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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2010

Department of the Treasury

Open to Public

Inte		nue Service	► The organization may have to use a copy of this return to satisfy state rep	orting requi	rements	Inspection
<u>A</u>	For the	2010 cale	endar year, or tax year beginning April 1, 2011 , 2010, and ending		ne 30	,20 11
В	Check if	applicable	C Name of organization The Alliance for Economic Development of Oklahoma City,	inc.	D Emplo	yer identification number
$ \overline{\mathbf{V}} $	Address	change	Doing Business As			45-2034774
$\overline{\Box}$	Name cl	_	Number and street (or P O box if mail is not delivered to street address) Room/suit	e	E Teleph	one number
	Initial ref	•	I	01		405-604-6780
Η	Termina		City or town, state or country, and ZIP + 4	<u> </u>		403-004-0700
\exists			Oklahoma City, OK 73102		0 0	
	Amende		F Name and address of principal officer Catherine R. O'Connor	T		receipts \$ 84,000 00
V	Applicat	ion pending				n for affiliates? Yes V No
			105 N. Hudson, Suite 101, Oklahoma City, OK 73102	⊣ ''	all affiliates	
<u> </u>		mpt status	501(c)(3)	-		a list (see instructions)
<u>J</u>			w.theallianceokc.org	H(c) Grou	p exemption	on number
K		organization		ion 2011	M Stat	e of legal domicile OK
Ľ	art I	Summ				
	1		escribe the organization's mission or most significant activities: To foste			
Φ		public col	laborations to create new job opportunities and bring about urban redevelopment l	by means of	consolida	ited and co-ordinated
Ĕ		public age	ency economic development functions.			
Ĕ						************
Governance	2	Check th	nis box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25%,	its net asse	s)	••
Ğ	3	Number	of voting members of the governing body (Part VI, line 1a)		[E3	11
ŝ	4	Number	of independent voting members of the governing body (Part VI, line 1b)		<u>9</u> 4	11
Activities &	5	Total nur	mber of individuals employed in calendar year 2010 (Part Voline 2A)PR.	B 0 2012	5	1
ફ	6		mber of volunteers (estimate if necessary)		<u>£6</u>	0
ď	7a		related by suppose reviews from Port (III) asking (C) line 10	- R 8 B B	7 7a	0
	b		lated business taxable income from Form 990-T, line 34	IN, U	76	0
	 	1100 01110	interest taxable income norm of the out the out	Prior Y		Current Year
	8	Contribu	tions and grants (Part VIII, line 1h)		0	
Revenue	1 -		<u> </u>			
ě	9	-	service revenue (Part VIII, line 2g)		0	- 1,
æ	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		0	
	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	· · · · · · · · · · · · · · · · · · ·
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0	- ,
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)		0	0
	14		paid to or for members (Part IX, column (A), line 4)		0	0
es	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	39,831
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		0	0
Š	b	Total fun	draising expenses (Part IX, column (D), line 25) ▶			
Ш	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24f)		0	10,508
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25) .		0	50,339
	19	Revenue	less expenses. Subtract line 18 from line 12		0	33,661
5 %	3			eginning of C	urrent Year	End of Year
sets or	20	Total ass	sets (Part X, line 16)		0	48,458
Net Ass	21		pilities (Part X, line 26)		0	
2	22		ets or fund balances. Subtract line 21 from line 20		0	
P	art II		ture Block			
Ur	nder pena	alties of penu	ury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to	the best of	my knowledge, and belief, it is
			lete Declaration of preparer (other than officer) is based on all information of which preparer			, resourcego and bostos, it is
			THUM DAM		_	
Sig	an	Sign	nature of officer	D	ate _	//
	ere	1,	atherine R. O'Connor, President		··· 4	126/12
		 	e or print name and title	· · · · · ·	······································	
		1 /	pe preparer's name Preparer's signature Dat	e	-1	CT , PTIN
	aid	84.5555		26/201	Check	□ □ □
	epare	;r				· · ·
Us	se On				n's EIN ▶	73-1377280
N.4-	4b a 11		address ► 522 Colcord Drive, Oklahoma City, OK 73102-2202	Ph	one no	405-232-0080
_			s this return with the preparer shown above? (see instructions)	• • •	· • •	· · · VY Yes 🗌 No
Fo	r Papen	work Redu	oction Act Notice, see the separate instructions. Cat No	11282Y		Form 990 (2010

