 1 1 1 1 1
(ii)							
9	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1	1 1 1 1 1 1 1
(ii)							
<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1 1 1
(ii)							
<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1
(ii)							
(S)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !
(E)							
<u> </u>		1 1 1 1 1 1 1 1 1		 		1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1
		t	1 1 1 1 1 1 1 1 1 1 1 1	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	 		
0						1 1 1	
(i)							
0							
BAA			TEEA4102 02	02/02/10		Sched	Schedule J (Form 990) 2009

SCHEDULE O (Form 990).

Supplemental Information to Form 990

2009 ₩ @ლინცისი

Employer identification number

OMB No 1545-0047

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

Attach to Form 990.

John & Claudia Holliman Affilated Fund of the OCCF, Inc. 73-1528946	
Pt VI-A, Line 2 This organization was established by the Holliman family and,	
as a result, the following family members are trustees	
of this entity: John Holliman and Claudia Holliman	
Pt VI-B, Line 11A Form 990 is prepared and reviewed by the staff of the OKC	
Community Foundation, the supported organization. This	
return was emailed to all trustees for review prior to filing.	
Pt VI-B, Line 12c Conflict of interest policy is distributed, reviewed and	
signed at annual trustee meeting.	- -
Pt VI-C, Line 19 Governing documents, conflict of interest policy and	.
financial statements are available upon request.	. _
	. -
	. _
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	. – – –
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

John & Claudia Holliman Affilated Fund of the OCCF, Inc.

Related Organizations and Unrelated Partnerships

Open to Public 2009

OMB No 1545-0047

4, 4,

73-1528946

Employer identification number 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.

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling
entity Partily 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.) (E)
Public charity status (if section 501 (c)(3)) (E) End-of-year assets Part. I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (**D)** Exempt Code section (D) Total income TEEA5001 02/05/10 (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 (A) (Aame, address, and EIN of related organization ı (A) Name, address, and EIN of disregarded entity Part II Attachment See Schedule R ı

73-1528946 , Page 2

Schedule R (Form 990) 2009 John & Claudia Holliman Affilated Fund of the OCCF, Inc.

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

מטרממטט ור וומת					Decause it lian one of more related organizations in cared as a partition of the tax years?	/. 12			
(A) Name, address, and EIN of	(B) Primary Activity	(C)	(C) (D) Legal Direct	(E) Predominant	(F) Share of total income	(G) are of end-of-year	(H) Dispropor-	Code V-UBI	(J) General or
related organization		domicile (state or	controlling entity	income (related, unrelated, excluded		assets	tionate allocations?	amount in box 20 of Schedule	managing partner?
		foreign country)		from tax under sections 512-514)			Yes No	Form 1065)	Yes No
f		-							
							·		

Partive Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, line 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 Trust ((treated as a corpor	Complete if the or ation or trust dur	ganization answered 'Y'ng the tax year.)	es' to Form 990, Pa	rt I∕,
(A) Name address and FIN of related organization	(B) Primary Activity	(C)	(D) (E) Choe of	(F) Share of total income	(G) Share of end-of-year	(H) Percentage
		(state or foreign contro country)	iling entity (C corp, 9 or tru	(state or foreign controlling entity (C corp., S corp., country)	assets	ownership
				1-0.0		
					-	
	-1		,			
5						
	1					
1						
ВАА		TEEA5002 02/05/10			Schedule R (Form 990) (2009)	990) (2009)

尼部形 Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34,	e 34, 35, or 36.)	•	
Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		٨	Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:		17.7	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		- Ja	×
b Gift, grant, or capital contribution to other organization(s)		1 b	×
c Gift, grant, or capital contribution from other organization(s)		10	×
d Loans or loan quarantees to or for other organization(s)		1 d	×
e Loans or loan quarantees by other organization(s)		1e	×
			然 环结
f Sale of assets to other organization(s)		1,	×
		10	×
		0 4	>
h Exchange of assets		= -	{ >
i Lease of facilities, equipment, or other assets to other organization(s)			100
(2) notice and the second seco		T i	×
Lease of facilities, equipment, or other assets from ourier organization (s)		ř	×
R menorinalise of services of inglinership of furbriage solicitations for other organization(s)		=	×
I Performance of services or membership of fundraising solicitations by other organization(s)		- ;	;
m Sharing of facilities, equipment, mailing lists, or other assets	•	Ε	×
n Sharing of paid employees		l n	×
o Reimbursement paid to other organization for expenses		10	×
a Reimbursement baid by other organization for expenses		٦p	×
		企工程的	いるが、一般
a Other transfer of cash or property to other organization(s)		19	×
r Other transfer of cash or property from other organization(s)		11	×
is for information on who must complete this line, including covered relationships	and transaction thresholds	spi	
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	volved
(2)			
(3)			
(4)			
			:
(6) BAA TEEA5003 02/05/10	Schedule	Schedule R (Form 990) (2009)	90) (2009

Schedule R (Form 990) 2009 John & Claudia Holliman Affilated Fund of the OCCF, Inc.

Rইন্ট্রীয়া Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Schedule R (Form 990) (2009) (H) General or managing partner? å Yes 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 Code V-UBI amount in box 20 of Schedule K-1 Form (1065) (F)
Disproportionate
allocations? ž Yes (E) Share of end-of-year assets Are all partners section 501(c)(3) organizations? ž Yes (C) Legal domicile (state or foreign country) 02/02/10 TEEA5004 (B) Primary activity (A) Name, address, and EIN of entity 1 1 1 1 1 BAA