

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form 990

#### Return of Organization Exempt From Income Tax

. | 20

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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

For the 2011 calendar year, or tax year beginning 10/1/2011 and ending 9/30/2012 C Name of organization Employer identification number Check if applicable Oklahoma Association of Community Action Agencies Address change Doing Business As 73-1059837 Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change Initial return 605 Centennial Blvd 405-949-1495 City or town, state or country, and ZIP + 4 Terminated OK 73013 G Gross receipts \$ Edmond 2,453,263 Amended return F Name and address of principal officer Yes X Application pending H(a) Is this a group return for affiliates? Micheal Jones 605 Centennial Blvd, Edmond, OK 73013 H(b) Are all affiliates included? If "No," attach a list (see instructions) X 501(c)(3) 501(c) 4947(a)(1) or 527 ) (insert no ) Tax-exempt status J Website: ▶ www okacaa org H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association Other > L Year of formation 1982 M State of legal domicile OK Part I Summary Briefly describe the organization's mission or most significant activities To alleviate the causes and consequences of poverty by supporting Oklahoma Community Action Agencies Activities & Governance Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 18 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Rant VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 7a 7b 0 Prior Year **Current Year** Contributions and grants (Fart VIII, line 1h)2013 Program service revenue (Part VIII, line 2g) 8 2,630,937 2,453,263 9 n Investment income (Part VIII, column (A) Times 3.4, and 7d)
Other revenue (Part VIII, column (A), lines 3.6d, 8c, 9c, 10c, and 11e)
Total revenue—add lines 8 through (must equal Part VIII, column (A), line 12) 10 0 0 11 0 0 2.630.937 2.453.263 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 422,924 410.972 15 **16a** Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 2,050,540 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,556,817 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,979,741 2,461,512 19 Revenue less expenses Subtract line 18 from line 12 651,196 -8,249 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 990,611 1,048,497 21 Total liabilities (Part X, line 26) 46.870 113.005 Net assets or fund balances Subtract line 21 from line 20 943.741 935,492 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Type or print name and title Date Print/Type preparer's name Preparer's signature Check I Paid 1/7/2013 self-employed Larry Willsey P00221493 Preparer Firm's name ► Larry L Willsey CPA PC Firm's EIN ► 73-1533419 **Use Only** Firm's address ► RR 2, Box 335, Fort Cobb, OK 73038 Phone no (405) 668-0737 Χİ May the IRS discuss this return with the preparer shown above? (see instructions) Yes

	990 (2011) Oklahoma Association of Community Action Agencies, Inc	73-	1059837	Page 2
Pa	Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			
1	Briefly describe the organization's mission			
	To alleviate the causes and consequences of poverty by supporting Oklahoma Community			
	Agencies			<b></b>
2	Did the organization undertake any significant program services during the year which were	e not listed on	<del></del>	
_	the prior Form 990 or 990-EZ?	e not listed on	Yes	X No
	If "Yes," describe these new services on Schedule O			<u> </u>
3	Did the organization cease conducting, or make significant changes in how it conducts, an	v program		
	services?	,, .,	Yes	X No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are grants and allocations to others, the total expenses, and revenue, if any, for each program	required to report t		
4a	(Code ) (Expenses \$ 258,473 including grants of \$	0 ) (Revenue \$		0)
	Head Start and Childrens Services	/ (NOTORIDO # _		¥./
	ricad otal and omitations deriveds			
4b	(Code ) (Expenses \$ 1,754,990 including grants of \$	0 ) (Revenue \$		<u> </u>
710	Weatherization and Housing			
	vvountonzation and riodoning			
				·
				. <b></b>
				<b></b>
4-	/Code \/Curence C 250,005 including greate of C	0 \/Davanua \$		0)
4c	(Code ) (Expenses \$ 358,085 including grants of \$ Community Action Agencies Development			)
	definition by Action Agencies Development			
				<b>-</b>
4d	Other program services (Describe in Schedule O ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$		0)	

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Х

18

19

20a

20b

Oklahoma Association of Community Action Agencies, Inc Checklist of Required Schedules (continued) Part IV