orm 99	D (2010) Page	2
Part I	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:	ᆚ
•	To foster economic development through private and public collaborations to create new job opportunities and bring about urban	
	redevelopment by means of consolidated and co-ordinated public agency economic development functions	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
_	prior Form 990 or 990-EZ?	0
	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 services?	0
	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 others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 25,858 including grants of \$ 0) (Revenue \$ 56,000) Provision of professional economic development management services and advisory services to the City of Oklahoma City and the Oklahoma City Economic Development Trust. Policy-making authority remains in the governing bodies of the entities being served.	
4b	(Code:) (Expenses \$ 12,929 including grants of \$ 0) (Revenue \$ 28,000)	_
	Provision of professional economic development management and advisory services to the Oklahoma City Urban Renewal Authority.	
	As part of this arrangement, this organization's President, Catherine O'Connor, acts as Executive Director of the Oklahoma City Urban Renew	al
	Authority (Catherine O'Connor receives no compensation from the Oklahoma City Urban Renewal Authority).	
	Policy-making authority remains in the governing body of the entity being served.	
	······································	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services. (Describe in Schedule O.)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 38,787	_

Form 990 (2010)

	0 (2010)		F	age 3	j -
Part	V Checklist of Required Schedules				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No 	•
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2		√	-
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓	- N/A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1	•
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		→	•
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		*	•
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√	_
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1	•
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1	•
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1	•
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1	-
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1	_
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√	-
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1	-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓	
14 a b	3	14a		1	-
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		✓	-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		→	-
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1	-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1	_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1	-

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

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

N/A

20a

Form 99	0 (2010)		1	Page 4	•
Part	V Checklist of Required Schedules (continued)				_
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	Yes	No	
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		1	•
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		1	_
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		/	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c			N/2 N/2
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1	_N/1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1	-
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1	-
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		1	-
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):				
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√	-
c	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		1	-
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		1	-
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1	-
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		1	-
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		1	-
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		1	-
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1	-
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			N/F
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37			-
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	1	 	-
			m 99	0 (201	_))

