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### Form **990**

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

OMB No 1545-0047 2010

offers of mago and market

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements

<u>A</u> _	For the 2010 cal	enda	ar year, or t	ax year be	ginning	10/0	) Ţ	, 20	010, and endi	ng 9/			2011
В	Check if applicable												ation Number
	Address change		<b>IDWESTE</b>		AHOMA	DEVE	LOPMEN	T AUTH.	•			7917	
	Name change		PO BOX 5		72624						E Telephor	ne number	
	BURNS FLAT, OK 73624										(580	)) 562-	-3111
	Terminated	-											
	Amended return										<b>G</b> Gross re	ceipts \$	616,677.
	Application pending F Name and address of principal officer H(a) is t									H(a) Is this	a group return	for affilia	tes? Yes X No
	_	5	Same As	C Above	е						affiliates inclu		Yes No
ī	Tax-exempt status		501(c)(3)	X 501(c)		) <b>⋖</b> (ir	sert no )	4947(a)(1	1) or 527	IT NO,	attach a list	(see instru	ictions)
J		N/A	_		·	<u>/</u>		1	<del>/.:.                                     </del>	H(c) Group	exemption nu	mber ►	
K	Form of organization		Corporation	Trust	Assoc	ation	Other ►		L Year of Form		<u> </u>		al domicile
	rt II. Sumn			11030		20011	Other		Tear or Comm	0001		tote or regi	ar dominate
1,50				zation's m	ission or	most s	significant	activities:	ECONOMIC	DEVEL	ОРМЕМТ	S. HO	HSTNC
_	briefly des	CIID	c the organi	24(1011.3.111	1331011 01	111030	organi cam	delivities.	PCOMORIA	~ 75 477	OT LIPIN I	<u> </u>	001110
ည													
Activities & Governance													
ě	2 Check this				tion disc	ontinu	 ed its one	rations or o	disposed of m	ore than 2		et asse	
ő	3 Number of								disposed of it	iore man z	27/0 01 113 1	3	, (3
•ජ ග	4 Number of								line 1b)		Ì	4	
ii.	l		of individual	-		_	-					5	
<b>≩</b>	6 Total num						`		•			6	
ĕ	7a Total unrelated business revenue from Part VIII, column (C), line 12									[	7a	0	
	<b>b</b> Net unrela	ted I	business ta:	xable incor	ne from f	Form 9	90-T, line	34 .				7 b	0
										F	Prior Year		Current Year
8 Contributions and grants (Part VIII, line 1h)													
Ę	9 Program s	servi	ce revenue	(Part VIII, I	lıne 2g)								
Revenue	10 Investmen								80,182				
æ	11 Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								519,4		507,098	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)										706,2	51.	587,280
	13 Grants an	d sın	nılar amoun	ts paid-(Pa	art IX, col	umn (	A), lines 1	-3)					50,088
	14 Benefits p	aid t	o or for me	mbers (Pai	rt IX Coll	) ( <u>(</u> (th	) - line 4)	7					
	15 Salaries,	other	compensat	tion, emplo	yee-bene	efits_(F	a <u>rt IX,</u> co	lumn (A), I	ınes 5-10)		315,7	41.	316,440
Expenses	16a Profession	nal fu	undraising fe	ees (Part I	X, columi	n (A),	line 11e)	ပွု					
Ë	b Total fundraising expenses (Path X, column (D)5 line 25) ► Q											7 2	
ă	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24)).								_	155 /		149,059	
	17 Other exp	ense	es (Part IX,	column (A)		<u>a-110</u>	, 111-24)				155,4		
			s. Add lines					(A), line 2	5)		471,1		515,587
		ess	expenses S	Subtract lin	e 18 from	n line	2	<u> </u>			235,0		71,693
900				• 6							ng of Curren		End of Year
Not Asset: Fund Belar			Part X, line	•						<u> </u>	6,028,2		6,144,587
4.5	21 Total liabi	lities	(Part X, lin	ie 26)							110,4		155,056
		s or t	fund balanc	es Subtrac	ct line 21	from	ine 20			!	5,917,8	38.	5,989,531
Pe	所即 Signa	ture	e Block										
Unc	ler penalties of perjury	, I de	clare that I have	e examined thi	s return, inc	luding a	cçompanyıng	schedules and	statements, and	to the best of	my knowledge	e and belie	ef, it is true, correct, and
con	iplete Declaration of	prepar	rer tother than o	onicer) as base	on all thio	rmation	or which prep	arer nas any r					
		$\leq \omega$	them /	arles	lı								
Sig	g.,	nature	of officer	/^	, ;			~	<b>\)</b>	D	ate Z/23	3/12	
He	l'	$\triangle$	HHRYN		liste		Exec	nve	LIVECTO	?			
	Туј	oe or p	orint name and	title		<del></del>							
	Print/Ty	pe pro	eparer's name		C Yeps	rèr's 🙀	n the	M. Wis	A (AA Date	-010	Check X	If P	TIN
Pa	id Dacia	a St	ratton Ph	illips		ra st	ratton P	hillips	1 1215	2012	self-employe	ed N	<u>/</u> A
	eparer Firm's	name	► RSMEA	СНАМ СРА									
	e Only   Firm's	addres		RISCO AV							Firm's EIN	► N/A	
				ON, OK 7		22					Phone no		323-1766
Ma	v the IRS discus	c thu					102 (coo i	netruetione	`		1	\- <del>  </del>	X Yes No