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	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		Χ_
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		Χ_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K <sub>s</sub> If "No," go to line 25	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	١		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	0.5	,	V
L	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
D	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	j	Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		
20	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,	1		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			, ;
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			i
а	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		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		;	v
24	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		<u> </u>
JŁ	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	\ <u>\</u>		<u>``</u>
•	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within			
	the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	1		
	<i>VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2011)

Form 9	Oklahoma Association of Community Action Agencies, Inc. 73-10	59837	F	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1	2		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	<u>o</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ŀ		
	gaming (gambling) winnings to prize winners?	1c	Х	
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	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	1_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	C-		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		X
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
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?	7a	1	×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
	required to file Form 8282? .	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	,	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			'
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			I

Initiation fees and capital contributions included on Part VIII, line 12

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Section 501(c)(12) organizations. Enter

Gross income from members or shareholders а

Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O

Enter the amount of reserves the organization is required to maintain by the states in which

the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Х 14a

12a

13a

10a

10b

11a

11b

13b

13c

Part VI

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. Check if Schedule O contains a response to any question in this Part VI

Sect	ion A. Governing Body and Management	<del></del>				
				Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a 1	8		'	
	If there are material differences in voting rights among members of the governing body, or				,	
	if the governing body delegated broad authority to an executive committee or similar		-			
	committee, explain in Schedule O				·	
b	Enter the number of voting members included in line 1a, above, who are independent	1b 1	<u>8</u>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship with				
_	any other officer, director, trustee, or key employee?		2		X	
3	Did the organization delegate control over management duties customarily performed by or und		١.			
	supervision of officers, directors, or trustees, or key employees to a management company or o		3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X	
5	Did the organization become aware during the year of a significant diversion of the organization	s assets?	6		X	
6	Did the organization have members or stockholders?  Did the organization have members attackholders as other persons who had the newer to elect	or appoint	10		<del>  ^-</del> -	
7a	Did the organization have members, stockholders, or other persons who had the power to elect one or more members of the governing body?	ог арропп	7a		х	
<b>h</b>	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ore	/ a		<del>  ^-</del>	
b	stockholders, or persons other than the governing body?	C15,	7b		х	
8	Did the organization contemporaneously document the meetings held or written actions underta	ken during	10		<del>  ^-</del>	
Ü	the year by the following	iken danng			l	
а	The governing body?	_	8a	x	l	
b	Each committee with authority to act on behalf of the governing body?		8b	X		
9						
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule (		9		X	
Sect	ion B. Policies (This Section B requests information about policies not required by the li	nternal Revenue C	ode)			
				Yes	No	
	Did the organization have local chapters, branches, or affiliates?	•	10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of sur				İ	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of t	ore filing the form?	11a	X	<b> </b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		40.		l	
_	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could	ave ree to conflicte?	12a 12b	X	<del>  -</del>	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy?		120		<del>                                     </del>	
С	describe in Schedule O how this was done	11 163,	12c	×	ĺ	
13	Did the organization have a written whistleblower policy?		13	X	<del></del>	
14	Did the organization have a written document retention and destruction policy?		14	X		
15	Did the process for determining compensation of the following persons include a review and ap	oroval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	•			!	
а	The organization's CEO, Executive Director, or top management official		15a	Х		
b	Other officers or key employees of the organization		15b	Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				'	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	angement	ā" <b>ā., žv.</b>	pin wa	-400742745	
	with a taxable entity during the year?		16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev		1			
	participation in joint venture arrangements under applicable federal tax law, and take steps to se	afeguard	1			
	the organization's exempt status with respect to such arrangements?		16b	<u> </u>	L	
	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed   OK  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	000 T (Saation 501	(0)(2)		. <b></b> -	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and available for public inspection. Indicate how you made these available. Check all that apply	220-1 (26ction 201	(U)(J)S	only)		
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documer	its conflict of interes	st .			
	policy, and financial statements available to the public.	, commot of interes	-•			
20	State the name, physical address, and telephone number of the person who possesses the boo	ks and records of th	ie			
	organization ► Michael Jones	405 040 44				
	605 Centennial Blvd, Edmond, OK 73013					