a Enter the number reported in Box 3 of Form 1098, Enter -0- if not applicable	Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V		
b Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable. C Did the organization comply with backing with solding you witholding unless for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) Bid the organization have unrelated business gross income of \$1,000 or more during the year? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) Bid the organization have unrelated business gross income of \$1,000 or more during the year? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) Bid the organization has gross income of \$1,000 or more during the year? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) Bid and a form 980-T for this year? If 'No,' provide an explanation in Schedule O A 1 and year of the calendary year, did the organization will are an interest in or a signature or other authority over, a financial accountly? Bid and the companization in a foreign country. If year, and the file of the properties of the p		Chiest Control of Contains a respondence any queek of the first and the control of the control o	Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the called and year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the venture of the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3b If "Yes," that if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3c If "Yes," the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3c If "Yes," the sum of the foreign country; In the sum of the su	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		
are protable gaming (gambling) winnings to prize winners? 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? Notes If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3b Old the organization have unrelated business gross income of \$1,000 or more during the year? 1 If Yes,* has it filed a Form 990-1 for this year? If *No,* proude an explanation in Schedule 0 3b N/A 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 foregin country (such as a bark account, securities account, or other financial account in a foregin country (such as a bark account, securities account, or other financial account in a foregin country (such as a bark account, securities account, or other financial account in a foregin country (such as a bark account, securities account, or other financial account in a foregin country (such as a bark account, securities account, or other financial account in a foregin country (such as a bark account, securities account, or other financial account in a foregin country (such as a bark account, securities account, or other financial account in a foregin country (such as a bark account, securities account, or other financial accounts or the security of the organization that it was or is a party to a prohibited tax shelter transaction? 1 If *Yes,* did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization she were not tax deductible? 2 bif *Yes,* did the organization include where not tax deductible? 3 by Annual Annu	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
2a Enter the number of employees reported on Form W-3, Transmittat of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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? 5 If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 5 A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. See instructions for 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? 5b If "Yes," enter the name of the foreign country. See instructions for filing requirements for Foreign 8886-T? 6a Does the organization a party to a prohibited tax shelter transaction? 6b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6c Does the organization aparty to a prohibited tax shelter transaction? 6d If "Yes," if the organization michal with ever not tax deductible? 6d If "Yes," if did the organization michal with ever not tax deductible? 7 Organizations shall at may receive deductible contributions under section 170(c). 8 Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8292? 6d If "Yes," indicate the number of Forms 8282 filed during the year 7 Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8292? 7 Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8292. 8 September of the fo	C			
Statements, filed for the calendar year ending with or within the year covered by this return 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1c	N/A
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines ta and 2a is greater than 250, you may be required to e-file, cleen enstructions? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a firancial account in a foreign country. Seve instructions for filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial account. 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T7 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every sobicitation an express statement that such contributions or gifts were not tax deductible? 1 If "Yes," did the organization include with every sobicitation an express statement that such contributions or gifts were not tax deductible? 1 If "Yes," did the organization notity the donor of the value of the goods or services provided? 1 If "Yes," indicate the number of Forms 8282 filed during the year 1 If "Yes," indicate the number of Forms 8282 filed during the year 2 If the organization sell, exchange, or otherwise dispose of tangible personal benefit contract? 3 If the organization sell acontribution of underedity, to pay premiums on a personal benefit contract? 4 If the organization sell acontribution of underedity, to pay premiums on a personal benefit contract? 5 If the organization has excee	2a			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rive. (see instructions) 3				
3a V If "Yes," has it flied a Foreganization have surrelated business gross income of \$1,000 or more during the year? 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)? b If "Yes," enter the name of the foreign country. See instructions for filling 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? c If "Yes," to line 5a or 5b, did the organization fliel Form 886-17 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If "Yes," indicate the number of Forms 8282 filed during the year Td N/A 1 If "Yes," indicate the number of Forms 8282 filed during the year Td N/A 1 If "Yes," indicate the number of Forms 8282 filed during the year Td N/A 1 If the organization received any premiums, directly or indirectly, to pay premiums, directly or indirectly or	b		2b √	
b if "Yes," has it filed a Form 990-T for this year? if "Yo," provide an explanation in Schedule O. A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; level as a bank account, securities account, or other financial account? b if "Yes," enter the name of the foreign country; ▶ Saw the reginazation aparty to a prohibited tax shelter transaction of Foreign Bank and Financial Accounts? Saw the reginazation aparty to a prohibited tax shelter transaction of Foreign Bank and Financial Accounts? Saw the organization sparty to a prohibited tax shelter transaction of Foreign Bank and Financial Accounts? Saw the organization have a financial file Foreign Bank and Financial Accounts? Saw 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? Comparization shelf and reganization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). b if "Yes," did the organization that were not tax deductible? Organizations that may receive deductible contributions under section 170(c). b if "Yes," did the organization that the explored of the year? Organizations that may receive any primetims, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," did the organization that payor? If "Yes," did the organization that payor yerein indirectly, to pay premiums on a personal benefit contract? If "Yes," indicate the number of Forms 8282 filed during the year If we organization received a contribution of cars, boats, anylanes, or other values, did the organization file Form 8989 as required? If the organization received a contribution of cars, boats, anylanes, or other values, did the organization file Form 1989-0. Sponsoring organizations maintain	32		20	
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a 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 11a N/A 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A 13a N/A 14a N/A C 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 in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves on hand 13b N/A 11c Did the organization receive any payments for indoor tanning services during the tax year? 14a V 14b N/A				
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If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(2) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(29) qualified nonprofit health insurance issuers. 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 Section 501(c)(29) qualified nonprofit health plans In the amount of reserves on hand In 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. Itable N/A				
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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 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 Gross income from members or shareholders 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? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Is the organization incensed 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 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. If the organization is file a Form 720 to report these payments? If "No," provide an explanation in Schedule O. If the provided in the payments for indoor tanning services during the tax year? If the provided in the payments for indoor tanning services during the tax year? If the provided in the payments for indoor tanning services during the tax year?				
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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9a N/A b Did the organization make a distribution to a donor, donor advisor, or related person? 9b N/A 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			711	
organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 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 Gross income from members or shareholders 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? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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 The bif "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. If bif "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. In the section 4947 (a) (b) In the section 4966? In I				
Did the organization make any taxable distributions under section 4966?			8	N/A
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	9	· · · · · · · · · · · · · · · · · · ·		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а		9a	
a Initiation fees and capital contributions included on Part VIII, line 12		·	9b	N/A
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders				
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	_	· · · · · · · · · · · · · · · · · · ·		
a Gross income from members or shareholders		· · · · · · · · · · · · · · · · · · ·		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
against amounts due or received from them.)		Gross income from other sources (Do not net amounts due or paid to other sources		
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?	12a		12a	N/A
a Is the organization licensed to issue qualified health plans in more than one state?	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A		
Note. See the instructions for additional information the organization must report on Schedule O. b 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	13			
b 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	а	· · · · · · · · · · · · · · · · · · ·	13a	N/A
the organization is licensed to issue qualified health plans	L			
c Enter the amount of reserves on hand	a	the expensestion to be expended to require qualified booth plane		
14a Did the organization receive any payments for indoor tanning services during the tax year?	^		-	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b N/P				1
	_			N/A

