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## Form **990**

#### **Return of Organization Exempt From Income Tax**

20**09** 

Department of the Treasury Internal Revenue Service

(HTA)

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

Open to Public Inspection

A	For the	2009 cal	endar year, or tax year beginning 7/1/2009 , and e	nding 6/30/20	010
В	Check if ag	oplicable	Please C Name of organization Central Oklahoma Economic Developm		ntification number
	Address	change	use IRS label or Doing Business As COEDD	73-0760453	
$\Box$	Name ch	ange	print or Number and street (or P.O. box if mail is not delivered to street address) Ro	com/suite E Telephone nun	nher
=	nıtıal retu	-	type See   400 N Bell	405 273 6410	
=	Terminat		Specific City or town, state or country, and ZIP + 4	403 273 0410	·
$\equiv$	Amended		tions Shawnee OK 74801	G Gross receipts	\$ 4.632.605
=		on pending	<del></del>		
⊔′	Application	on pending	F Name and address of principal officer	H(a) Is this a group return for	or affiliates? Yes X No
			Jim Thompson 114 N Broadway, Tecumseh, OK 74873	H(b) Are all affiliates include	ed? Yes No
I T	ax-exe	mpt status	X 501(c) ( 3) ◀ (insert no ) 4947(a)(1) or 527	If "No," attach a list (se	ee instructions)
JV	Vebsite	: Nww	coedd org	H(c) Group exemption numb	ner <b>&gt;</b>
		rganization			M State of legal domicile OK
	art I	-	nmary	1900	in clare of legal dofficie. OK
-	1		escribe the organization's mission or most significant activities    Econom	o dovolonment in the f	allowing 9 counting
	'				bilowing a counties
æ		Cleek' L	ughes, Lincoln, Okfuskee, Pawnee, Payne, Pottawatomie, and Seminole		
auc					
/er	1 _				
Ó	2		is box • if the organization discontinued its operations or disposed	of more than 25% of it	
<b>∞</b> 5	3		of voting members of the governing body (Part VI, line 1a)	· · · · <u>  3</u>	
ij	4		of independent voting members of the governing body (Part VI, line 1b)	· · · · · · · · · · · · · · · · · · ·	4 36
Activities & Governance	5		nber of employees (Part V, line 2a) .	· · · ·	5 17
ĕ	6		mber of volunteers (estimate if necessary)	6	0
	7a	_	ss unrelated business revenue from Part VIII, column (C), line 12		
	b	Net unre	lated business taxable income from Form 990-T, line 34	. 7	
				Prior Year	Current Year
Revenue	8		tions and grants (Part VIII, line 1h)	4,789,38	
	9	_	service revenue (Part VIII, line 2g)	390,1	<del></del>
ě	10		ent income (Part VIII, column (A), lines 3, 4, and 7d).	20,5	14 12,736
Œ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	······································	0 0
	12		nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,200,0	
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)	4,081,18	80 3,423,466
	14		paid to or for members (Part IX, column (A), line 4)		0 0
S.	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	621,2	55 651,700
Sus:	16a		onal fundraising fees (Part IX, column (A), line 11e)		0 0
Expenses	b		draising expenses (Part IX, column (D), line 25) ▶		
ш	17		penses (Part IX, column (A), lines 11a–11d <u>, 11f–24f)</u>	177,68	
	18		penses Add lines 13–17 (must equal Part IX, column (A), Inne/25)	4,880,1	<del></del>
	19	Revenue	less expenses Subtract line 18 from line 12	319,9	55 127,156
s or			sets (Part X, line 16)	Beginning of Current Yea	
sets	20		110	5,651,8	
Net Assets or Fund Balances	21		milles (Part A, line 20)	2,630,1	
			ts or fund balances Subtract line 21 from line 20000011	3,021,63	34 3,148,790
Pa	rt II		nature Block		
			penalties of perjury, I declare that I have examined this return, including accompanying schedu elief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all		
		"""	cher, it is true, correct, and complete becaration of preparer (other trial officer) is based on air	inionnation of which preparer	nas any knowledge
		- L	91 - 104	1	11/8/2010
Sig	n		Signature of officer	Date	11/6/2010
He	re		()	utive director	
		🗗	Type or print name and title	ative director	
		Prepa		heck if Pr	eparer's identifying number
Pai	d	signa	ure s	<b>_</b>	ee instructions)
	parer's	s		mployed >	
	Only	- Films	name (or yours Becky Fleming, C.P.A., Inc	EIN ► 73	3-1344508
	. Jy		employed), ss, and ZIP + 4 7920 108th Ave NE, Norman, OK 73026-9761		05 641 5794
Mar	the IF		s this return with the preparer shown above? (see instructions).	1 HONO HO - 40	
				<u> </u>	
For	Privacy	y Act and	Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2009)

Pa	Int III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission
	Economic development in the following 8 counties Creek, Hughes, Lincoln, Okfuskee, Pawnee, Payne, Pottawatomie;
	and Seminole
	Did the arganization undertake any significant program convers during the year which were not listed as
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
Ŭ	services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code ) (Expenses \$ 2,077,463 including grants of \$ 1,827,655 ) (Revenue \$ 2,136,933)
	Oklahoma Department of Human Services - Area Agency on Aging
	Sub-grants to nonprofit entities for senior nutrition programs and legal aid
	•
	•••••••••••••••••••••••••••••••••••••••
	••••••
4b	(Code ) (Expenses \$ 1,337,443 including grants of \$ 1,337,234 ) (Revenue \$ 1,338,781)
	Oklahoma State Auditor's Office - Rural Economic Action Plan
	Sub-grants to other government entities for economic development
40	(Code ) (Expenses \$ 255,434 including grants of \$ 255,293 ) (Revenue \$ 267,934 )
70	Oklahoma Department of Commerce - CENA (Senior Nutrition)
	Sub-grants to senior citizens centers
	***************************************
4d	Other program services (Describe in Schedule O )
74	(Expenses \$ 637,875 including grants of \$ 3,284 ) (Revenue \$ 889,047 )
40	Total program service expenses   4 308 215

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

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

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

18

17

18

19

# Form 990 (2009) Central Oklahoma Economic Development District Part IV 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
	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			
	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			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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			
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?  If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21	* 3 % <u>*</u>	X
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		14 A	₹. 1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	2500	X
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	20a		
-	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	100		<u> </u>
_	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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	L	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	_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			<u>,</u> ,
••	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X.	(2222)

Par	Statements Regarding Other IRS Filings and Tax Compliance			
		•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		~	
Ŭ	gaming (gambling) winnings to prize winners?	1c		-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
24	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 17			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		x	
b		2b	^	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
2-	Instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			,
		3a		Х
_	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O .	3b		ſ
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 the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	-	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
·	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
Ġ	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			<del>  ^-</del>
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		<del> </del>
•••	required?	76		ŀ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
U	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.			
a	Did the organization make any taxable distributions under section 4966?	9a	-	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b_	ļ	-
10	Section 501(c)(7) organizations. Enter.		1	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			l
11	Section 501(c)(12) organizations. Enter			1
а	Gross income from members or shareholders			l
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
h	If "Yes " enter the amount of tax-exempt interest received or accrued during the year 12h 1	I	l	1

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

Section A Governing Body and Management

1a b 2	Enter the number of voting members of the governing body		Yes	No
b	Enter the number of voting members of the governing body			
			( )	
7	· · · · · · · · · · · · · · · · · · ·	<u>6</u>	,	,
4	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2	ļ	<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	1 -		١.,
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<del> </del>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	-	<u> </u>
6 7a	Does the organization have members or stockholders?	6	X	├
/a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7.	,	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b	X	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10	<del>                                     </del>	<del>  ^-</del>
Ü	the year by the following.			
а	The governing body?	8a	   X	-
b	Each committee with authority to act on behalf of the governing body?	8b	x	<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	100	<del>  ^</del>	
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		x
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal	Ja	L	
	enue Code )			
		····	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b			<b></b>	<u> </u>
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		İ	
	form?	11		x
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13	X	1
14	Does 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 approval by		1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u>``</u>		
а	The organization's CEO, Executive Director, or top management official	15a	X	ļ
b	Other officers or key employees of the organization	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			.
	with a taxable entity during the year?	16a	ļ .	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		<u> </u>	
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► OK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply			
40	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolar and financial statements available to the public	rest		
20	policy, and financial statements available to the public	4L -		
20	State the name, physical address, and telephone number of the person who possesses the books and records of			
	organization ► Greg Clifton 405 273 64	<u> </u>	<del>-</del>	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee. (A) (C) (B) (D) (E) (F) Position (check all that apply) Name and Title Reportable Average Reportable Estimated compensation hours per week Officer Former compensation amount of Individual trustee Institutional trustee Key employee Highest compensated employee from other from related director the organizations compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations Board of directors see attached list 0.5 Х