Form 990 (2010

Form <b>990</b> (20	0) MIDWESTERN OKLAHOMA DEVELOPMENT AUTH.	73-079175	8 Page <b>2</b>
Part W S	tatement of Program Service Accomplishments		
	heck if Schedule O contains a response to any question in this Part III		
1 Briefly d	escribe the organization's mission:		
ECONO	MIC DEVELOPMENT & HOUSING		
2 Did the	organization undertake any significant program services during the year which were not listed or	the prior	
Form 99	O or 990-EZ?		Yes X No
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 ser	vices?	Yes X No
If 'Yes,'	describe these changes on Schedule O.	_	
4 Describe	the exempt purpose achievements for each of the organization's three largest program services	s by expenses. S	ection 501(c)(3)
and 501	c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an s, and revenue, if any, for each program service reported	d allocations to o	others, the total
ехрепзе	s, and revenue, if any, for each program service reported		
	\(\( \( \) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
4a (Code:		evenue \$	ONOMIC
	TION OF CLINTON-SHERMAN INDUSTRIAL AIRPARK HOUSING AND PROMO	LION OF FC	ONOWIC
DEAET	OPMENT IN WESTERN OKLAHOMA.		
<b>-</b> -			
	<del></del>		
4b (Code	) (Expenses \$ including grants of \$ ) (R	evenue \$	)
(0000	/ (Expenses +		
	<del></del>		
			. – – – – – –
	<b></b>		
<b>4c</b> (Code:	) (Expenses \$ including grants of \$) (R	evenue \$	)
			_
			· <del></del>
	<b></b>		
			<del>-</del>
			· <b></b>
			. <b></b>
4 d Other -	ogram conusco. (Decembo ya Cabadula O.)		
4d Other professional (Expense	ogram services (Describe in Schedule O ) es \$ including grants of \$ ) (Revenue \$		`
	es \$ including grants of \$ ) (Revenue \$ pagram service expenses > 50,088.		
BAA	TEEA0102L 10/06/10		Form <b>990</b> (2010)

			162	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
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		
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments $^{\circ}$ It 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable		j je	
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
1	<b>b</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	11 b		X
1	c 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	11 c		Х
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	11 d		Х
,	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	f 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	11 f		Х
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		Х
	<b>b</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		Χ_
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		х
	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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III .	_19		Х
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	Х
	<b>b</b> If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