Part	Governance, Management, and Disclosure For each "Yes" response to lines "No" response to line 8a, 8b, or 10b below, describe the circumstances, process.					
	O. See instructions.					
Conti	Check if Schedule O contains a response to any question in this Part VI	· · · · ·	<u> </u>	<u>···</u>	✓	-
Secu	on A. Governing Body and Management	_	— т	Yes	No	-
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 11		103		1
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 11				
2	Did any officer, director, trustee, or key employee have a family relationship or a business					
	any other officer, director, trustee, or key employee?	•	2	✓		•
3	Did the organization delegate control over management duties customarily performed by or					•
	supervision of officers, directors or trustees, or key employees to a management company or other	r person?	3		✓	_
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		✓	_
5	Did the organization become aware during the year of a significant diversion of the organization		5		<u> </u>	_
6	Does the organization have members or stockholders?		6		/	-
7a	of the governing body?		7.		,	
b	Are any decisions of the governing body subject to approval by members, stockholders, or of		7a 7b		1	-
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:		1.5			
а	The governing body?		8a	√		i
b	Each committee with authority to act on behalf of the governing body?		8b	7		-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen as a second section of the section and the second section of the section and the second section of the section of th	ot be reached at				-
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		✓	_
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Reven	ue Co			_
				Yes	No	_
	Does the organization have local chapters, branches, or affiliates?	tivities of such	10a		✓	-
	chapters, affiliates, and branches to ensure their operations are consistent with those of the c	organization?.	10b			_N/ <i>I</i>
11a	Has the organization provided a copy of this Form 990 to all members of its governing body form?		11a	1		_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					i
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	/	<u> </u>	_
b	Are officers, directors or trustees, and key employees required to disclose annually interests rise to conflicts?	•	12b		/	
С	Does the organization regularly and consistently monitor and enforce compliance with the	policy? If "Yes."			Ė	-
	describe in Schedule O how this is done	•	12c		1	
13	Does the organization have a written whistleblower policy?		13		✓	_
14	Does the organization have a written document retention and destruction policy?		14		✓	_
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation					
а	The organization's CEO, Executive Director, or top management official		15a	✓	<u> </u>	_
b	Other officers or key employees of the organization		15b		\checkmark	
16a		ilar arrangement				
L	with a taxable entity during the year?		16a		✓	=
Б	If "Yes," has the organization adopted a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and taken steps organization's exempt status with respect to such arrangements?	to safeguard the	16b			N/F
Secti	on C. Disclosure		וטט	Ь	Ь	
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma					-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, as for public inspection. Indicate how you make these available. Check all that apply.	nd 990-T (501(c)(3)s onl	y) ava	ulable	9
	☐ Own website ☐ Another's website ☑ Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing doc	cuments, conflict of	of inte	rest p	olicy	' ,
20	and financial statements available to the public.	ooke and recert-	of the			
20	State the name, physical address, and telephone number of the person who possesses the borganization: ► Catherine R. O'Connor, 101 N Hudson, Suite 101, Oklahoma City, OK 73102 (405)		OI LITE	7		
	(400)					-