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A)	(B)	(C) (I			(D)	(E)		(F)	,			
	Name and title	Average	$\vdash$	Position (check all that appl					Reportable	Reportable			
		hours per week	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	,	othe compens from to organize and rel organize	er sation the ration lated
							ä						
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415	Tatal							Ļ					
1b 2	Total Total number of individuals (including but no reportable compensation from the organizat		e list	ed a	bove 0	e) wl	ho re	. ► ceive	0 ed more than	<del></del>	0 _		(
3	Did the organization list any <b>former</b> officer, employee on line 1a? <i>If "Yes," complete Sci</i>					yee,	, or h	ıghe	st compensated		3	Yes	No X
4	For any individual listed on line 1a, is the su the organization and related organizations gundividual	reater than \$15	50,00	0? <i>เห</i>	"Ye:	s, " c	ompl	ete S	Schedule J for s		4		X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "You								ganization for		- <u>-</u> 5		X
	tion B. Independent Contractors	<del> </del>									_		
1	Complete this table for your five highest con compensation from the organization	npensated inde	pend	ent o	contr	acto	rs th	at re	ceived more tha	ın \$100,000 (	of ——		
	(A) (B) Name and business address Description of services						vices	Com	(C) pensation				
<b></b>	CB Construction 210 N 4th	n, Seminole, Ok	〈 748	68				con	struction of low-	income ho		2	50,000 )
		····		<del></del>				ļ					(
2	Total number of independent contractors (in more than \$100,000 in compensation from t			ed to	thos	se lis	sted a	abov	e) who received				(
	The state of the s	5 3						-				00	<u> </u>

Par	t VIII	Statement of Revenue			-		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1a	Federated campaigns 1a	0				
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b	111,905				
s, g	С	Fundraising events 1c	0				
gift ar s	d	Related organizations 1d	0				
S, G	е	Government grants (contributions) 1e	4,215,236				
ioi I si	f	All other contributions, gifts, grants, and					
but Fe		similar amounts not included above 1f	ا ما				
i i	a	Noncash contributions included in lines 1a-1f \$	0		,		
a Co	h	Total. Add lines 1a–1f	•	4,327,141			
	•	100017100111101111111111111111111111111	Business Code	4,027,141	·		
ž	2a	Interest from revolving loan funds	525990	85,457	85,457		* *
ě	b		541900				
Program Service Revenue			54 1900	207,361	207,361		
ž	C		-	0			
Š	d			0			
Гап	e	AD		0			
<u>5</u>	t	All other program service revenue		0		<del> </del>	
	g	Total. Add lines 2a-2f	<u>, , .</u> .▶	292,818			
	3	Investment income (including dividends, interest, ar	nd				
		other similar amounts) .	<b>▶</b>	12,736			12,736
	4	Income from investment of tax-exempt bond procee	ds . ▶	0			
	5	Royalties		0			
		(ı) Real	(II) Personal	<u></u>			
	6a	Gross Rents .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	b	Less. rental expenses					
	C	Rental income or (loss) . 0					
	ď	Net rental income or (loss)	"				
				0			
	7a	Gross amount from sales of (i) Securities	(II) Other				
	.	assets other than inventory . 0	9				
	b	Less: cost or other basis					
		and sales expenses0					
	С	Gain or (loss) . 0	0			_	
	d	Net gain or (loss)		0			
e)	8a	Gross income from fundraising			:		
ž		events (not including \$0					
Ş.		of contributions reported on line 1c)					
ě		See Part IV, line 18	l ol				
Other Revenue	b	Less. direct expenses b	0				
Æ		Net income or (loss) from fundraising events	<b>D</b>	o		· -	-
O		Gross income from gaming activities					
		See Part IV, line 19.	اه				
	h	Less. direct expenses b					
		Net income or (loss) from gaming activities	▶	0			
		Gross sales of inventory, less		U			
	iva						
		returns and allowances a	0				
		Less: cost of goods sold b	0				
	С	Net income or (loss) from sales of inventory	, <u>.</u>	0			
		Miscellaneous Revenue	Business Code	_			
	11a			0	<u></u>		
	b			0			
	С			0			
	d	All other revenue		0			
	е	Total. Add lines 11a-11d	▶	0			<del> </del>
	12	Total revenue. See instructions .	. ▶	4,632,695	292,818	0	12,736

#### 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 req	uired to complete	columns (B), (C), an	d (D).
	not include amounts reported on lines 6b, 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	3,423,466	3,423,466		
2	Grants and other assistance to individuals in		, , , , , , , , , , , , , , , , , , , ,		
	the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	o			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages .	508,900	421,237	87,663	
8	Pension plan contributions (include section 401(k)			,	
	and section 403(b) employer contributions)	33,459	26,631	6,828	
9	Other employee benefits	67,745	58,342	9,403	
10	Payroll taxes	41,596	33,237	8,359	
11	Fees for services (non-employees)		,		· · · · · · · · · · · · · · · · · · ·
а	Management	0			
b	Legal	0			
С	Accounting	15,040		15,040	
d	Lobbying	0			<del></del>
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			<del> </del>
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	22,549	6,016	16,532	
14	Information technology	0	5,010		
15	Royalties	0	<del></del>		
16	Occupancy	16,597	16,597		
17	Travel	38,356	23,835	14,521	
18	Payments of travel or entertainment expenses		20,000		
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	16,876	4,245	12,631	
	Interest	8,345	8,345	12,001	
21	Payments to affiliates	0	5,0 .0		
22	Depreciation, depletion, and amortization	16,687	16,687	0	0
23	Insurance	6,020	.0,007	6,020	<u>.</u>
24	Other expenses Itemize expenses not	5,020		5,525	· · · · · · · · · · · · · · · · · · ·
_ •	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed		j		f
	5% of total expenses shown on line 25 below )				Į.
а	Printing	10,438	2,329	8,109	······································
b	Telephone	13,913	1,696	12,217	
C	Client services	250,552	250,552		
ď	Bad debts	15,000	15,000		
e		0	.5,550		<del></del>
f	All other expenses	0	*	<del></del>	
25	Total functional expenses. Add lines 1 through 24f	4,505,539	4,308,215	197,323	0
26	Joint costs. Check here ▶ If following	.,550,000	.,000,210	.57,525	
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				Form 000 (2000)

73-0760453

**Balance Sheet** (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing 2 Savings and temporary cash investments . . . 2 3,690,346 3,652,417 3 Pledges and grants receivable, net . . . 306,493 3 324.852 4 Accounts receivable, net 26,308 13,116 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . 6 Notes and loans receivable, net . . Assets 7 7 1.603.833 1,468,185 Inventories for sale or use . 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 10a 214,563 other basis. Complete Part VI of Schedule D Less accumulated depreciation . 10b 172,122 24,834 10c 11 Investments—publicly traded securities . . . 11 0 12 Investments—other securities See Part IV, line 11. ol 12 0 Investments—program-related See Part IV, line 11 ol 13 13 0 Intangible assets . . . . 14 0 14 15 Other assets See Part IV, line 11. ol 15 0 Total assets. Add lines 1 through 15 (must equal line 34) 16 5,651,814 16 5,501,011 17 Accounts payable and accrued expenses 29,090 40,183 17 18 Grants payable. 1,520,881 18 1,341,928 19 Deferred revenue . . . 123,974 19 91,390 20 Tax-exempt bond liabilities . . . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 0 22 23 Secured mortgages and notes payable to unrelated third parties . . . 944,227 23 889,215 24 Unsecured notes and loans payable to unrelated third parties Ol 24 0 25 Other liabilities Complete Part X of Schedule D . . . . 915 25 598 26 Total liabilities. Add lines 17 through 25 2,630,180 2,352,221 26 Organizations that follow SFAS 117, check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . 27 1,350,871 27 1,415,816 28 Temporarily restricted net assets. 1,670,763 28 1,732,974 Permanently restricted net assets . . 29 Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 3,148,790 3,021,634 33 Total liabilities and net assets/fund balances. 5,651,814 34 5,501,011

Part	XI Financial Statements and Reporting			
	<u> </u>		Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
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 oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in	İ		
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	X Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	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	

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.

naritable trust.