						<u> </u>			
Form 990 (2011)	Oklahoma Association of Commu	nity Action Ager	ncies. In	3			73-10598	37	Page <b>7</b>
Part VII	Compensation of Officers, Dire				lovees, l	lighest Comp	ensated		
	Employees, and Independent C	•		•	•				
	Check if Schedule O contains a re		/ questi	on in	this Part	VII			
Section A.	Officers, Directors, Trustees, Key I	Employees, and	d Highe:	st Co	mpensate	d Employees			
1a Complete organization's	this table for all persons required to be stax year	e listed Report of	compens	sation	for the ca	lendar year endı	ng with or within	the	
	of the organization's <b>current</b> officers, ction Enter -0- in columns (D), (E), and					or organizations)	, regardless of a	ımount	
<ul> <li>List the who received</li> </ul>	of the organization's current key emple organization's five current highest cor reportable compensation (Box 5 of Fo and any related organizations	mpensated emp	oloyees	(othe	than an o	fficer, director, tr	ustee, or key er		)
	of the organization's <b>former</b> officers, keportable compensation from the orga		_			ed employees wh	no received more	e than	
	of the organization's former directors more than \$10,000 of reportable comp				•	-		of the	
	n the following order individual trustee I employees, and former such persons		nstitutioi	nal tru	istees, offic	cers, key employ	ees, highest		
Check th	is box if neither the organization nor ai	ny related organ	ization d	comp	ensated an	y current officer,	director, or trus	tee	
				(C)					
	(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box, unle	heck m ss pers nd a dir	Former so is both an ector/trustee) Former employee Key employee	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F Estim amou oth comper from organi and re organiz	nated unt of ner nsation n the ization elated

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	unles er an	Pos neck ss pe	rson	the proof of the p	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Michael Jones Executive Director	40 00	Х			Х	х		60,638	0	0
(2) Carol Ammons Member	1 00	Х						0	0	0
(3) Rebecca Stone Member	1 00	_X						0	0	0
(4) Jim Sconzo Treasurer	2 00	Х		х				0	0	0
(5) Brent Morey 1st Vice President	1 00	х		x				0	0	0
(6) Karol May Member	1 00	Х						0	0	0
(7) Cherı Ezzell Member	1 00							0	0	0
(8) Jeff Schuman President	1 00			x				0		0
(9) Karen Nichols Member	1 00							0	0	0
(10) Vırginıa Spencer Member	1 00							0	0	0
(11) LaQuita Thornley 2nd Vice President	1 00			x				0		0
(12) Carroll Huggins Member	1 00							0	0	0
(13) Brenda Needham Member	1 00							0		0
(14) Bree Long Member	1 00	-						0		

Form 990 (2011) Oklahoma Association of Com Part VII Section A. Officers, Directors, Tr						High	pet	Compensated	73-1				age 8
(A) Name and title	(B) Average hours per week	(do n box, office	not ch unles er and	Posi leck is pei	tion more rson recto	than one of the than the than the than the than the than the the than the than the than the the than the the than the the than the than the the than the the than the the the than the the the the the the the the the the	one n an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	COM	Est	(F) imated	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(	5)	comp fro orga and	ensation the nization relate	on ed
(15) Jean Cooper Member	1 00	Х						0		0			0
(16) Terry Dubberly Member	1 00	х						0		0			0
(17) Neil Montgomery Member	1 00	х						0		0			0
(18) Johnny Bryant Member	1 00	x	-			-		0	-	0			0
(19) Sharlotte Key Secretary	1 00	x		х				0		0			0
(20)										$\perp$			
(22)													
(23)										-			
(24)										+			
(25)									-				
1b Sub-total c Total from continuation sheets to Part VII,	Section A	l					<b>•</b> •	60,638		0			0
d Total (add lines 1b and 1c)  Total number of individuals (including but not		listed	d ab	ove	) wh	no rec	ceiv	60,638		0			0
reportable compensation from the organization				0							T	⁄es	No
3 Did the organization list any former officer, die employee on line 1a? If "Yes," complete Sche			•		yee	, or h	iigh	est compensate	ed		3		Х
4 For any individual listed on line 1a, is the sum the organization and related organizations greated individual	•										4	-	X
5 Did any person listed on line 1a receive or according services rendered to the organization? If "	•			-				_	ndıvıdual		5		Х
Section B. Independent Contractors									***************************************				
Complete this table for your five highest comp compensation from the organization. Report of year											s tax		
(A) Name and business add								(B) Description of ser	vices	Co	(C) mpens	ation	
JL Walker Construction 13900 W	/ireless Way, O	KC, (	<u> </u>	313	34		Co	nstruction Traini	ing Cente			353	,531 0
							ļ						0
								· · · · · · · · · · · · · · · · · · ·					<del></del>