Carm	000	(2010)	
-om	990	(2010)	

_				7
μ	а	а	e	•

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.
- 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, if any. 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 neither the organization		d org	anız			ompe	nsa			
(A)	(B)				C) 			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr	Institutional trustee	Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) J. Larry Nichols	0			,				0	0	0
Chair, Director		✓		✓	_		_			
(2) Clayton I. Bennett Director	o	1						0	o	0
(3) Patrick J. Ryan							1			
Treasurer, Director	0	✓		✓				0	0	0
(4) Roy H. Williams	0	,		,				0	О	0
Secretary, Director		/	-	✓	ļ		-	ļ		
(5) James D. Couch Director	o	1						0	o	0
(6) Debra V. Hampton		<u> </u>	 	_	╁					
Director	· 0	1						0	이	0
(7) Ronald J. Norick	0	<u> </u>						0	0	0
Director		✓	<u> </u>							•
(8) Tony Tyler		,						0	o	0
Director		/		1	-		_			
(9) Christopher C Turner Director		/						0	0	0
(10) Michael Brooks-Jiminez Director	о	1				-		0	0	0
(11) James R. Tolbert III Director	0	1						0	0	0
(12) Catherine R. O'Connor President	40			1				35,000		1,911
(13)										
(14)				-						
(15)								-		
(16)					1		T			

Part	Section A. Officers, Directors, Trus (A)	tees, Key l	Emplo	byee		and C)	Highe	est (Compensated (D)		continu		
	Name and title	Average	Positi	ion (d		•	hat ap	ply)	Reportable	(E) Reportable		(F) Estima	
		hours per week (describe hours for related organizations in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation related organization (W-2/1099-Mis	s	amoun othe compens from t organize and rela organize	er sation the ation ated
(17)													
(18)													
(19)													
(20)									-				
(21)													
(22)													
(23)													
(24)													
(25)													
(26)													
(27)													
(28)			-										
1b	Sub-total			<u>. </u>		·	<u> </u>	┢	35,000		0		1,911
С	Total from continuation sheets to Part							▶	0		0		0
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	35,000	' 	0		1,911
2	Total number of individuals (including bureportable compensation from the organ	t not limited zation ► 0	d to th	ose	e lis	ted	abov	e) w	ho received m	ore than \$10	0,000 ו	n	
3	Did the experience but on favore a	era dina									4	Y	'es No
3	Did the organization list any former or employee on line 1a? If "Yes," complete											3	✓
4	For any individual listed on line 1a, is the organization and related organizations												
	ındıvıdual											4	✓
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indi		5	1
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	end	ent	contr	ract	ors that receive	ed more than	\$100,	000 of	
	(A) Name and business add	Iress							(B) Description of s	services	C	(C) ompensat	ion
None											_		
								\vdash					
					-			\vdash					
2	Total number of independent contractor received more than \$100,000 in compensations.								nose listed ab	ove) who			