#### Form 990 (2010) MIDWESTERN OKLAHOMA DEVELOPMENT AUTH 73-0791758 Page 5 Part V | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 0 1 b **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 gaming 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-0 ments, 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? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х За 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 Q 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If 'Yes,' enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 130 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a services provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Form 8282 d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d 7 e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **7**f 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 Form 8899 as required? **7** g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 60 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 8 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? 9 a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a Ą. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ). 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 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? 13a 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 13b c Enter the amount of reserves on hand 13c

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 Q

14a

14b

X

Partivill Section A. Officers, Directors, Trust	tees, K	(ey	Em	plo	ye	es,	and	d Highest Con	pensated Emp	loyees (cont)
(A)	(B)			((	<b>:</b> )			(D)	(E)	(F)
Name and title	Average hours per week							Reportable compensation from	Reportable compensation from	Estimated amount of other compensation
	per week (describe hours for related organi- zations in Sch O)	dırec	Institutional trustee	Officer	Key en	Highest compensate employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization
	organi-	Jal tr	onal		employee	ee com				and related organizations
	Sch O)	ıstee	truste		%	pens				
			эе			ated				
(18)										
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(21)									<u> </u>	
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(28)					ļ					
_(29)					:					
1 b Sub-total							<b>•</b>	51,781.		0.
c Total from continuation sheets to Part VII, Section	Α						<b>&gt;</b>	0. 51,781.	0.	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limite	ed to the	se li	ster	da h	ove.	\ wh	o re			·
from the organization > 0			0.00		<b></b>	,		oorroa moro man		and the second second
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such i	or trust	tee, a <i>l</i>	key	emį	ploy	ee,	or h	ighest compensat	ed employee	3 X
4 For any individual listed on line 1a, is the sum of re			mne	nsa	tıon	and	l oth	er compensation	from	
the organization and related organizations greater to	than \$15	50,00	00?	If 'Y	'es'	com	plet	e Schedule J for		4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	compens	satio	n fr	om a	any	unre	elate	ed organization or	ındıvıdual	5 X
Section B. Independent Contractors	complet	6 00	.rreu	luic	<i>3 10</i>	7 30	cii p	ersorr		J   N
Complete this table for your five highest compensa compensation from the organization	ted inde	pen	den	t cor	ntra	ctors	s tha	at received more	than \$100,000 of	
(A) Name and business addres	ss							(B Description	of services	(C) Compensation
			-							
	_			_						<del>-</del>
							_			
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		lımı	ted	to t	hose	e list	ted a	above) who receiv	ved more than	

Form 990 (2010) MIDWESTERN OKLAHOMA DEVELOPMENT AUTH.

[ParkIV 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	<del>-</del>
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? <i>If 'Yes,' complete Schedule J</i>	23		X
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
k	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	AND VICE	X
	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	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? 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_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
ć	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38		X
		F	- ^^^	10010

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Form **990** (2010)

Form 990 (2010) MIDWESTERN OKLAHOMA DEVELOPMENT AUTH 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. X Check if Schedule O contains a response to any question in this Part VI **Section A. Governing Body and Management** No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 1 b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7 a X governing body? Х 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by Š the following Х 8a a The governing body? X 8 b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a X **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? 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 Х 13 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a a The organization's CEO. Executive Director, or top management official 15b Х **b** Other officers of key employees of the organization 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 Х 16a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 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 X Upon request Own website Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► KATHY CARLISLE PO BOX 549 BURNS FLAT OK 73624 (580)562-3111

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

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

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

- 1 a 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.

