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Form 990

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)

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| <u>A</u> | For the | 2011 calend | lar year, or tax year beginning , 2011, and ending | | , | |
|-------------------------|------------------|---------------------------|---|--|----------------|---|
| В | Check if a | applicable | C | D Emp | loyer Identıfı | cation Number |
| | Addr | ress change | DUNCAN AREA ECONOMIC DEVELOPMENT | 73 | -07518 | 319 |
| | Nam | ne change | FOUNDATION | | phone numbe | |
| | Initia | al return | P O BOX 1051 | (5 | 80) 25 | 55-9675 |
| | \vdash | nınated | DUNCAN, OK 73534 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 00, 20 | 75 5015 |
| | \vdash | ended return | | 6 0 | s receipts \$ | 4,276,287. |
| | \vdash | lication pending | F Name and address of principal officer | H(a) Is this a group re | _ | |
| | | neation pending | · · | f(b) Are all affiliates i | | Yes X No |
| | Tay ay | cempt status | X 501(c)(3) 501(c) () 4947(a)(1) or 527 | If 'No,' attach a l | ist (see insti | ructions) La |
| ÷ | | | | K-1 0 | | |
| K | | of organization | X Corporation Trust Association Other ► L Year of Formation | 1 O S 4 | | 0 |
| | ert I | Summar | | on 1934 N | State of leg | gat domicite OK |
| £ | ****** | · | | HINTTY THEF | TACE : | TOP |
| _ | | | | UALLY_INCE | | |
| Activities & Governance | - | DEALL UDW | ITIES AND THE DEVELOPMENT OF FAVORABLE BUSINESS ENT PROGRAMS FOR THE BENEFIT OF THE COMMUNITY | 2 CTIMMIF | AND WO | KVLOKĆF" - " - |
| Ē | - | 1017 A 1717 (7 14) | mit trodiomo tov tit bënetit de tit cominitit - | | | |
| Ş. | 2 7 | Check this bo | if the organization discontinued its operations or disposed of more | than 25% of its | net accel | - |
| Ğ | 3 1 | | ting members of the governing body (Part VI, line 1a) | . 11411 25 /0 01 113 | 3 | 11 |
| <u></u> | 4 N | | dependent voting members of the governing body (Part VI, line 1b) | | 4 | 11 |
| Ž | 5 T | òtal number | of individuals employed in calendar year 2011 (Part V, line 2a) | | 5 | 4 |
| ಅಕ್ಕ | 6 T | | of volunteers (estimate if necessary) | | 6 | 0 |
| \bowtie | | | ed business revenue from Part VIII, column (C), line 12 | | 7a | 601,178. |
| | ΡV | let unrelated | business taxable income from Form 990-T, line 34 | | 7b | 37,057. |
| al al | | | | Prior Yea | | Current Year |
| ∞ • | | | and grants (Part VIII, line 1h) | | 442. | 725,379. |
| F 5 | | | rice revenue (Part VIII, line 2g) | 1,239, | | 1,233,781. |
| Z | | | come (Part VIII, column (A), lines 3, 4, and 7d) | 46, | ,121. | 58,021. |
| 3 | | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1 000 | 700. | 930. |
| SCANNED Revenue | | | e – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,869 | | 2,018,111. |
| Ø | 14 6 | arants and s | milar autounts paid (Fart IX, column (A), lines 1-3) to or formembers (Part IX, column (A), line 4) | 18, | ,004. | 96,146. |
| | | | | 267 | 020 | 076 155 |
| 9 | | | r compensation, employee benefits (Part IX, column (A), lines 5-10) | 267, | ,232. | 276,155. |
| Expenses | 1 | | ကြန်မျာalsing(tées)(PartaX, colump2(A), line 11e) | | | |
| ă X | | | sing expenses (Part IX, column (D) line 25) | | | |
| ш | 17 C | Other expens | es (Part X, column (A), ines 11a-11d, 11f-24e) | 1,139, | ,808. | 1,233,796. |
| | 18 T | otal expense | es Add mes 13-17 (must equal Part IX, column (A), line 25) | 1,425, | ,044. | 1,606,097. |
| | 19 F | Revenue less | expenses Subtract line 18 from line 12 | 444, | ,360. | 412,014. |
| 5 8 | | | | Beginning of Curr | ent Year | End of Year |
| Assets Balanc | | | (Part X, line 16) | 12,551, | 877. | 12,622,876. |
| å. B | 21 T | otal liabilitie | s (Part X, line 26) | 4,233, | , 638. | 3,892,623. |
| žį | 22 N | let assets or | fund balances. Subtract line 21 from line 20 | 8,318, | , 239. | 8,730,253. |
| Pa | ırt II | Signatur | e Block / | | | |
| Und | ler penalti | es of perjury, I p | leclare that I have examined this return, including accompanying schedules and statements, and to are other than officer) is based on all information of which preparer has any knowledge | the best of my knowl | ledge and be | lief, it is true, correct, and |
| con | ipiete Dec | ciaration of prep | arer other than officer) is based on all information of which preparer has any knowledge | | | |
| | | | Kel Nogram | 16-2 | 0-12 | |
| Sig | | Signate | re of officer | Date | | |
| He | re | ▶ | le L. Koggow Presiden- | <u>+ </u> | | |
| | | | print name and title 1/1 | | | |
| | | 1 - | vaugh, Greparer's signature Jayna Vaugh, Gree VAUGHN Preparer's signature Jayna Vaugh, Gree 5/14/1 | Check | If P | TIN |
| Pa | | | VAUGHN JAYNA VAUGHN 6/14/1 | 12 self empl | oyed F | 00482874 |
| Pr | eparer e Only | Firm's name | | | | |
| Us | N ► 73- | 1265813 | | | | |
| | _ | | DUNCAN, OK 73533-4621 | Phone no | 1500 | |
| Ma | the IR | S discuss th | is return with the preparer shown above? (see instructions) | | | X Yes No |