Part	: 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
its ts	1a	Federated campaigns 1a					
grants nounts	b	Membership dues 1b					
S, G	С	Fundraising events 1c					
gifts, Iar an	d	Related organizations 1d					
is, g	e	Government grants (contributions) 1e					
ion r si	f	All other contributions, gifts, grants,					
but		and similar amounts not included above 1f					
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f: \$					
g G	h	Total. Add lines 1a-1f	▶	0			
ne			Business Code				
Program Service Revenue	2a	OCEDT/OKC services	900099	56,000	56,000		-
æ	ь	OCURA services	900099	28,000	28,000		
vice	С						
Ser	d						•
듩	е						
ogu	f	All other program service revenue.		·			
ے۔	g	Total. Add lines 2a-2f	🕨	84,000			
	3	Investment income (including divid	ends, interest,				
		and other similar amounts)		0			
	4	Income from investment of tax-exempt b	•	0			
	5	Royalties		0	_		
	_	<u> </u>	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	d	Rental income or (loss) Net rental income or (loss)		ol		:	
	7a	Gross amount from sales of (i) Securities	▶	O			
	, "	assets other than inventory	(4, 2				
	ь	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	. ▶	0	•		
4		- , ,					
Revenue	8a	Gross income from fundraising					
ĕ		events (not including \$					
æ		of contributions reported on line 1c).					
Other		See Part IV, line 18					
₹	1	Less: direct expenses b					
		Net income or (loss) from fundraising	events . >	0			
	ya ya	Gross income from gaming activities. See Part IV, line 19					
							
		Less: direct expenses b. Net income or (loss) from gaming act		0			
		Gross sales of inventory, less	ivilles P	0			
	'''	returns and allowances a	J				
	h	Less: cost of goods sold b	-				
	C	Net income or (loss) from sales of inv		0			
		Miscellaneous Revenue	Business Code	<u> </u>			
	11a		 				
	b						
	С						
	d	All other revenue					
		Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions	<u> ▶ </u>	84,000	84,000	0	0

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and

	All other organizations must complete col	lumn (A) but are not	required to comple	te columns (B), (C),	and (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	0	. 0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	35,000	29,750	5,250	
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	0		
7	Other salaries and wages	0	0		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	1,911	1,624	287	
10	Payroll taxes	2,920	2,482	438	
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
C	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	2,609	2,218	391	
13	Office expenses	1,245	0	1,245	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	95 00	95	0	
20	Interest	0			-
21	Payments to affiliates	0	<u>_</u>		
22	Depreciation, depletion, and amortization .	0			
23	Insurance	6,067	2,448	3,619	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	Business Registration Fee	292	0	292	
b	Payroll Processing Fee	200	170	30	
С		0			
d		0			
е		0			
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	50,339	38,787	11,552	
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation	·			
					Form 990 (201

Part		(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest-bearing	0	1	48,45
2		0	2	-
3	Pledges and grants receivable, net	0	3	
4		0	4	
5	Receivables from current and former officers, directors, trustees, key			
]	employees, and highest compensated employees. Complete Part II of		_	
_	Schedule L	0	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			
	· · · · · · · · · · · · · · · · · · ·	0	6	
7		0	7	
1 ~		0	8	
9		0	9	
10	other basis. Complete Part VI of Schedule D 10a 0			
	b Less: accumulated depreciation 10b 0		10c	
11	' '	0	11	
12	,	0	12	
13		0	13	
14	Intangible assets	0	14	
15		0	15	
16		0	16	48,45
17	' '	0	17	14,79
18		0	18	
19	Deferred revenue	0	19	
20	Tax-exempt bond liabilities	0	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
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	0	23	
24		0	24	
25	, ,	0	25	
26	•	0	26	14,79
	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			·
27	_	0	27	
28		0	28	
29		0		
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117, check here ► ✓ and complete lines 30 through 34.			
30		0	30	
31	· · · · · · · · · · · · · · · · · · ·	0	$\overline{}$	
32		0	32	
33	· ·	0	33	33,6
34		0		48,4