X Check this box if neither the organization	n nor any	relate	d o	rgan	ızat	ion co	mpe	ensated any current of	fficer, director, or trust	tee
(A)	(B)	(C)				(D)	(E)	<b>(F)</b>		
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	ndividual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) DON GRETEMAN										
Chairman	0	<u> </u>	L					0.	0.	0.
(2) BOB MAINE										
Secretary	0							0.	0.	0.
_(3)_ALEX_DAMON	1							_	_	
Secretary	0		_					0.	0.	0.
_(4)_KEVIN_BRITTAIN									_	_
Member Province	0		_					0.	0.	0.
_(5)_WILT_BROWN	,									•
Member	0		_					0.	0.	0.
(6) WAYNE WALTERS Vice chairman	_									0
(7) Kathy Carlisle	0	-	-	-		ļ		0.	0.	0.
Executive Director	40				Х			51,781.	0.	0.
	<del></del>				^			31, 781.	0.	<u> </u>
_(9)	-		_							
(10)										
<u>(11)</u>										···
(12)										
(13)										
(14)										
(15)	-									-
(16)	-									
(17)						_				_
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Pa	rt VIII Statement of Revenue					
		Tc	(A) otal revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events. d Related organizations e Government grants (contributions)  1 a 1 b 1 c 1 c 1 d					
	f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lns 1a-1f.  h Total. Add lines 1a-1f  Business C	D ode				
PROGRAM SERVICE REVENUE	b			24 4 h		20. 1880 A
<u> </u>	<ul> <li>g Total. Add lines 2a-2f</li> <li>3 Investment income (including dividends, interest are other similar amounts)</li> <li>4 Income from investment of tax-exempt bond process</li> <li>5 Royalties</li> </ul>	<b>-</b>	33,879.	33,879.		取. 7 · 《 <b>报</b> 报
	(i) Real (ii) Person (ii) Person (iii) Perso	onal	472,949.	472,949.		
	7a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  (i) Securities (ii) Other 75,	700. 397.	412, 343.	412, 343.		
!	c Gain or (loss) 46, 3 d Net gain or (loss)	303.	46,303.	46,303.		
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
	c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19					
	b Less: direct expenses c Net income or (loss) from gaming activities	· ·	<u> </u>	to a southfille and a south to some		
	10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  b lest income or (loss) from soles of inventory.		a mandama amananagan say sahayasan	one something the state of the		
ŀ	c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Co	ode				
•	11a PSO LEASE b OTHER INCOME c		20,349. 13,800.	20,349. 13,800.	en european en arburgumun zeur an	
	d All other revenue				-	
	e Total. Add lines 11a-11d  12 Total revenue. See instructions	<b>b</b>	34,149. 587,280.	587,280.	0.	