2009
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

			<u>nomic Developn</u>						L		<u>760453 </u>		
Pai	_			narity Status (All or						<u>nstructio</u>	ns		
	orgar			ation because it is (Fo		-		•	•				
1	닏			rches, or association of			ed in sec	tion 170(	b)(1)(A)(ı	).			
2	$\vdash$			on 170(b)(1)(A)(ii). (Al		•							
3	$\sqsubseteq$			nospital service organi									
4	Ш		search organiza me, city, and st	ation operated in conju ate	ınctıon wi	th a hospi	tal descri	bed in se	ction 170	(b)(1)(A)	(iii). Ent	er the	
5		-		r the benefit of a colle (Complete Part II)	ge or univ	ersity owr	ned or ope	erated by	a governi	mental ur	nit descr	ibed	
6	X	A federal, sta	ate, or local gov	ernment or governme	ntal unit d	lescribed	ın <b>sectior</b>	170(b)(	1)(A)(v).				
7				y receives a substanti (1)(A)(vi). (Complete l		its suppoi	rt from a g	jovernme	ntal unit o	or from th	e genera	al publ	С
8		A community	y trust described	in section 170(b)(1)	( <b>A)(vi)</b> . (C	omplete f	Part II )						
9		An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
0		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety Se	ee <b>sectio</b>	n 509(a)(	4).			
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h											
	a Type I b Type II c Type III-Functionally integrated d Type III-Other												
е				y that the organization			-	•	•		-		
				on managers and othe	er than on	e or more	publicly s	supported	l organiza	tions des	cribed ii	n section	on
_			section 509(a)(2	·			_						
f				a written determination	n from the	RS that	ıt ıs a Typ	е I, Туре	II, or Typ	e III supp	orting		
g		-		the organization acce	pted any	gift or con	itribution 1	rom any	of the	٠			L
				or indirectly controls,	either alo	ne or toge	ether with	persons (	described	ın (II)		Yes	No
				verning body of the su		rganizatıc	n? .				11g(i)		
			-	person described in (i	•	(1) = h =			• •		11g(ii)		
h				ty of a person describe ation about the suppor				•			11g(iii)	L	
		of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))		organization sted in your	(v) Did y the organ col (i)	rou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S ?	1 , ,	Amount support	of
					Yes	No	Yes	No	Yes	No	<u> </u>		
													0
											ļ	-	0
													0
													0
													0
				* ,	1	1	I	l	I	1	1		

Schedule A (Form 990 or 990-EZ) 2009 Central Oklahoma Economic Development District 73-0760453 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year 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 any "unusual grants"). ٥ 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 Total. Add lines 1 through 3 0 0 0 0 0 0 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 0 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 0 0 0 0 0 0 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar sources 0 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). . . 0 11 Total support. Add lines 7 through 10 0 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here . . . Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 0 00% 15 Public support percentage from 2008 Schedule A, Part II, line 14. 15 0 00% . . . 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%

or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

18

Sched	ule A (Form 990 or 990-EZ) 2009 Central Oklahon	na Economic D	evelopment Di	strict		73-076045	3 Page <b>3</b>
Par	Support Schedule for Organiz	ations Descr	ibed in Sect				
	(Complete only if you checked to	he box on line	9 of Part I)				
	tion A. Public Support			<del></del>			<del></del>
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						_
	include any "unusual grants.") .	0	0				0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						_
3	organization's tax-exempt purpose Gross receipts from activities that are not an	0	0				0
3	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf	0	0				0
5	The value of services or facilities						
	furnished by a governmental unit to the						
6	organization without charge	0	0 0	0	0	0	0
	Amounts included on lines 1, 2, and 3	4					U
	received from disqualified persons .						О
	· · ·						<del></del>
D	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						
<del></del>	line 6)				,		0
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2005	(h) 2006	(a) 2007	(4) 2000	(=) 2000	(f) Total
Calc		(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
ıva	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 11	Add lines 10a and 10b  Net income from unrelated business	0	0	0	0	0	0
' '	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						•
13	(Explain in Part IV.)	0	0				0
	and 12)	o	o	0	0	o	0
14	First five years. If the Form 990 is for the org						
	organization, check this box and stop here.			·			`´ <b>▶</b>
Sec	tion C. Computation of Public Support		·			·····	
15	Public support percentage for 2009 (line 8, co		d by line 13, co	olumn (f)) .		15	0 00%
16	Public support percentage from 2008 Schedu	ile A, Part III, lir	ne 15		·	16	0 00%
Sect	tion D. Computation of Investment Inc						
17	Investment income percentage for 2009 (line			e 13, column (	f)) .	17	0 00%
18 10-	Investment income percentage from 2008 Sc				45.	18	0 00%
19a	33 1/3% support tests-2009. If the organiza						
h	not more than 33 1/3%, check this box and si 33 1/3% support tests-2008. If the organization d						▶ [
	support tosts-2000. If the Organization u	a not one on a bu	~ 511 MIG 17 UI II	no isa, and inte	TO IS HIVE HIGH	55 17570 allu	

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

	990 or 990-EZ) 2009	Central Oklai	<u>homa Economi</u>	c Development	District		73-0760453	Page 4
Part IV	Supplemental	Information.	Complete thi	s part to provid	de the explanat	ions required	by Part II, line 1	10,
	Part II, line 17a	or 17b; and F	Part III, line 12	Provide anv	other additiona	I information.	See instruction	s
		<del></del>	,					<u>~</u>
							· · · · · · · · · · · · · · · · · · ·	
		<b></b>						
			• • • • • • • • • • • • • • • • • • • •					• • • • • • • • • • • • • • • • • • • •
								·
							• • • • • • • • • • • • • • • • • • • •	
							· · · · · · · · · · · · · · · · · · ·	
		<b></b>						
·								
							· · · · · · · · · · · · · · · · · · ·	

#### SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

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

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

► See separate instructions.

Employer identification number Central Oklahoma Economic Development District 73-0760453 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 4 Aggregate value at end of year 5 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 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? Part II 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 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 Total acreage restricted by conservation easements . . . . b Number of conservation easements on a certified historic structure included in (a) . . . . C Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 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 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, 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, 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 2 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

Assets included in Form 990, Part X . . .

Par	Organizations Maintainir	g Collections o	f Art, His	torical 1	reasures, o	r Oth	er Similar A	ssets (c	<u>ontınu</u>	ıed)
3	Using the organization's acquisition use of its collection items (check a		other reco	rds, ched	ck any of the fo	ollowi	ng that are a s	ignifican	t	
а	Public exhibition		d 🗌	Loan	or exchange p	rogra	ms			
b	Scholarly research		e 🗀	Other						
c	Preservation for future gener	rations	• 🗆	011101						
4	Provide a description of the organic Part XIV.		and expla	ain how t	hey further the	e orga	ınızatıon's exe	mpt purp	ose in	
5	During the year, did the organization assets to be sold to raise funds rat									
Dor					<u>`</u>				es 🔝	No
Part	IV Escrow and Custodial A IV, line 9, or reported an a	-	•		_	swer	ed "Yes" to F	-orm 99	J, Pan	t 
1a	Is the organization an agent, truste included on Form 990, Part X?					or ot	her assets not		es 🔙	No
b	If "Yes," explain the arrangement in	n Part XIV and con	nplete the	following	j table		1			
						<u> </u>	<u> </u>	Amount		
C	Beginning balance	•		•	•	1c	ļ			
d	Additions during the year .			•	•	1d				
e	Distributions during the year			•	•	1e	-			
f	Ending balance			٠	•	1f				0
2a	Did the organization include an am		, Part X, In	ne 21?				Y	es 🔀	No
b	If "Yes," explain the arrangement in									
Part	V Endowment Funds. Com	1	<u>nization a</u>	nswere	1					
		(a) Current year	(b) Prid	or year	(c) Two years ba	ack	(d) Three years ba	ck (e) Fo	our years	back
1a	Beginning of year balance		ļ							
b	Contributions .		ļ							
С	Net investment earnings, gains,						*	- 1		
	and losses .		<del> </del>							
d	Grants or scholarships .		ļ							
е	Other expenditures for facilities						• ,			
	and programs							<u> </u>		
T	Administrative expenses									
g	End of year balance .		<u> </u>	0	i	l				
2	Provide the estimated percentage	•		as						
а	Board designated or quasi-endown		%							
b	Permanent endowment	·%								
С	Term endowment	<u>%</u>								
3a	Are there endowment funds not in	the possession of	the organi	zation th	at are held an	d adn	ninistered for t	he	1	<del></del>
	organization by							- ···	Yes	No
	(i) unrelated organizations	•		•				3a(i)		
	(ii) related organizations		•			•		3a(ii)		
b	If "Yes" to 3a(II), are the related org					•		3b		<del></del>
4	Describe in Part XIV the intended u					V I :	. 10			
Part						X, lin	<u>e 10</u>			
	Description of investment	(a) Cost or o (investri			st or other s (other)		ccumulated preciation	(d) Bo	ook value	<u> </u>
1a	Land		0		0					0
b	Buildings		0		0		0			0
C	Leasehold improvements		0		0		0			0
d	Equipment		0		214,563		172,122		4:	2,441
ее	Other		0		0		0			0
Total	. Add lines 1a through 1e. (Column	(d) must equal Fo	m 990, Pa	art X, col	umn (B), line 1	10(c)	) ▶		42	2,441