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 

1

Pari	VIII	Statement of Revenue			70 10000	1.500
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
at I	1a	Federated campaigns 1a 0				
3ra Iou	b	Membership dues . 1b 51,048				
S, (	С	Fundraising events 1c 0				
a Sit	d	Related organizations . 1d 0				
S, (	е	Government grants (contributions) 1e 2,176,062				į
اة ت ا	f	All other contributions, gifts, grants, and				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above 1f 226,153				
들위	g	Noncash contributions included in lines 1a-1f \$ 0				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a–1f ▶	2,453,263			
		Business Code	· · · · · · · · · · · · · · · · · · ·			
eun	2a		0			
Še	b		0			
Ge T	c		0			
Ē	d		0			
Š	_		0			
ja ja	•	All other program service revenue	0	<u> </u>	,	<del></del>
Program Service Revenue	'		. 0			
		Total. / Ida iii co Za Zi				
	3	Investment income (including dividends, interest, and				
		other similar amounts) .	0			
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			ļ,
		(i) Real (ii) Personal				;
	6a	Gross rents				
	b	Less rental expenses				
	С	Rental income or (loss) 0 0				,
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 0 0			,	i
	b	Less cost or other basis				!
		and sales expenses 0 0				
	С	Gain or (loss) 0 0				,
	d	Net gain or (loss)	0			
Other Revenue	8a	Gross income from fundraising				i.
ē		events (not including \$ 0				1
Re		of contributions reported on line 1c)				1
er		See Part IV, line 18 a 0				
)th	b	Less direct expenses . <b>b</b> 0				'
0		Net income or (loss) from fundraising events	0			
		Gross income from gaming activities				
		See Part IV, line 19. a 0		and to the same home of the state of the		
	ь	Less. direct expenses b 0	·		PLANT WEBSTLE	
		Net income or (loss) from gaming activities	0			•
		Gross sales of inventory, less				
		returns and allowances . a 0				
	h	Less cost of goods sold b 0				,
		Net income or (loss) from sales of inventory	0			
	<u> </u>	Miscellaneous Revenue Business Code				
	44-		_			
	11a		0			
	b		0			
	C	All all and a second	0		ļ	
	d	All other revenue	0			ļ
	е	Total. Add lines 11a–11d	0	_	<u> </u>	ļ <u>-</u> -
	12	Total revenue. See instructions ▶	2,453,263	0	1 0	l 0