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	50,088.	50,088.	11 (	
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members		·		6
5 Compensation of current officers, directors, trustees, and key employees	51,781.	0.	51,781.	0.
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.	0.	0.
7 Other salaries and wages.	141,307.		141,307.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	123,352.		123,352.	<del></del>
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management		<del>.</del>		
<b>b</b> Legal	13,245.	·	13,245.	
c Accounting	16,930.		16,930.	
<b>d</b> Lobbying		1,5-1,5-1		
e Professional fundraising services See Part IV, line 17			· ,	
f Investment management fees				
<b>g</b> Other				
12 Advertising and promotion	3,670.	1	3,670.	<u>.</u>
13 Office expenses	9,033.		9,033.	
14 Information technology	2,079.		2,079.	
15 Royalties		-		
16 Occupancy	27,610.		27,610.	
17 Travel	4,736.		4,736.	
Payments of travel or entertainment expenses for any federal, state, or local public officials				
<ul><li>19 Conferences, conventions, and meetings</li><li>20 Interest</li></ul>	1,776.		1,776.	
21 Payments to affiliates	100			
22 Depreciation, depletion, and amortization	13,485.		13,485.	
23 Insurance	30,341.	_	30,341.	
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)		**	,	
a OTHER SUPPLIES	13,732.		13,732.	
b BAD DEBTS	6,427.		6,427.	
c TELEPHONE	5,995.		5,995.	
d ECONOMIC DEVELOPMENT				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	515,587.	50,088.	465,499.	0.
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				
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Pa	rt X	Balance Sheet	-				
	-				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		_	995 <u>,</u> 708.	1	425,618.
	2	Savings and temporary cash investments			2,717,156.	2	2,648,559.
	3	Pledges and grants receivable, net				3	<u></u>
	4	Accounts receivable, net			7,894.	4	35,942.
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part				5	**- /
	6	Receivables from other disqualified persons (as defining persons described in section 4958(c)(3)(B), and contributions organizations of section 501(c)(9) voluntary organizations (see instructions)	ibuting 6	employers and		6	# 2
A S E T S	7	Notes and loans receivable, net			31,414.	7	30,519.
Ē	8	Inventories for sale or use				8	
s	9	Prepaid expenses and deferred charges			24,196.	9	18,020.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a	3,500,769.			
	b	Less accumulated depreciation	10b	516,142.	2,246,903.	10 c	2,984,627.
	11	Investments – publicly traded securities.				11	
	12	Investments - other securities See Part IV, line 11				12	
	13	Investments - program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11			4,975.	15	1,302.
	16	Total assets Add lines 1 through 15 (must equal line	34).		6,028,246.	16	6,144,587.
	17	Accounts payable and accrued expenses			68,159.	17	85,176.
	18	Grants payable			23,000.	18	31,560.
	19	Deferred revenue			19,249.	19	38,319.
Ļ	20	Tax-exempt bond liabilities				20_	
Ą	21	Escrow or custodial account liability. Complete Part	IV of Sc	hedule D		21	
L T	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe	istees, k rsons C	ey employees, complete Part II		* 30 2 2	
E S		of Schedule L				22	
S	23	Secured mortgages and notes payable to unrelated the	•			23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	1
	25	Other liabilities Complete Part X of Schedule D			110 400	25 26	155,056.
	26	Total liabilities. Add lines 17 through 25	<u> </u>	l a amendata lima a	110,408.	20	155,056.
Ĕ		Organizations that follow SFAS 117, check here ► 27 through 29 and lines 33 and 34.	and	l complete lines	and a company of	( * · · · ·	
ANNEILO	27	Unrestricted net assets				27	
Ĕ	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			5 4 2 4 5 - 25 Called 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	29	
OR FU		Organizations that do not follow SFAS 117, check he lines 30 through 34.	ere ►	X and complete		***	
£ UZD	30	Capital stock or trust principal, or current funds				30	
B	31	Paid-in or capital surplus, or land, building, or equipr	d		31		
î A	32	Retained earnings, endowment, accumulated income	er funds	5,917,838.	32	5,989,531.	
Č	33	Total net assets or fund balances			5,917,838.	33	5,989,531.
<u>\$</u>	34	Total liabilities and net assets/fund balances			6,028,246.	34	6,144,587.

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Form **990** (2010)

Form	990	(2010)	MIDWESTERN OKLAHOMA DEVELOPMENT AUTH. 73-0	791758		Pa	ge 12
Par	t XI	Reco	nciliation of Net Assets				
		Check	if Schedule O contains a response to any question in this Part XI		_		
			,	1	_		
1	Tota	al revenue	e (must equal Part VIII, column (A), line 12)	1	_		280.
2	Tota	al expens	es (must equal Part IX, column (A), line 25)	2			<u> 87.</u>
3	Rev	enue less	expenses Subtract line 2 from line 1	3		71,6	
4	Net	assets or	fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	<u>5,9</u>	17,8	338.
5	Othe	er change	es in net assets or fund balances (explain in Schedule O)	5		_	<u>0.</u>
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6							531.
Par	t XII	Fina	ncial Statements and Reporting				
		Check	if Schedule O contains a response to any question in this Part XII				
				ı		Yes	No
1	Acc	ounting n	nethod used to prepare the Form 990:			ŧ	
	If th	e organız chedule (	tation changed its method of accounting from a prior year or checked 'Other,' explain			,	
2 8	Wer	e the org	anization's financial statements compiled or reviewed by an independent accountant?		2a		X
t	Wer	e the org	anization's financial statements audited by an independent accountant?		2b	X	
ď	If 'Y	es' to line ew, or co	e 2a or 2b, does the organization have a committee that assumes responsibility for oversight of timplation of its financial statements and selection of an independent accountant?	ne audit,	2c	Х	
		e organiz chedule (	tation changed either its oversight process or selection process during the tax year, explain		* .*	,	·
C			e 2a or 2b, check a box below to indicate whether the financial statements for the year were issu is, consolidated basis, or both	ed on a	, ′ '	*4	
		Separa	te basis Consolidated basis Both consolidated and separate basis			Series	
3	As a Aud	a result o it Act and	f a federal award, was the organization required to undergo an audit or audits as set forth in the d OMB Circular A-133?	Single	3a		X
t			he organization undergo the required audit or audits? If the organization did not undergo the requiplain why in Schedule O and describe any steps taken to undergo such audits	ured audit	3b		
BAA					Form	990	(2010)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2010