Page 3	,
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Part VII Investments—Other Securities	s. See Form 990, Part X,	line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives .	0		
Closely-held equity interests	0		·····
Other	0		
	0		
	0		
	0		
	0		
	0		<u> </u>
	0	· · · · · · · · · · · · · · · · · · ·	
	0		
	0		
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	0		,
Part VIII Investments—Program Relate	d. See Form 990, Part X,	line 13	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
	0		
	0		
484 - 444 - 4	0		
	0		
	0		
	0		<u>.</u>
1.1.1.	0		
	0		
· · · · · · · · · · · · · · · · · · ·	0		
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	0		· · · · · · · · · · · · · · · · · · ·
Part IX Other Assets. See Form 990, F	L		<del></del>
	a) Description		(b) Book value
			0
			0
· - L-1			0
			0
			0
			0
			0
			0
			0
Total. (Column (b) must equal Form 990, Part X,	col. (B) line 15 )		0
Part X Other Liabilities. See Form 990			<u></u>
1. (a) Description of liability	(b) Amount		
Federal income taxes		0	
911 fees payable	1	45	
Accrued interest payable	4	<del>153</del>	
		_0	
		0	
		0	
<del></del>		0	
		<u> </u>	
		<u></u>	4
<del></del>		<u> </u>	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)		<u>0</u> 98	
2. FIN 48 Footnote In Part XIV, provide the text o			reports the
organization's liability for uncertain tax positions u			

•	Central Oklahoma Economic Development District	73-0760453	
Schedule D (Form	990) 2009		Page 5
Part XIV	Supplemental Information (continued)		
	•••••		
	•••••		
	•••••		

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

General Information on Grants and Assistance

Central Oklahoma Economic Development District

Part I

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

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

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OMB No 1545-0047

Open to Public Inspection Employer Identification number

73-0760453

▶ Attach to Form 990.

<b>-</b>	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ain records to s	substantiate the am	ount of the grants or a	issistance, the grantee	s' eligibility for the grar	its or assistance, and	× ×
<b>5</b>	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	uzation's proce	dures for monitorin	g the use of grant func	is in the United States			7
Part II		Assistance to	Governments a	ind Organizations i	n the United States	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990 Part IV line 21 for any recipient that received more than \$5 000. Check this box if no one recipient received more than \$5 000. Use	anization answered	"Yes" to
	Part IV and Schedule I-1 (Form 990) if additional	e I-1 (Form 99	90) if additional sp	space is needed				
1 (a) NE	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
See atta	See attached list			0	0			
				0	0			
				0	0			
1				0	0			
				0	0			
				0	0	•		
				0	0			
				0	0			
				0	0			
				0	0			
				0	0			
				0	0			
2 Er	Enter total number of section 501(c)(3) and government organizations	501(c)(3) and	government organ	izations			<b>A</b>	39
	Enter total number of other organizations	rganizations .			•	•		9

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

Schedule I (Form 990) 2009

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III

73-0760453

Organization	Address	CIE	State	d <sub>17</sub>	IRC section	Casn	Purpose	Program
Legal Services of Oklahoma	2901 Classen Blvd.	Oklahoma City	ž			77,294	Senior legal aid	AAA
New Age, Inc.	PO Box 352	Holdenville	š	74848 73-11	73-1198144 501(c)(3)	885,464	Senior nutrition	AAA
Project H.E.A.R.T., Inc.	PO Box 3667	Shawnee	š	74802 73-11	73-1199063 501(c)(3)	922,881	Senior nutrition/fitness	AAA
City of Chandler	414 Manvel Ave	Chandler	š	74834 73-60	73-6005134 City	760	Liability insurance	CENA
City of Cleveland	211 E Wichita St.	Cleveland	š	74020 73-60	73-6005184 City	18,654	Meals, supplies, utilities	CENA
City of Cromwell	PO Box 62	Cromwell	š	74837	Town	931	Building Insurance	CENA
City of Cushing	PO Box 311	Cushing	ŏ	74023	City	3,000	Replace carpet	CENA
City of Konawa	122 N Broadway	Konawa	ŏ	74849 73-60	73-6005281 City	1,860	Building/Vehicle Insurance and ADA Front Door	CENA
City of McLoud	PO Box 300	McLoud	š	74851	City	2,000	Fence property	CENA
City of Pawnee	510 Illinois St.	Pawnee	ŏ	74058 73-60	73-6005372 City	3,000	Enclose Food Preparation Area and 25% of Utilities	CENA
City of Prague	820 N Jim Thorpe Blvd	Prague	ŏ	74864 73-60	73-6005384 City	20,000	Parking Lot	CENA
City of Stillwater	PO Box 1449	Stillwater	ŏ	74076	Cıty	1,000	Food	CENA
City of Stroud	PO Box 500	Stroud	ð	74079	City	6,081	Swing Door Operator and A/C Unit	CENA
City of Tecumseh	114 N Broadway	Tecumseh	ŏ	74873 73-60	73-6005461 City	4,370	Building Insurance and A/C unit	CENA
City of Wetumka	202 N Main	Wetumka	š	74883 73-60	73-6005503 City	110	Audible Exit Sign	CENA
City of Wewoka	PO Box 1497	Wewoka	ŏ	74884 73-60	73-6005504 City	3,250	Building/Vehicle Insurance, Vehicle Maintenance	CENA
Davenport Senior Citizens	PO Box 83	Davenport	ŏ	74026		18,418	Personnel and Food, Utilities	CENA
Ingalls Senior Citizens	6204 E. Lakeview Rd.	Stillwater	ŏ	74075		3,500	Building Insurance, Utilities, and Food and Supplies	CENA
Lima Senior Citizens	PO Box 1202	Wewoka	š	74884	Town	3,771	Building Insurance, Utilities, Food and Supplies	CENA
Macomb Senior Center	PO Box 55	Macomb	š	74852		13,993	Personnel	CENA
Maramec Senior Citizens	PO Box 82	Maramec	ŏ	74045		18,745	Personnel, Food, and Supplies	CENA
Meeker Senior Citizens	315 S. Dawson	Meeker	ŏ	74855		1,700	Building Insurance	CENA
Okemah Senior Citizens	124 S. 3rd	Okemah	ŏ	74859		1,090	25% of Utilities and Audible Exit Sign	CENA
Pawnee - Downtown	606 5th Street	Pawnee	ŏ	74058		1,230	Installation of Carpet	CENA
Perkins Senior Citizens	PO Box 606	Perkins	š	74059 73-60	73-6083721	5,980	Building/Liability Ins., Food, Supplies, Utilities and replace roof	CENA
Pink Senior Citizens	22065 Pink Lane	Tecumseh	š	74873		18,418	Personnel, Food and Supplies	CENA
Seminole Ind. Senior Center	PO Box 1218	Seminole	š	74868		749	Craft Supplies, Table and Shelving	CENA
So. Pott. Co. Senior Citizens	PO Box 227	Wanette	š	74878		17,893	Personnel, Food, Supplies and Hood Vent	CENA
Stroud Senior Citizens	PO 8ox 500	Stroud	ŏ	74079		4,000	Transportation Personnel	CENA
Stuart Senior Citizens	PO Box 102	Stuart	ŏ	74570		1,500	Vehicle Insurance and 25% of Utilities	CENA
Town of Agra	PO Box 9	Agra	ð	74824 73-11	73-1190984 Town	18,439	Personnel, Utilities and Building Insurance	CENA
Town of Boley	PO Box 158	Boley	ŏ	74829 73-60	73-6081151 Town	1,600	Building Insurance, Utilities, Supplies and Food	CENA
Town of Dustin	PO Box 487	Dustin	ŏ		73-0773826 Town	3,065	Building/Vehicle Insurance and 25% of Utilities	CENA
Town of Jennings	PO Box 475	Jennings	ŏ	74038 73-10	73-1086591 Town	2,336	Building Insurance, Utilities, Supplies and Food	CENA
Town of Lamar	3238 Wainut	Lamar	ŏ	74850 73-13	73-1312318 Town	3,431	Gravel parking lot and Insulation	CENA
Town of Paden	PO Box 65	Paden	ŏ	74860	Town	6,454	Replace roof	CENA
Town of Sparks	PO Box 148	Sparks	ð		73-1025905 Town	17,133	Personnel, Food, Supplies, and Utilities	CENA
Tribbey OK Sr. Citizens Society	PO Box 12	Macomb	š	74852	Town	866	Freezer and Food Warmer	CENA
Westport-Keystone-Peninsula	Rt. 3 Box 11	Cleveland	ð	74020	501(c)(3)	4,623	Meals, Food Supplies and Utilities	CENA
Yale Senior Citizens	111 N. B	Yale	š	74085	City	18,211	Personnel	CENA
City of Chandler	415 Manvel Ave	Chandler	ð	74835 73-60	73-6005134 City	20,000	STREET PROJECT	REAP
City of Cleveland	PO Drawer 190	Cleveland	š	74021 73-60	73-6005184 City	20,000	STREET PROJECT	REAP
City of Holdenville	PO Box 789	Holdenville	ð	74848 73-60	73-6005258 City	20,865	SEWER PROJECT	REAP
City of Konawa	122 N Broadway	Konawa	š	74849 73-60	73-6005281 City	50,000	RENOVATE INDUSTRIAL BUILDING	REAP
City of Maud	PO Box 217	Mand	š	74854 73-6005311	05311 City	30,000	STREET PROJECT	REAP
City of Okemah	502 W. Broadway	Okemah	ð	74859 73-60	73-6005358 City	30,000	STREET PROJECT	REAP