# Part IX Oklahoma Association of Community Action Agencies, Inc 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)	

	Check if Schedule O contains a response to any	question in this Pa	rt IX		
	not include amounts reported on lines 6b, 3b, 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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the				
	United States See Part IV, line 22	0			
3	Grants and other assistance to governments,				,
	organizations, and individuals outside the	_			
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	22.222	00.004	00.044	
_	trustees, and key employees	60,638	28,394	32,244	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0 268,391	268,391		
7	Other salaries and wages	200,391	200,391		<del></del>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	81,943	73,743	8,200	
10	Payroll taxes	01,343	70,140		· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees)				
''a	Management	l ol			
b	Legal	0			
C	Accounting	12,260	7,953	4,307	
d	Lobbying .	0	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	875,040	875,040		
12	Advertising and promotion	0			
13	Office expenses	0	-		
14	Information technology	4,320	2,973	1,347	
15	Royalties .	0			
16	Occupancy	98,800	97,657	1,143	
17	Travel	386,590	380,132	6,458	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			<u></u>
20	Interest .	0			
21	Payments to affiliates .	0			
22	Depreciation, depletion, and amortization	118,472	118,472	0	0
23	Insurance .	2,651		2,651	
24	Other expenses. Itemize expenses not covered	and the Company of the Company	Literatura de la companya del companya del companya de la companya		
	above (List miscellaneous expenses in line 24e If	- Andrew and Andrew Additional Andrews and Andrews And			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	400.005	407.055	45.050	
a	Conferences and dues	122,905			
b	Training	9,823			
C	Supplies	8,170			
d	Equipment	224,416 187,093			<del></del>
e 25	All other expenses	2,461,512			0
25	Total functional expenses. Add lines 1 through 24e	2,401,012	2,571,540	09,304	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)		]		
			<del></del>		

Form 990 (2011)

	וונ א	Dalance Sheet			(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing			207,925	1	105,051			
	2	Savings and temporary cash investments		<u> </u>		2	100,001			
	3	Pledges and grants receivable, net		<u> </u>	55,045	3	275,442			
	4	Accounts receivable, net		ŀ	0.040	4	0			
	5	Receivables from current and former officers,	director	s trustees kev						
	3	employees, and highest compensated employ Schedule L		· · · · · · · · · · · · · · · · · · ·		5				
	6	Receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958	B), and contributing							
		employers and sponsoring organizations of se								
Assets		employees' beneficiary organizations (see inst	ruction	s)		6				
SS	7	Notes and loans receivable, net		1	0	7	0			
∢	8	Inventories for sale or use			8					
	9	Prepaid expenses and deferred charges			· · · · · · · · · · · · · · · · · · ·	9				
	10a	Land, buildings, and equipment cost or					•			
		other basis Complete Part VI of Schedule D	10a	907,109			,			
	b	Less accumulated depreciation	10b	239,105	727,641	10c	668,004			
	11	Investments—publicly traded securities			0	11	0			
	12	Investments—other securities See Part IV, lin	e 11		0	12	0			
	13	Investments—program-related See Part IV, Iir	ne 11		0	13	0			
	14	Intangible assets			0	14	0			
	15	Other assets See Part IV, line 11			0	15	0			
	16	Total assets. Add lines 1 through 15 (must eq	ual line	: 34)	990,611	16	1,048,497			
	17	Accounts payable and accrued expenses			46,870		113,005			
	18	Grants payable	_		18	,				
	19	Deferred revenue		19						
	20	Tax-exempt bond liabilities	_		20					
	21	Escrow or custodial account liability Complete		F		21				
es	22	Payables to current and former officers, direct					,			
Liabilities		employees, highest compensated employees, persons Complete Part II of Schedule L	and di	squalified		22				
	23	Secured mortgages and notes payable to unre	elated t	nird parties	0	23	0			
	24	Unsecured notes and loans payable to unrelat	ed thire	d parties	0	24	0			
	25	Other liabilities (including federal income tax, p	payable	s to related third						
	İ	parties, and other liabilities not included on line	es 17-2	4) Complete	;					
		Part X of Schedule D		<u> </u>	0		0			
	26	Total liabilities. Add lines 17 through 25			46,870	26	113,005			
ses		Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33					!			
ă	27	Unrestricted net assets			285,372	27	271,452			
Bal	28	Temporarily restricted net assets			658,369	28	664,040			
ַק	29	Permanently restricted net assets			,	29				
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, and complete lines 30 through 34.								
sts.	30	Capital stock or trust principal, or current funds			30					
SSE		· · · · · · · · · · · · · · · · · · ·								
As		Paid-in or capital surplus, or land, building, or	eauinn	ieni iunu - i			ł .			
t A	31	Paid-in or capital surplus, or land, building, or Retained earnings, endowment, accumulated		-		31 32				
Net A		Paid-in or capital surplus, or land, building, or Retained earnings, endowment, accumulated Total net assets or fund balances		-	943,741		935,492			