Open to Public Inspection

Employer identification number Name of the organization

MID	DWESTERN OKLAHOMA DEVELOPMENT AUTH. 73-0791758						
Par	t I Organizations Maintaining Dono	r Advised Funds or Other Similar Fun	ids or Accounts. Complete if				
	the organization answered 'Yes' t	o 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).						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and doi funds are the organization's property, subject	nor advisors in writing that the assets held in do to the organization's exclusive legal control?	onor advised Yes No				
6	purpose conferring impermissible private bene	the benefit of the donor or donor advisor, or foefit?	r any other Yes No				
Par	t II Conservation Easements. Comp	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by	y the organization (check all that apply)					
	Preservation of land for public use (e g , r	recreation or education) Preservation	of an historically important land area				
	Protection of natural habitat	Preservation of	of a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organizations day of the tax year.	on held a qualified conservation contribution in					
			Held at the End of the Tax Year				
	Total number of conservation easements.		2a				
	Total acreage restricted by conservation ease		2b				
	: Number of conservation easements on a certi	• •	2c				
C	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histo	2d				
3	Number of conservation easements modified, tax year ▶	transferred, released, extinguished, or termina	ated by the organization during the				
4	Number of states where property subject to co	onservation easement is located >	<u> </u>				
5	Does the organization have a written policy reand enforcement of the conservation easeme	egarding the periodic monitoring, inspection, hants it holds?	andling of violations, Yes No				
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing conservation eas	ements during the year				
7	Amount of expenses incurred in monitoring, in \$	nspecting, and enforcing conservation easemen	nts during the year				
8	Does each conservation easement reported o 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection Yes No				
9	conservation easements	s conservation easements in its revenue and expe to the organization's financial statements that					
Pai	Complete if the organization ans	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets. 8.				
1 a	a If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its fina	s held for public exhibition, education, or resea	enue statement and balance sheet works of arch in furtherance of public service, provide,				
١	If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items:	er SFAS 116 (ASC 958), to report in its revenue eld for public exhibition, education, or research	e statement and balance sheet works of art, in furtherance of public service, provide the				
	(i) Revenues included in Form 990, Part VIII	, line 1	<b>*</b> \$				
	(ii) Assets included in Form 990, Part X		<b>*</b> \$				
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other similar assets 116 (ASC 958) relating to these items.	for financial gain, provide the following				
i	a Revenues included in Form 990, Part VIII, lin	e 1	<b>*</b> \$				
	Assets included in Form 990, Part X		<b>▶</b> \$				