990 Schedule I

Organization	Address	City	State	diZ	EIN IRC section	on Cash	Purpose	Program
City of Pawnee	510 Illinois St.	Pawnee	ĕ	1''	74058 73-6005372 City	25.000	PURCHASE 50" BOOM FLAIL MOWER	REAP
City of Perkins	PO Box 9	Perkins	ŏ	74059 7		4,275		REAP .
City of Stroud	PO Drawer 500	Stroud	ŏ	74079 7	73-600545 City	25,000	USED UTILITY VEHICLES	REAP
City of Tecumseh	114 N Broadway	Tecumseh	ŏ	74873 7	73-6005461 City	35,000	CONSTRUCT 25 X 30 ANIMAL SHELTER	REAP
City of Wewoka	PO Box 1497	Wewoka	ŏ	74884 7	73-6005504 City	20,000	REPAIRS TO WEWOKA INCUBATOR BLDG.	REAP
City of Yale	209 N. Main	Yale	ŏ	74085 7	73-6005516 City	30,000	STREET PROJECT	REAP
Hughes County	200 N Broadway St	Holdenville	ŏ	74848 7	73-6006375 County	117,599	STREET PROJECT	REAP
Lincoln County	811 Manvel Ave. Suite 4	Chandler	ð	74834 7	73-6006385 County	123,000	STREET PROJECT	REAP
Okfuskee County	PO Box 26	Okemah	ŏ	74826 7	73-6006399 County	112,491	STREET PROJECT	REAP
Pawnee County District	500 Harrison Room 203	Pawnee	ŏ	74058 7	73-6006406 County	71,000	STREET PROJECT	REAP
Payne County	315 W 6th Suite 203	Stillwater	ŏ	74074 7	73-6006405 County	230	SIX FOLDING TABLES	REAP
Seminole County	110 S. Wewoka Suite 103	Wewoka	ŏ	74884 7	73-6006414 County	50,000	STREET PROJECT	REAP
Town of Asher	PO Box 308	Asher	ð	74826 7	73-0962631 Town	53,849	STREET PROJECT	REAP
Town of Blackburn	622 W 5th St.	Pawen	ð	74058 7	73-1420706 Town	32,000	STREET PROJECT	REAP
Town of Boley	PO Box 158	Boley	ð	74829 7	73-6081151 Town	24,954	FIRE EQUIPMENT	REAP
Town of Brooksville	PO Box 662	Tecumseh	ð	74873 7	73-1617615 Town	19,000	CONSTRUCT 30X30X10 MAINTENANCE BUILDING	REAP
Town of Carney	PO Box 566	Carney	ð	74832 7	73-1520865 Town	4,650	FIRE STATION ADDITION	REAP
Town of Glencoe	PO Box 198	Glencoe	ð	74032 7	73-0765539 Town	29,750	STREET PROJECT	REAP
Town of Hallett	PO Box 159	Hallett	ð	74034 8	80-0049076 Town	17,500	RENOVATION TO WATER TOWER	REAP
Town of Horntown	3319 Hwy 75	Holdenville	ð	74848 7	73-1266544 Town	20,000	FIRE EQUIPMENT	REAP
Town of IXL	PO Box 166	ואר	ð	74833 7	73-1614811 Town	4,535	CONSTRUCT 60X80 SENIOR CITIZEN BUILDING	REAP
Town of Meeker	PO Box 428	Meeker	ð	74855 7	73-6070960 Town	43,000	RENOVATE TOWN HALL	REAP
Town of Ralston	PO Box 230	Ralston	ŏ	74650 7	73-1019423 Town	25,000	STREET PROJECT	REAP
Town of Skedee	630 5th St NE	Pawnee	ŏ	74058 7	73-1135287 Town	30,414	FIRE EQUIPMENT	REAP
Town of Sparks	PO Box 148	Sparks	ŏ	74869 7	73-1025905 Town	28,444	STREET PROJECT	REAP
Town of Spaulding	3822 N 369 Rd	Spaulding	ð	74848 7	73-1455523 Town	44,000	STREET PROJECT	REAP
Town of Terlton	PO Box 82	Terlton	ŏ	74081 7	73-1324524 Town	13,210	RESTORE & REPAIR COMMUNITY GYMNASIUM & PLAYGROUND	REAP
Town of Warwick	PO Box 327	Wellston	ð	74881 7	73-1128595 Town	23,468	STREET PROJECT	REAP
Town of Wellston	PO Box 353	Wellston	ð	74881 7	73-0752686 Town	49,000	SEWER PROJECT	REAP
Total grants						3,423,466		

# SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

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

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Central Oklahoma Economic Development District	73-0760453
Form 990, Part III, Line 4d Program Service Expenses 409,383, Grants and allocations 0,	
Revenue: 586,228 Central Oklahoma Economic Development District - misc other grants	
Form 990, Part III, Line 4d Program Service Expenses. 9,101, Grants and allocations: 3,284,	
Revenue: 6,912 Oklahoma Department of Human Services - LLLS (Senior Fitness Program)	
Form 990, Part III, Line 4d Program Service Expenses: 60,836, Grants and allocations 0	
Revenue: 71,390 Oklahoma Department of Commerce - Substate Planning District Economic	
development assistance for 8 county area	
Form 990, Part III, Line 4d. Program Service Expenses 71,043, Grants and allocations 0,	
Revenue 71,526 United States Department of Commerce - Economic Development Administr	ation
Form 990, Part III, Line 4d Program Service Expenses 79,060, Grants and allocations 0.	
Revenue 67,534 Oklahoma Department of Agriculture - Rural Fire Defense	
Form 990, Part III, Line 4d. Program Service Expenses: 8,452, Grants and allocations 0,	
Revenue: 85,457 Central Oklahoma Development Trust Authority - Revolving Loan Programs	
Form 990 Part VI Section B Line 11A Executive director and executive assistant review all tax	
filings	
Form 990 Part VI Section C Line 19 At COEDD's offices upon request	