Form 9	990 (2011) Oklahoma Association of Community Action Agencies, Inc	73-10	059837	Pa	ge <b>12</b>	
Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1		2.453	3,263	
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,512	
3	Revenue less expenses Subtract line 2 from line 1	3			3,249	
4						
5	Other changes in net assets or fund balances (explain in Schedule O)	5			3,741	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6		935	5,492	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990			•	ş d r	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	-	2a		Χ	
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 oversigh	t of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n				
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 separate basis, consolidated basis, or both			. ***	ž	
	X Separate basis Consolidated basis Both consolidated and separate basis		-		<b>*</b> ,	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1	
	the Single Audit Act and OMB Circular A-133?		3a	Х		
b	If "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		3b	Х	<u></u>	
			Form	990	(2011)	

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

**Public Charity Status and Public Support** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

►See separate instructions.

Open to Public Inspection

		organization							Employer	ridentificati		
				ction Agencies, Inc			<del></del>		<u> </u>		59837	
Par				arity Status (All org						struction	<u> </u>	
_	organ			ation because it is (Fo						`		
1	$\square$	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	$\square$	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	$\square$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
6		A federal, sta	ate, or local gove	ernment or governmer	ntal unit d	escribed i	n section	170(b)(1	I)(A)(v).			
7	X	~		y receives a substantia (1)(A)(vi). (Complete F	-	its suppor	t from a g	jovernme	ntal unit d	or from the	e general pu	blic
8		A community	trust described	in section 170(b)(1)(	A)(vi). (C	omplete F	Part II)					
9	Ħ	•		y receives (1) more th				om contrib	outions, n	nembersh	ip fees, and	gross
-		receipts from support from	activities relate gross investme	ed to its exempt function in the income and unrelated after June 30, 1975	ons—subj ted busine	ect to cer ess taxabl	taın exce <sub>l</sub> e ıncome	otions, an (less sec	d (2) no ration 511	nore than	33 1/3% of	
10	$\Box$		•	nd operated exclusive		- '		-	· ·	4).		
11	H	•	•	nd operated exclusive	-		-				ry out the	
• •	Ш			olicly supported organi								tion
				it describes the type o								
		a Type	ı ь □	Type II c	Туре	III–Funct	tionally in	tegrated		d T	ype III-Othe	r
е				that the organization	is not co	ntrolled di	rectly or i	ndirectly	by one or	more dis	qualified	
				n managers and othe								tion
		*	section 509(a)(2	•			•		_			
f		_		a written determination	n from the	IRS that	ıt ıs a Typ	e I, Type	II, or Typ	e III supp	orting	
			, check this box	the organization acce	ntod any	ouft or con	tribution (	rom any	of the			Ш
g		following per		ine organization acce	pied arry (	giil oi con	iti ibution i	TOTH ally	or are			
				or indirectly controls,	either aloi	ne or toge	ther with	persons o	described	in (ii)	Yes	No
		• •	•	erning body of the su		_		•		• • •	11g(ı)	
		(ii) A famı	ly member of a	person described in (i)	) above?						11g(ii)	
				y of a person describe							11g(iii)	ــــــــــــــــــــــــــــــــــــــ
<u>h</u>				ation about the suppor							1	<del></del>
(i)			(iı) EIN	(III) Type of organization (described on lines 1–9				ou notify		Is the tion in col	(vii) Amou suppo	
	orga	anization		above or IRC section	in col (i) listed in your governing document?		col (i)	of your	(ı) organ	ized in the	Зарроп	
				(see instructions))			1	oort?		S ?	-	
					Yes	No	Yes	No	Yes	No		
(A)							ļ					0
(B)							-			<u> </u>	<del>                                     </del>	
(0)												0
(C)												0
(D)												0
(E)												0
Tota	1											0