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Schedule D (Form 990) 2010 MIDWI	ESTERN OK	LAHOMA DEV	ELOPMEN	T AUTH.	73-079:	1758 Page <b>2</b>
Part III Organizations Mainta	ining Colle	ctions of Art,	Historic	al Treasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisitivems (check all that apply)	on, accession	n, and other reco	ds, check	any of the following	that are a significant u	se of its collection
a Public exhibition		d 🗌	Loan or ex	change programs		
<b>b</b> Scholarly research		e 🗌	Other			
c Preservation for future gener	ations					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No						
Part IV Escrow and Custodia 9, or reported an amo					red 'Yes' to Form 9	90, Part IV, line
1a Is the organization an agent, trus	stee, custodia	n. or other intern	nediary for	contributions or oth	ner assets not	
included on Form 990, Part X?	,	,	, , , , , , , , , , , , , , , , , , , ,			Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV a	and complete the	following t	able.		
						Amount
c Beginning balance					_ 1c	
<b>d</b> Additions during the year					1 d	
e Distributions during the year						
f Ending balance					1f	
2a Did the organization include an a		rm 990, Part X, I	ne 21?			Yes No
b If 'Yes,' explain the arrangement in Part XIV						
Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.						
	(a) Current	year (b) i	Prior year	(c) Two years back		(e) Four years back
1 a Beginning of year balance					**************************************	
<b>b</b> Contributions						2 3 44.
<ul> <li>c Net investment earnings, gains, and losses</li> </ul>					*** ** * * * * * * * * * * * * * * * *	
d Grants or scholarships						
<ul> <li>Other expenditures for facilities and programs</li> </ul>					****	
f Administrative expenses					* ', ^	
<b>g</b> End of year balance					*	A Secretary of the Secretary
2 Provide the estimated percentage of the year end balance held as:						
a Board designated or quasi-endown	vment ►	%				
<b>b</b> Permanent endowment ►	%					
c Term endowment ►	%					
3a Are there endowment funds not organization by:	in the posses	sion of the organ	ization that	are held and admi	nistered for the	Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations 3a(ii)						
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?						
4 Describe in Part XIV the intended uses of the organization's endowment funds						
Part VI: Land, Buildings, and Equipment. See Form 990, Part X, line 10.						
Description of investment		(a) Cost or other (investmen	basis (	b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		<del></del>	627.	` ′	Å .x ,: %	1,627.
<b>b</b> Buildings.		3,343,			387,539.	2,956,119.

c Leasehold improvements 155,484. 128,603. 26,881. **d** Equipment e Other 2,984,627. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule **D** (Form 990) 2010

Partivill Investments-Other Securities. See Fo	orm 990, Part X, li	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year i	luation. narket value
(1) Financial derivatives	<del></del>		
(2) Closely-held equity interests			·
(3) Other			
( <u>A)</u>			
(B)			
<u>(C)</u>			<del></del>
(D)			
(E)		-	
<u>(F)</u> (G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990 Part X, column (B) line 12)			
Rant VIII Investments—Program Related. (See	Form 990, Part X.		See to Design and See The State of the See
(a) Description of investment type	(b) Book value	(c) Method of va	
(1)			
(2)			
(3)			
(4)			···
(5)			
(6)			
(7)			
(8)			
(9)			
(10)		THE P. L. MARKES AND THE PROPERTY OF THE PARTY OF THE PAR	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part.   XXIII Other Assets. (See Form 990, Part X,	line 15) N/A		
	scription		(b) Book value
(1)	scription	· · · · · · · · · · · · · · · · · · ·	(b) Dook value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column(E			<b>&gt;</b>
PartX Other Liabilities. (See Form 990, Part			
(a) Description of liability	(b) Amount		
(1) Federal income taxes			
(2) Rounding	<del></del>	1.	
(3)		ego e	
(4)			
(5)			
(6)			
(7)			
(8)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	<b>•</b>	1.	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sch	edule D (Form 990) 2010 MIDWESTERN OKLAHOMA DEVELOPMENT AUTH.	73-0791758	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		587,280.
2	Total expenses (Form 990, Part IX, column (A), line 25)		515,587.
3	Excess or (deficit) for the year Subtract line 2 from line 1		71,693.
4	Net unrealized gains (losses) on investments .		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		71,693.
	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	587,280.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		<u> </u>
	a Net unrealized gains on investments		
	b Donated services and use of facilities 2b		
	Recoveries of prior year grants		
	d Other (Describe in Part XIV).		
	e Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	587,280.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<u> </u>
7	a Investments expenses not included on Form 990, Part VIII, line 7b.		
	b Other (Describe in Part XIV)	55	
	c Add lines 4a and 4b	4c	
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.).	5	587,280.
	Reconciliation of Expenses per Audited Financial Statements With Expenses		00.7200.
1	Total expenses and losses per audited financial statements	1	515,587.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		010,007.
	a Donated services and use of facilities		
		20	
_	e Add lines 2a through 2d.	2e 3	515,587.
3	Subtract line 2e from line 1	3	313,361.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIV)  4b		
	c Add lines 4a and 4b	4c	
	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	515,587.
	NIXIVA Supplemental Information		<del>,</del>
Cor	polete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also coradditional information	art IV, lines 1b and 2 nplete this part to p	2b; rovide
BA	TEEA3304L 02/11/11	Schedule <b>D</b> (F	orm 990) 2010