# COEDD BOARD OF DIRECTORS 2009-2010

COUNTY	DIRECTOR	REPRESENTING	TITLE	ADDRESS	PHONE WK.	PHONE HM.	APPT.
	OFFICERS	П					
POTT. HUGHES SEMINOLE LINCOLN	CHAIR JIM THOMPSON CITY OF TECUMSE FIRST VICE CHAIR GARY GRAY COUNTY GOVTARU SECOND VICE CHAIR MARK MOSLEY CITY OF WEWOKA DONNA WATKINS	CITY OF TECUMSEH COUNTY GOYT/RURAL AREA Y CITY OF WEWOKA TOWN OF MEEKER	CITY MANAGER CO. COMMISSIONER DISTRICT CITY MANAGER TOWN CLERK	114 N. BROADWAY, TECUMSEH, OK 74873 (405) 598-2188 200 N. BROADWAY, SUITE 7, HOLDENVILLE, OK 7484 (405) 379-5711 P O BOX 1497, WEWOKA, OK. 74884 (405) 257-2413 P O BOX 428, MEEKER, OK. 74855 (405) 279-3321	(405) 598-2188 (405) 379-5711 (405) 257-2413 (405) 279-3321		March-05 June-04 May-08 June-89
	BOARD MEMBERS	<u></u>					
CREEK CREEK	LINDA TATE GEORGE JONES	CITY OF BRISTOW CITY OF DRUMRIGHT	COUNCILMEMBER CITY MANAGER	110 W 7TH., BRISTOW, OK. 74010 122 W. BROADWAY, DRUMRIGHT, OK 74030	(918) 367-2237 (918) 352-2610		July-05 April-04
HUGHES HUGHES	MIKE DOCKERY JOEV BETH SMITH	CITY OF HOLDENVILLE CITY OF WETUMKA	COMMUNITY DEVELOPMENT CITY MANAGER	P O BOX 789, HOLDENVILLE, OK. 74848 109 S. CANARD, WETUMKA , OK. 74883	(405) 379-3398 (405) 452-3251	-	February-04 August-04
LINCOLN LINCOLN LINCOLN LINCOLN LINCOLN	PAT MCGINNIS JAMES MELSON JANE BROMLEY JIM GREFF VACANT CHESTER DUNCAN	COUNTY GOVT/RURAL AREA CITY OF CHANDLER TOWN OF DAVENPORT CITY OF PRAGUE CITY OF STROUD TOWN OF WELLSTON	CO. COMMISSIONER DISTRICT #2 CITY MANAGER ADMINISTRATIVE ASSISTANT CITY MANAGER CITY MANAGER CITY SERVICES DIRECTOR	811 MANVEL, SUITE #4, CHANDLER, OK 74834 414 MANVEL, CHANDLER, OK 748034 P O BOX 279, DAVENPORT, OK. 74026 1116 N. BROADWAY, PRACUE, OK 74864 P O BOX 500, STROUD, OK. 74079 P O BOX 353, WELLSTON, OK. 74881	(405) 258-0080 (405)258-3200 (918)377-2235 (405) 567-2279 (918) 968-2890 (405) 356-2476	vs Z	August-02 September-06 June-05 November-02 August-06 July-05
OKFUSKEE OKFUSKEE	DALE FIPPS JERRY TURNER	COUNTY GOVT.RURAL AREA CITY OF OKEMAH	COUNTY COMMISSIONER CITY MANAGER	P. O. BOX 26, OKEMAH, OK 74859 502 W. BROADWAY, OKEMAH, OK 74859	(918) 623-0939 (918) 623-1050	u	January-01 December-04
PAWNEE PAWNEE PAWNEE	GARY POGUE ELZIE SMITH TOM BRIGGS	COUNTY GOVT, RURAL AREA CITY OF CLEVELAND CITY OF PAWNEE	CO. COMMISSIONER DISTRICT #1 CITY MANAGER MAYOR	500 HARRISON, SUITE 203, PAWNEE OK 74058 P.O. DRAWER 190, CLEVELAND, OK 74020 \$10 ILLINOIS, PAWNEE, OK 74058	(918) 762-3741 (918) 358-3506 (918) 762-2658		January-09 August-98 July-06
PAYNE PAYNE PAYNE PAYNE PAYNE	GLORIA HESSER VACANT PETE SEIKEL TOM DUGGER TOM WILLIAMS	COUNTY GOVT/RURAL AREA CITY OF CUSHING CITY OF STILLWATER CITY OF STILLWATER CITY OF YALE	CO. COMMISSIONER DISTRICT #2 CITY MANAGER COUNCILMEMBER COUNCILMEMBER CITY MANAGER	315 W. 6th, SUITE 103, STILLWATER, OK 74075 101 E. MAIN, CUSHING, OK 74023-0311 P.O. BOX 9, PERKINS, OK 74059 1623 W. LIBERTY AVE, STILLWATER, OK 74075 3924 WESTBROOK DRIVE, STILLWATER, OK 74074 209 N. MAIN, YALE, OK 74083	(405)624-9300 (918) 225-1875 (405) 547-2445 (405)372-3909 (405)372-1676 (918)387-2405	Ø –	April-99 September-00 February-02 July-04 January-09
POTT. POTT. POTT. POTT. POTT.	BOB GUINN JANE SCHUSTER DAVID ZELLER LARRY DILLON CHRISTA CHAPMAN JAMES HARROD BRIAN MCDOUGAL JIM COLLARD	COUNTY GOVT/RURAL AREA TOWN OF BETHEL ACRES CITY OF MAUD CITY OF McLOUD TOWN OF PINK CITY OF SHAWNEE CITY OF SHAWNEE CITY OF SHAWNEE		CO. COMMISSIONER DISTRICT #11  TR. 2, BOX 234, MEEKER, OK. 74855  TRUSTEE  CITY CLERK  P. 0, BOX 107, MAUD, OK. 74854  P. 0, BOX 300 STREET, McLOUD, OK. 74851  TRUSTEE  TRUSTEE  13125 LITTLE RIVER ROAD, TECUMSEH, OK. 74873  CITY COMMISSIONER  1303 W. FARRELL, SHAWNEE, OK. 74873  P. 0, BOX 1448, SHAWNEE, OK. 74801  P. 0, BOX 1448, SHAWNEE, OK. 74801  P. 0, BOX 1448, SHAWNEE, OK. 74802-1448	(405) 273-1564 (405)275-4182 (405)374-2717 (405) 964-5264 (405) 598-3578 (405) 642-6963 (405) 273-1601 (405) 275-3121	· vs vs	February-91 March-08 September-07 October-07 October-06 October-06 Jun-09
SEMINOLE SEMINOLE SEMINOLE	FRED COMBS RITA LOPRESTO CAROL FRIAR	COUNTY GOVT RURAL AREA CITY OF KONAWA CITY OF SEMINOLE	CO. COMMISSIONER DISTRICT CITY MANAGER COMMUNITY DEVELOPMENT	110 S. WEWOKA, SUITE 103, WEWOKA, OK 74884 122 N. BROADWAY, KONAWA, OK. 74849 P.O. BOX 1218, SEMINOLE, OK 74868	(405) 257-2450 (580) 925-3025 (405)382-4330		January-08 July-06 October-05
EX-OFFICIO EX-OFFICIO	CHARLES CAMPBELL CARL HENSLEY	AREA AGENCY ON AGING CHARMED	RETIRED RETIRED	33010 HARDESTY ROAD, SHAWNEE, OK 74801 P. O. BOX 264, YALE, OK 74083	<u>4</u> .60	(405) 275-4344 N (918) 387-2525	November-00 May-09