| Form 990 (2011) DUNCAN AREA ECC | NOMIC DEVELOPMENT | 73-0751819 | Page 2 |
|---|---|-------------------------------|----------------|
| | ervice Accomplishments | | |
| | response to any question in this Part III | | \Box |
| 1 Briefly describe the organization's mis | | | |
| TO CONTINUALLY INCREASE | JOB OPPORTUNITIES AND THE DEVELOPMENT | OF FAVORABLE BUSIN | NESS |
| CLIMATE AND WORKFORCE D | EVELOPMENT PROGRAMS FOR THE BENEFIT OF | THE COMMUNITY | |
| | | | |
| | | | |
| 2 Did the organization undertake any sig | unificant program services during the year which were not listed | d on the prior | |
| Form 990 or 990-EZ? | | Yes | X No |
| If 'Yes,' describe these new services of | on Schedule O. | | _ |
| 3 Did the organization cease conducting | , or make significant changes in how it conducts, any program | services? Yes | X No |
| If 'Yes,' describe these changes on So | chedule O. | | |
| 4 Describe the organization's program s | ervice accomplishments for each of its three largest program s | services, as measured by exp | enses |
| Section 501(c)(3) and 501(c)(4) organi | zations and section 4947(a)(1) trusts are required to report the | amount of grants and allocate | tions to |
| others, the total expenses, and revent | ue, if any, for each program service reported. | | |
| | | | |
| 4a (Code) (Expenses \$ | 890, 309. including grants of \$ | _) (Revenue \$ |) |
| | ED_FACILITIES; ACTIVITY DESIGNED TO INC | REASE INDUSTRY AND | D JOB |
| OPPORTUNITIES IN THE LO | CAL COMMUNITY. | | |
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| | | | |
| Ab (Code) (Fuences & | 520 526 maladan analada 6 | | |
| 4b (Code.) (Expenses \$) | 520,526. including grants of \$ | _)(Revenue \$ |) |
| | TIVITIES DESIGNED TO PROMOTE DUNCAN TO | | |
| | R THE PURPOSE OF CREATING NEW EMPLOYMEN | AT OPPORTUNITIES A | ND |
| CARRYING OUT THE ORGANI | ZATION'S MISSION. | | - - |
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| | | | |
| Ac (Codo) (Expansos \$ | 96 146 including graphs of \$ |) (Payanua ¢ | |
| TNCENTIVE DAVMENTS TO C | 96,146. including grants of \$ OMPANIES ARE A FINANCIAL INCENTIVE FOR | _) (Revenue \$ |) |
| | | HIKING BOATTII | |
| <u>EMPLOYEES_AND_PAYING_QU</u> | ALITI WAGES. | | |
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| | | | |
| 4d Other program services. (Describe in | Schedule ()) | | |
| • - | including grants of \$) (Revenue | , s | |
| 4e Total program service expenses ► | 1,506,981. | · | <u>'</u> |
| BAA | TEEA0102L 07/05/11 | Form | 990 (2011) |
| | 0.021 | . 5/111 | (-011) |