Schedule D (Form 990) 2010 MIDWESTERN OKLAHOMA DEVELOPMENT AUTH.	73-0791758	Page 5
PartXIV Supplemental Information (continued)		
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# SCHEDULE I (Form 990)

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

OMB No 1545 0047 2010

% X

☐ Yes

Open to Public Inspection Employer identification number 73-0791758 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? Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Parking General Information on Grants and Assistance MIDWESTERN OKLAHOMA DEVELOPMENT AUTH Department of the Treasury Internal Revenue Service Name of the organization

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Franking Grants and Other Assistance to Governments and Organizations in the Omited States. Complete in the Organization answered these 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. Part II can be duplicated if additional space is needed	for any recipient is additional space.	that received m	ore than \$5,000. Cl	ed states. Completed this box if no	one recipient rece	sived more than (	\$5,000.
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
(1)							
<u>(2)</u>							
(3)				ı			
<u>(4)</u>							
(5)							
					,		
(9)							
		!					
<u></u>							
(8)							
2 Enter total number of section 501(c)(3) and government organizations	(3) and government or	ganizations				•	0
3 Enter total number of other organizations	tions					•	0
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	e, see the Instructions	s for Form 990.		TEEA3901L 10/29/10	10/29/10	Schedi	Schedule I (Form 990) 2010

Page 2 El (Form 990) 2010 MIDWESTERN OKLAHOMA DEVELOPMENT AUTH.

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 can be duplicated if additional space is needed. (f) Description of non-cash assistance Randia Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule 1 (Form 990) 2010 Partilli m S ဖ

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Schedule I (Form 990) 2010

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

#### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization	Employer identification number
MIDWESTERN OKLAHOMA DEVELOPMENT AUTH.	73-0791758
Form 990, Part VI, Line 11b - Form 990 Review Process	· <b></b>
No review was or will be conducted.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	· <del>-</del>
No documents available to the public.	<b></b>
	. <b></b>
	. <b></b>
	<b></b>
	- <b></b>

## Form **8868**(Rev January 2011)

Department of the Treasury Internal Revenue Service

payment instructions

**BAA For Paperwork Reduction Act Notice, see Instructions.** 

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1-2011)

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Partile Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns Name of exempt organization Type or print MIDWESTERN OKLAHOMA DEVELOPMENT AUTH. 73-0791758 File by the due date for filing your return See Number, street, and room or suite number. If a P.O. box, see instructions instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions BURNS FLAT, OK 73624 01 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Return **Application** Return Code Code Form 990-T (corporation) 07 Form 990 Form 1041-A 08 Form 990-BL 02 09 03 Form 4720 Form 990-EZ 10 Form 990-PF 04 Form 5227 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) The books are in the care of ► KATHY CARLISLE Telephone No ► (580) 562-3111 FAX No ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 5/15\_\_\_\_, 20\_12\_, to file the exempt organization return for the organization named above The extension is for the organization's return for: calendar year 20 |X| tax year beginning 10/01 , 20 10 , and ending 9/30 , 20 112 If the tax year entered in line 1 is for less than 12 months, check reason. | Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3a|\$ 0. nonrefundable credits. See instructions b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax 0. payments made. Include any prior year overpayment allowed as a credit 3Ы\$ c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 0. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for