## ASSET DEPRECIATION SHORT REPORT

Sorted: ASSET A/C#

Range. 173002 - 173050

COEDD Jun. 30, 2010

Method: 1-BOOK-Std Conv Applied

Include All assets

							udes Section 179	
Date Acq	Description	Meth/Life	Cost	Salvage Value	Depr Basis	Beg A/Depr	Curr Depr	End A/Depr
	: 173002 - AREA AGENCY ON AGING	<del></del> -	-					
06/30/90	968 4-DRAWER FILE CABINET WILOCK	SLH/25 00	699.88	0 00	699.88	489 89	28 00	517 89
09/15/92	1094 4-DRAWRE LEGAL FILE CABINET W/	SLH/25.00	672.00	0 00	672.00	456.96	26 88	483 84
06/30/94	1180 HP LASER PRINTER S#USC87024088		1,330.00	0.00	1,330.00	1,330 00	0 00	1,330 00
06/30/95	1076 HP LASER JET III PRINTER S#320	SLH/ 3.00	2,042.00	0 00	2,042.00	2,042.00	0 00	2,042 00
08/31/97	1202 HP LASER JET 5P PRINTER S#USFB	SLH/ 3.00	859.00	0.00	859.00	859 00	0 00	859 00
09/30/97	1284 DELL DIMENSION	SLH/ 3.00	2,482.00	0.00	2,482 00	2,482 00	0 00	2,482 00
09/30/98 09/30/98	1289 DELL DIMENSION 1290 DELL DIMENSION	SLH/ 3.00	2,474 00	0.00	2,474.00	2,474.00	0 00	2,474 00
07/01/99	1292 SONY MAVICA VC-FD91 DIGITAL CA	SLH/ 3.00 SLH/ 3.00	2,374.00	0 00	2,374.00	2,374 00	0 00	2,374.00
03/07/02	1316 DELL COMPUTER/MONITOR	SLH/ 3 00	1,179.75	0.00	1,179 75	1,179 75	0 00	1,179 75
09/30/04	INSPIRON 1150 INTEL 768MB RAM DELL	SLH/ 3 00	1,308 00 2,023 51	0 00	1,308 00 2,023.51	1,308 00 2,023 51	0 00 0 00	1,308 00 2,023.51
11/10/05	DELL DIMINSION 8400 RFRB/SVT#3DHXR5		983 94	0.00	983.94	983.94	000	983 94
06/26/07	Dell 9200C Duo Processor/22" Flat S	SLH/ 3 00	2,462.00	0.00	2,462.00	2,051.67	410 33	2,462.00
06/26/07	Dell 2400MP DLP Projector S#CYMJ4	SLH/ 3.00	1,175.02	0.00	1,175 02	979.18	195 84	1,175 02
06/26/07	Dell Dimension C521 Athlon/17" Flat	SLH/ 3 00	1,526 00	0.00	1,526 00	1,271.67	254 33	1,526.00
06/26/07	Dell Dimension C521/17" Flat Monito	SLH/ 3.00	1,526.00	0.00	1,526 00	1,271.67	254,33	1,528.00
08/26/07	Dell Dimension C521/17" Flat Monito	SLH/ 3.00	1,236.00	0 00	1,236.00	1,030.00	206 00	1,236 00
06/26/07	Dell Dimension C531/17" Flat Monito	SLH/ 3 00	1,238 00	0 00	1,238 00	1,030.00	206 00	1,236 00
06/26/07	Dell Dimension C521/17" Flat Monito	SLH/ 3.00	1,236.00	0.00	1,236.00	1,030 00	206 00	1,236 00
06/28/08	HP A6421P Pavilion Desktop	SLH/ 3.00	849.89	0.00	849 89	424.95	283 30	708 25
	173002 - AREA AGENCY ON AGING (20 asset		29,674 99		29,674 99	27,092.19	2,071 01	29,163 20
	: 173005 - ELDERGARE	<del></del> -	20,014 80	TK 333		27,00	1	3
03/15/88	862 HP LASER JET II PRINTER S#2743J	SLH/ 3 00	1.832.99	0.00	1,832 99	1,832 99	0.00	1,832 99
01/31/89	888 HP LASER JET PRINTER 2 MG MEMPO		711 43	0.00	711.43	711.43	0 00	711 43
12/31/89	908 HARD FONT FOR HP LASER PRINTER		595.00	0 00	595 00	595 00	0 00	595.00
06/30/94	1054 14" SVGA 28 DPI 1028 X 788 MO	SLH/ 3 00	578.95	0.00	578 <b>9</b> 5	578 95	0.00	578.95
06/30/94	1055 RAM UPGRADE BOARD	SLH/ 3 00	503 00	0 00	503.00	503.00	0 00	503 00
05/31/95	IBM 486 DX2/66 S#MCBHA407301108	SLH/ 3.00	2,579 00	0 00	2,579 00	2,579 00	0.00	2,579 00
06/30/99	1296 DELL PIII COMPUTER/COMITOR S#2	SLH/ 3.00	1,992.00	0 00	1,992.00	1,992.00	0 00	1,992 00
02/01/00	1305 DELL OPTIPLUS COMPUTER SYSTEM	SLH/ 3 00	2,197.00	0.00	2,197.00	2,197.00	0.00	2,197 00
06/30/01	1309 DELL DIMENSION COMPUTER	SLH/ 3.00	1,197.17	0 00	1,197.17	1,197 17	0 00	1,197 17
06/30/01	1310 DELL DIMENSION COMPUTR SYSTEM	I SLH/ 3.00	1,197.17	0.00	1,197.17	1,197 17	0.00	1,197 17
06/30/01	1311-HP DESKJET PRINTER	SLH/ 3.00	140 60	0 00	140.60	140.60	0.00	140 60
06/30/01	1312 - HP DESKJECT PRINTER S#MX07R1	SLH/ 3 00	140.60	0 00	140 60	140 60	0 00	140.60
06/30/01	1313 - HP DESKJET PRINTER S#MX07R1C	SLH/ 3 00	140.60	0.00	140 60	140 60	0 00	140 60
Grand totals	173005 - ELDERCARE (13 assets)		13,805 51	0 00	13,805.51	13,805.51	0.00	13,805.51
ASSET A/C#	: 173011 - DEPARTMENT OF COMMERCE				<del></del>			·
11/15/01	1323 HP DESIGN JET 5000 PLOTTER S#1	SLH/ 3.00	11,250 95	0.00	11,250.95	11,250.95	0.00	11,250.9
06/19/02	1319 DELL OPTIPLEX COMPUTER SYSTEM	1 SLH/ 3.00	2,920.48	0.00	2,920 48	2,920.48	0 00	2,920 48
06/28/02	1320 DELL OPTIPLEX COMPUTER SYSTEM	1 SLH/ 3 00	1,918 59	0.00	1,918.59	1,918 59	0.00	1,918 59
06/28/02	1321 MVC-CSD2500 SONY DITIGAL CAMER	R SLH/ 3.00	599.99	0.00	599 99	599 99	0 00	599 <b>9</b> 9
03/31/09	TCS 500 Plotter	SLH/ 3 00	14,194.28	0.00	14,194.28	2,365 71	4,731.43	7,097.14
03/31/09	Deli Intel Core Q8200 w/ (2) 24" Mo	SLH/ 3 00	2,748 34	0.00	2,748.34	458.08	916 11	1,374 17
06/30/09	TerraSync Pro, V 4 0	SLH/ 3 00	1,876 86	0.00	1,876.86	312.81	625.62	938 43
06/30/09	2008 Series GeoXH w/pathfinder Offi	SLH/ 3.00	5,923.14	0.00	5,923.14	987 19	1,974.38	2,961 57
Grand totals:	173011 - DEPARTMENT OF COMMERCE (8 a	ssets)	41,432 63	78 000	41,432 63	20,813.78	8,247.54	29,061.3
	F: 173050 - COEDD	_						
06/01/85	759 EPSON FX 100 S#052087	SLH/ 3 00	750 00	0 00	750.00	750.00	0 00	750.0
06/30/88	871 IBM WHEELWRITER 30 S#11-0038034	SLH/ 3.00	1,002.44	0.00	1,002.44	1,002.44	0.00	1,002.4
06/30/88	872 IBM WHEELWRITER 30 S#11-0038064	SLH/ 3.00	1,001.00	0.00	1,001.00	1,001.00	0 00	1,001 0
08/30/88	873 IBM WHEELWRITER 30 S#11-0038073	SLH/ 3.00	1,002.44	0 00	1,002.44	1,002.44	0.00	1,002 4
05/25/90	922 HP LASTER JET III PRINTER S#300	SLH/ 3.00	1,823 00	0 00	1,823 00	1,823 00	0.00	1,823 0
03/20/91	977 HITACHI CD-R1700S CD-ROM S#K0L0		795.00	0.00	795.00	795 00	0 00	785 Q
03/20/91	982 EVEREX 385/IS COMPUTER S#EAX-10		2,390.00	0.00	2,390 00	2,390.00	0 00	2,390 0
06/30/91	993 KURTA IS/3 MANUAL LIFT STAND MD	SLH/ 3.00	595 00	0 00	595 00	595.00	0.00	595 0
06/30/91	998 ATLAS IMPORT SOFTWARE S#702260		1,659.50	0 00	1,659 50	1,659 50	0.00	1,659 5