Page 3

| | | | Yes | No |
|----|---|------|----------|-------------|
| 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 | Χ | |
| 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_ | Х | |
| 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | <u>X</u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9_ | | _X_ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | <u>X</u> |
| 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. | | | |
| á | 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 | |
| | 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 | | X |
| | 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 | | X |
| | 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 | | X |
| | 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 | |
| 1 | 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 | | X |
| 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 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 | | X |
| | 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 | | <u>X</u> |
| ļ | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | | <u>X</u> |
| | 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 | | X |
| 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 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 | | Х |
| | 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 |
| | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | 19 | _ | X |
| | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | <u> </u> | X |
| ı | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | | <u></u> |

Form 990 (2011) DUNCAN AREA ECONOMIC DEVELOPMENT

Part IV | Checklist of Required Schedules (continued)

| | <u></u> | | | |
|-------------|--|------|----------------|--------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> | 23 | | Х |
| 24 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 |
| ь | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | 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 | | Х |
| t | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i> | 27 | | Х |
| | 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 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 | | Х |
| | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | Х |
| | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. | 30 | | Х |
| | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | Х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Х | |
| 35 a | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | |
| ł | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | _35b | Х | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | Х |
| 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 | Х | |
| BAA | | Forn | 1 990 (| (2011) |

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

| Check if Schedule O contains a response to any question in this Part V | | | |
|---|------------|-------|----------|
| | | Yes | No |
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24 | -[} | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Х | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 4 | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2ь | х | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Х | |
| b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O | 3b | X | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| 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 | | Х |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | Х |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | Х |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Х |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | Х |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | Х |
| 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? | 7 h | | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| 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? | 9ь | | |
| 10 Section 501(c)(7) organizations. Enter | | | |
| 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 | | | |
| 11 Section 501(c)(12) organizations. Enter. | | | |
| 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) | | | |
| 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 | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | <u>X</u> |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14b | | |
| BAA TEEA0105L 07/05/11 | Form | 990 (| 20111 |

Form 990 (2011) DUNCAN AREA ECONOMIC DEVELOPMENT 73-0751819 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 11 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 officer, director, trustee or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Х 3 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 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? Х 8a X b Each committee with authority to act on behalf of the governing body? 8Ь Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c Х X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official See Schedule 0 Х 15a b Other officers of key employees of the organization X 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If 'Yes,' did the organization follow 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 organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > OK Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website |X| Upon request 19 Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

OFFICERS 8100 N.