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	767,928	1,086,011	2,041,576	2,630,937	2,453,263	8,979,715
2	Tax revenues levied for the organization's	101,320	1,000,011	2,041,070	2,000,937	2,433,203	0,919,113
2	benefit and either paid to or expended on	1				ł	
	its behalf						0
3	The value of services or facilities	<del></del>					0
3	furnished by a governmental unit to the						
	organization without charge	ļ					0
4	Total. Add lines 1 through 3	767.020	1,086,011	2 041 576	0.620.027	2.452.202	0 070 745
4 5	The portion of total contributions by each	767,928	1,000,011	2,041,576	2,630,937	2,453,263	8,979,715
5				ŀ		ì	
	person (other than a governmental unit						
	or publicly supported organization)	ļ		j		}	
	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						8,979,715
	ion B. Total Support				·		
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	<b>(f)</b> Total
7	Amounts from line 4	767,928	1,086,011	2,041,576	2,630,937	2,453,263	8,979,715
8	Gross income from interest, dividends,		İ				
	payments received on securities loans,						
	rents, royalties and income from similar				ľ	1	
	sources	1,907	911	3,657			6,475
9	Net income from unrelated business			1	}		
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)					أ	0
11	Total support. Add lines 7 through 10						8,986,190
12	Gross receipts from related activities, etc (s	ee instructions	)			12	
13	First five years. If the Form 990 is for the oil	rganızatıon's fir	st, second, thu	rd, fourth, or fift	h tax year as a	section 501(c)	(3)
	organization, check this box and stop here						.▶□
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2011 (line 6, o		ed by line 11.	column (f))		14	99 93%
15	Public support percentage from 2010 Sched			00.4 (1))	f	15	99 79%
16a	33 1/3% support test—2011. If the organize			line 13, and lir	ne 14 is 33 1/3		
	and <b>stop here</b> . The organization qualifies as				10 11 10 00 170	70 07 111010, 0110	
b	33 1/3% support test—2010. If the organization				and line 15 is 3	3 1/3% or more	check this
_	box and stop here. The organization qualified					0 17070 01 111010	S, GROOK THIS
170		•			10 10	40h	, -
17a	10%-facts-and-circumstances test—2011	_					
	is 10% or more, and if the organization mee						
	Part IV how the organization meets the "fact	s-and-circumst	ances" test 11	ne organization	qualifies as a	publicly suppor	ted
	organization	16.11			10 10 10		▶□
b	10%-facts-and-circumstances test—2010						
	15 is 10% or more, and if the organization m			-		•	xplain in
	Part IV how the organization meets the "fact	s-and-circumst	ances" test. Th	ne organization	qualifies as a	publicly	
	supported organization						▶∐
18	Private foundation. If the organization did r	not check a box	on line 13, 16	ia, 16b, 17a, or	17b, check thi	s box and see	
	instructions .				•		▶□

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d</b> ) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)						0
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	0	0	o	0	0	. 0
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business			İ			
	activities not included in line 10b, whether						_
	or not the business is regularly carried on				-		0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(	c)(3)	<b>&gt;</b>
Sec	tion C. Computation of Public Support						
15	Public support percentage for 2011 (line 8, column		e 13, column (f)	•		15	0 00%
16	Public support percentage from 2010 Schedule A,					16	0 00%
Sec	tion D. Computation of Investment Inco						
17	Investment income percentage for 2011 (line 10c,			umn (f))		17	0 00%
18	Investment income percentage from 2010 Schedule A, Part III, line 17 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/39						0.00%
19a b	33 1/3% support tests—2011. If the organization not more than 33 1/3%, check this box and stop h 33 1/3% support tests—2010. If the organization	ere. The organiz	ation qualifies as	s a publicly suppo	orted organizatio	n	.▶□
_	line 18 is not more than 33 1/3%, check this box as						▶ 🛄
20	Private foundation. If the organization did not che	ck a hov on line	14 19a or 19h	check this hox a	nd see instructio	ns	