	Page 12			990 (2010)	orm 9	
			· <u>·</u>	Reconciliation of Net Assets	Part	
	🗆		<u> </u>	Check if Schedule O contains a response to any question in this Part XI		
				T. I		
	84,000		1	Total revenue (must equal Part VIII, column (A), line 12)	1	
			2	expenses (must equal Part IX, column (A), line 25)	2	
	33,661	3		Revenue less expenses. Subtract line 2 from line 1	3	
	0		4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
	0		5	Other changes in net assets or fund balances (explain in Schedule O)	5	
				Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	6	
	33,661		6	column (B))	_	
	_			rt XII Financial Statements and Reporting	Part	
			<u> </u>	Check if Schedule O contains a response to any question in this Part XII		
	es No					
				Accounting method used to prepare the Form 990: Cash Accrual Other modified ca	1	
			plain in	If the organization changed its method of accounting from a prior year or checked "Other," ex		
				Schedule O.		
	✓	2a		Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	
	✓	2b	Were the organization's financial statements audited by an independent accountant?			
			If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
N/		2c	ıntant?	of the audit, review, or compilation of its financial statements and selection of an independent accou		
			plain in	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.		
			ar were	d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yellissued on a separate basis, consolidated basis, or both:	d	
				☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
l			forth in	a As a result of a federal award, was the organization required to undergo an audit or audits as set	За	
	1	3a		the Single Audit Act and OMB Circular A-133?		
•	+	1	erao the	b If "Yes," did the organization undergo the required audit or audits? If the organization did not unde	b	
N/		3b		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	_	
	90 (2010)					

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

45-2034774

2010

Department of the Treasury Internal Revenue Service Name of the organization

The Alliance for Economic Development of Oklahoma City, Inc.

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

Open to Public Inspection

Part VI, Line 11b. Prior to transmission of Form 990 to the IRS, it is provided to the Board of Directors, and it is reviewed by legal counsel, the						
organization's President and the organization's independent accountants.						
·····						
Part VIA, Line 2 ⁻ James D. Couch has a business relationship (City of Oklahoma City) with Patrick J. Ryan. Debra V. Hampton has a business						
relationship (United Way of Central Oklahoma) with J. Larry Nichols, Polly Nichols and Catherine R. O'Connor Roy H. Williams has a business						
relationship (Greater Oklahoma City Chamber of Commerce) with J. Larry Nichols, Clayton I. Bennett, James D. Couch and Ronald J. Norick.						
Part VI, Line 15a. In determining the compensation to be paid to its President and chief executive, the organization compiled a written report						
summarizing chief executive compensation reported on Form 990 for 5 local non-profit entities and for the following non-profit entities, which are						
engaged in similar economic development activities. Economic Development Corporation of Kansas City, Inc., Downtown Denver Partnership;						
and San Antonio Economic Development Foundation.						
The Board of Directors delegated authority to make the compensation determination to its independent Chair, who is the Executive Chairman of a						
Fortune 500 company and has experience establishing executive compensation levels in making such determination, the Chair reviewed the report						
summarizing chief executive compensation at other non-profit entities, considered demonstrated capabilities in the President's former positions of						
responsibility which uniquely prepared her for her role in this organization and considered the President's past salary levels. The determination was						
contemporaneously documented by written agreement executed by the Chair.						
Part VI, Line 19 The organization's governing documents, consisting of its Certificate of Incorporation and Bylaws, and its conflict of interest policy						
will be provided to the public upon request. The organization will provide its financial statements to the public upon request to the extent such are						
contained within Form 1024 and Form 990 The organization will also provide its financial statements to the public upon request to the extent that						
such financial statements are directly related to the scope of work set forth in its contracts with public entities.						

edule O (Form 990 or 990-EZ) (2010) Page 2							
Name of the organization	Employer identification number						
The Alliance for Economic Development of Oklahoma City, Inc.	45-2034774						
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