## ASSET DEPRECIATION SHORT REPORT

COEDD Jun. 30, 2010

Sorted: ASSET A/C#

Method: 1-BOOK-Std Conv Applied

Range 173002 - 173050

Include. All assets

Date Acq	Description	Meth/Life	Cost	Cohmon Malers	D		udes Section 179	
	: 173050 - COEDO	ANCOATTIE	Cost	Salvage Value	Depr Basis	Beg A/Depr	Curr Depr	End A/Depr
2/09/92	1096 HP DESK JET PRINTER 500C S#314	SLH/ 3.00	585.00	0.00	585.00	505.00		
1/13/94	1105 HP LASERJET 4 S#	SLH/ 3.00	1,866 00	0.00	<del>-</del>	585.00	0 00	585 00
3/18/94	1104 GRM5U COMPACT VHS CAMERA	SLH/ 3 00	726.95	000	1,866 00 726,95	1,886.00	0 00	1,868 00
7/15/94	1136 HP LASER JET 4 PRINTER SAJCFLO	SLH/ 3.00	1,698.00	0 00		726 95	0 00	726 95
2/01/00	1296 DELL DIMENSION	SLH/ 3 00	2,631.00	0.00	1,698.00	1,698.00	0 00	1,698 00
2/01/00	1297 DELL DIMENSION	SLH/ 3.00	2,513 00	0.00	2,631 00	2,631 00	0 00	2,631 00
2/01/00	1298 DELL DIMENSION	SLH/ 3 00	2,513 00	000	2,513.00	2,513.00	0 00	2,513.00
2/01/00	1299 DELL DIMENSION	SLH/ 3 00	2,513.00	0.00	2,513 00	2,513 00	0 00	2,513 00
2/01/00	1300 DELL DIMENSION	SLH/ 3 00	2,513.00	000	2,513.00 2.513.00	2,513.00	0 00	2,513.00
2/01/00	1301 DELL DIMENSION	SLH/ 3 00	2,513.00	000	2,513 00 2,513 00	2 513 00 2,513 00	0 00 0 00	2,513 00
2/01/00	1302 DELL DIMENSION	SLH/ 3.00	2,513.00	0.00	2,513.00	-		2,513 00
2/01/00	1303 DELL DIMENSION	SLH/ 3.00	2,513.00	0.00	2,513.00	2,513 00 2,513.00	0 00 0 00	2,513.00
2/01/00	1304 DELL DIMENSION	SLH/ 3.00	2,513 00	0.00	2,513 00	2,513.00	0 00	2,513 00
2/12/01	1308 DELL INSPIRON 800 COMPUTER SYS		2,323.00	0.00	2,323.00	2,323.00	000	2,513.00 2,323 00
2/12/01	1307 EZPRO610H LCD PROJECTOR S#110		2,750.28	0.00	2,750 28	2,750.28	0 00	2,323 00
6/30/01	1308 DELL DIMENSION COMPUTER	SLH/ 3 00	3,323.00	0.00	3,323 00	3,323.00	0 00	3,323 00
9/27/01	1324 XEROX 665 FAX MACHINE SEPY7016		1,750 00	0.00	1,750.00	1,750.00	0.00	1,750.00
1/10/02	1314 CHAMELEON 38" COLOR WIDE	SLH/ 3 00	9,924.00	0.00	9,924 00	9,924 00	0.00	9,924 00
1/10/02	1315 RASTEREX RZ SPOTLIGHT PRO 97 S		2,395 00	0.00	2,395.00	2,395.00	0.00	2,395 00
/20/03	1325 GEOTX 512MB/MEDIA SOFTWARE KI		7,200.00	0.00	7,200.00	7,200.00	0 00	7,200 00
3/18/05	DELL NOTEBOOK PENTIUM M DOTHAN	SLH/ 3.00	1,472.00	0.00	1,472 00	1,472.00	0 00	1,472.00
3/18/05	ARCGIS BUSINESS ANALYST 8 0	SLH/ 3.00	15,808.19	0.00	15,808.19	15,808.19	0 00	15,808 19
1/10/05	SNACK/CAN VEND MACHINE	SLH/ 3.00	4,200 00	0 00	4,200.00	4,200.00	0 00	4,200.00
/10/05	DELL INSPIRION E1505 #FCQJ2B1	SLH/ 3.00	759 19	0.00	759 19	759 19	0.00	759 19
/24/05	DELL PENTIUM M NOTEBOOK	SLH/ 3.00	844 00	0.00	844.00	844 00	0.00	844 00
/24/05	DELL PORTABLE DESKTOP XPS600	SLH/ 3 00	1,430 75	0 00	1,430 75	1,430.75	0 00	1,430 75
/24/05	Dell Pentium 4 S#RFRV/SVT#74Q7Q81	SLH/ 3.00	589 25	0.00	589 25	589.25	0.00	589.25
9/30/08	Gateway DX 4200 PC	SLH/ 3.00	808 49	0.00	808 49	134 75	269 50	404 25
V12/09	Gateway P7805u Notebook	SLH/ 3.00	1,149 99	0.00	1,149 99	191 67	383 33	575 00
3/30/10 A	HP Pavilion Elite MXU9470PTW w/ 23"	SLH/ 3.00	1,731 33	0.00	1,731 33	0 00	288.56	288 56
V30/10 A	HP Pavilion Elite MXU9470QJ6 w/23"	SLH/ 3.00	1,731 33	0 00	1,731.33	0.00	288 56	288.56
V30/10 A	HP Pavilion Elite MXU9470QFQ w/ 23"	SLH/ 3 00	1,731.33	0.00	1,731 33	0 00	288.56	288 56
V30/10 A	HP Pavilion Elite MXU9470QJB w/23"	SLH/ 3.00	1,731 33	0.00	1,731.33	0 00	288 56	288.56
/30/10 A	HP Pavilion Elite MXU9470PNJ w/ 23"	SLH/ 3 00	1,711 33	0 00	1,711.33	0 00	285 22	285 22
V30/10 A	HP Pavillon Elite MXU9470PS7 w/23"	SLH/ 3.00	1,711 33	0.00	1,711.33	0.00	285.22	285.22
3/30/10 A	HP Pavilion Eirte MXU9470QDH w/23"	SLH/ 3 00	1,711 33	0.00	1,711 33	0.00	285.22	285 22
/30/10 A	HP Pavilion Elite MXU9490T7C w/23"	SLH/ 3.00	1,711 33	0 00	1,711.33	0.00	285.22	285 22
/30/10 A	HP Pavilion Eirte MXU9470QLC w/23"	SLH/ 3.00	1,711 33	0.00	1,711 33	0.00	285 22	285 22
V30/10 A	HP Pavilion Elite MXU9470Q4H w/23"	SLH/ 3 00	1,711 33	0.00	1,711.33	0 00	285 22	285.22
30/10 A	HP Pavilion Elite MXU9470PN7 w/23"	SLH/ 3.00	1,731 33	0.00	1,731 33	0 00	288 56	288 56
/30/10 A	HP Pavilion Elite MXU9470QKS w/23"	SLH/ 3.00	1,731 33	0 00	1,731 33	0.00	288 56	288.56
S/30/10 A	Dell Power Edge T310 S#21FKBM1, 17"	SLH/ 3.00	13,637 51	0.00	13,637 51	0.00	2,272.92	2,272 92
rand totals:	173050 - COEDD (51 assets)		129,649,94	0.00	129,649,94	93,724,41	6,368 43	100,092 84

#### ASSET DEPRECIATION SHORT REPORT

COEDD Jun. 30, 2010

Sorted: ASSET A/C#

Method: 1-BOOK-Std Conv Applied

Range: 173002 - 173050

Include All assets

					Inc	ludes Section 179	
Date Acq Description	MettyLife	Cost	Salvage Value	Depr Basis	Beg A/Depr	Curr Depr	End A/Depr
Grand totals for all accounts: (92 assets)		214,563 07	0.00	214,563.07	155,435.89	16,686 98	172,122.87

#### Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics:	Cost	Curr Yr Salv	Prior Yr Salv	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	214,563 07	0.00	0.00	214,563.07	155,435.89	16,686 98	172,122 87	42,440 20
Less Inactive Assets	0.00	0.00	0 00	0 00	0.00	0.00	0 00	0.00
Disposed Assets	0 00	0.00	0 00	0 00	0 00	0 00	0 00	0 00
Traded Assets	0.00	0 00	0.00	0 00	0.00	0.00	000	0 00
Net Totals (Active Assets)	214,563.07	0.00	0.00	214,563 07	155,435.89	16,686.98	172,122 87	42,440 20