Schedule A (Form	990 or 990-EZ) 2011	Oklahoma A	ssociation o	of Commun	ity Action Agend	cies, Inc	73-1059837	Page <b>4</b>
Part IV	Supplemental	Information.	Complete	this part t	o provide the	explanations require	d by Part II, line	10,
	Part II, line 17a	or 17b, and f	Part III, line	12 Also	complete this j	part for any addition	al information (S	See
	instructions)					•	·	
		-						
	. <b></b>							
				. <b></b>				
				<b></b> .				
				·				·
		- <b></b>						
					· • • • • • • • • • • • • • • • •			
	• • • • • • • • • • • • • • • • • • • •							
								. <b>.</b>
		<b></b>		. <b></b>				
		. <b></b>			<b></b>			<del></del>
					. <b></b>			
		<b></b>		<b></b>				

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

OMB No 1545-0047

Open to Public

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Department of the Treasury ► Attach to Form 990. ► See separate instructions. Inspection Internal Revenue Service Employer identification number Name of the organization Oklahoma Association of Community Action Agencies, Inc. 73-1059837 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year 4 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 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? Yes 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 education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 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 Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year 4 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, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 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 R 170(h)(4)(B)(I) and section 170(h)(4)(B)(II)? 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 Part III 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 (ASC 958), 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 If the organization elected, as permitted under SFAS 116 (ASC 958), 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

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

of public service, provide the following amounts relating to these items

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)

e

Other

668,004

0

O

Schedule D (Form 990) 2011

Part VII	Investments—Other Securiti	es. See Form 990, Part X,	line 12	
	Description of security or category     (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financia	ıl derivatıves .	0		
	held equity interests	0		<del></del>
(3) Other		0		
(A)		0		
( <u>B</u> )		0		
(Ĉ)		0		
		0		
		0		
		0		
( <u>G)</u>		0		
(Ĥ)		0		<del></del>
<u>(I)</u>	(5 000 0 100 100 100 100 100 100 100 100	0		
	b) must equal Form 990, Part X, col (B) line 12)	V		
Part VIII	Investments—Program Rela	tea. See Form 990, Paπ λ		
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year n	
(1)		0		
(2)		0	<del></del>	
(3)		0		
(4)		0		
(5)		0		
(6)		0		
	<del></del>	0		
(8)		0		<del> </del>
(9)		0		
(10)	b) must equal Form 990. Part X. col. (B) line 13.)	0		
	-,	<u></u>		
Part IX	Other Assets. See Form 990,			(b) Book value
	<u> </u>	(a) Description	-	(b) Book value
				0
(2)				0
_(3)				0
(4)				0
(5)				0
(6)				0
(7)				0
(8)				0
(9)			-	0
(10)	umn (b) must equal Form 990, Part X,	col. (B) line 15.)	<b>&gt;</b>	0
Part X	Other Liabilities. See Form 9			
	(a) Description of liability	(b) Book value	1	
1. (1) Fodor		(b) Book Value	<del>,</del>	
	al income taxes			
(2)		1		
(3)			4	
(4)			4	
(5)				
(6)				
<u>(7)</u>			4	
(8)			1	
(9)			3	
(10)			<del>-</del> 1	
(11)	(b) must equal Form 990. Part X. col. (B) line 25.)		3	
i otal. (Column (	(b) must equal Form 990, Part X, col (B) line 25)		<u>'</u>	

	Oklahoma Association of Community Action Agencies, Inc	73-1059837
Schedule D (Form 9	90) 2011	Page 5
Part XIV	Supplemental Information (continued)	
•••••		
		·····
••••••		

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

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public Inspection

Department of the Treasury Internat Revenue Service Name of the organization

Attach to Form 990 or 990-EZ. Inspectio

Oklahoma Association of Community Action Agencies, Inc	73-1059837
Form 990 Part VI Section B Line 11b Board of directors is provided a copy of form 990 at next	
requiarly scheduled meeting after receipt from CPA preparer	
Form 990 Part VI Section B Line 12c Risk assessment is conducted annually	
Form 990 Part VI Section B Line 15a Wage survey is conducted	
Form 990 Part VI Section C Line 19 Records are available for public view at the Agency's	
administrative office	
	• • • • • • • • • • • • • • • • • • • •

Schedule O (Form 990 or 990-EZ) (2011)	Page Z
Name of the organization	Employer identification number
Oklahoma Association of Community Action Agencies, Inc	73-1059837
••••••••••••••••••••••••	
••	