Page **7**

Part VII 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

- 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 nor any related organization compensated any current officer, director, or trustee | | | | | | | | | | |
|---|---|--------------------------------|--|---------|--------------|------------------------------|--|---|--|--|
| | | (C) | | | | | | | | |
| (A) Name and title | (B) Average hours per week | á | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | box, cer | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation | |
| | (describe hours for related organiza tions in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W 2/1099 MISC) | (W 2/1099 MISC) | from the organization and related organizations |
| (1) RICK_BRAUGHT | | | | | | | | | | |
| Secretary | 1 | X | | X | | | | 0. | 0. | 0. |
| (2) JIMMY COOPER | | | | | | | | | | |
| Chairman | 5 | X | | X | | | | 0. | 0. | 0. |
| _(3)_KEN_LAYN | | | | | | | | - | | |
| Director | 1 | X | | | | | | 0. | 0. | 0. |
| (4) BEN HERRINGTON | } | | | | | | | | | |
| Treasurer | 5 | Х | | X | | | | 0. | 0. | 0. |
| (5) CINDY ROSS | <u> </u> | | | | | | | | | |
| Director | 1 | X | | | | | | 0. | 0. | 0. |
| (6) TOMMY JONES |] | | | | | | | | | |
| Director | 1 | X | | | | | | 0. | 0. | 0. |
| |] | | | | | | | | | |
| Director | 5 | Х | | | | | | 0. | 0. | 0. |
| _(8)_JOE_SANDY |] | | | | | | | | - | |
| Director | 1 | X | | | | | | 0. | 0. | 0. |
| (9) BRENT BOSTICK | | | | | | | | | | |
| Director | 1 | Х | | | | | | 0. | 0. | 0. |
| (10) M J LEWIS | | | | | | | | | | |
| Vice Chairman | 5 | X | | Χ | | | | 0. | 0. | 0. |
| (11) GREG SHEPHERD | | | | | | | | | | |
| Director | 1 | Х | | | | | | 0. | 0.1 | 0. |
| (12) LYLE L. ROGGOW | | | | | | | | _ | | |
| President | 40 | | | X | | | | 131,788. | 0. | 0. |
| _(13) | | | | | | | | | | |
| (14) | | | | | | | | - | | |
| | L | Ц | | L | | L | | | | |

| (A) Name and title | (B) Average hours | ge box, unless person is both an officer and a director/trustee) | | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other compensation | | | | | |
|--|---|--|-----------------------|----------------------------------|----------------------------------|--|------------------|-------------------------------------|--|--|----------------|
| | per week (describ e hours for related organi- zations in Sch O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W 2/1099 MISC) | related organizations (W 2/1099 MISC) | from the organization and related organizations | |
| (15) | | | | | | | | | | | |
| <u>(16)</u> | | | | | | | | | | | |
| <u>(17)</u> | | | | | | | | | | | |
| (18) | | | | | | | | | | | |
| (19) | | | | | | | | | | | |
| (20) | | | | | | | | | | | |
| (21) | | | | | | | | | | | |
| (22) | | | | | | | | | | | |
| (23) | | | | | | | | | | | |
| <u>(24)</u> | | | | | | | | | | - | |
| (25) | | | | | | | | | | | |
| 1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) | | <u>-</u> | | | | | > > | 131,788. 0. 131,788. | 0. 0. 0. | | 0. 0. 0. |
| 2 Total number of individuals (including but not limited from the organization ► 1 | to tho | se lis | sted | abo | ve) | who | rece | eived more than \$ | 100,000 of reportab | · | |
| on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of rec | 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for | | | | | | | | | | |
| 5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' or | ompens omplet | atio | n fro hedi | m a | iny i <i>J for</i> | nrel suc | ated h pe | l organization or in erson | ndıvıdual | 5 | <u>X</u> |
| 1 Complete this table for your five highest compensate compensation from the organization. Report comper | ed inde | pend for t | lent | con | trac | ors | that | received more the | an \$100,000 of | tay year | |
| (A) Name and business addres | | 101 (| | alci | luai | yea | CII | (B Description |) | (C) Compensation | |
| | - | | | | | | | | | | |
| 2 Total number of independent contractors (including \$100,000 in compensation from the organization ► | | lımıl | ed t | o th | ose | liste | d at | ove) who received | d more than | | |

Page 9

Part VIII Statement of Revenue (A) Total revenue (B) (C) (D) Related or Unrelated Revenue exempt business excluded from tax function revenue under sections 512, 513, or 514 revenue 1 a 1a Federated campaigns CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 61,100. **b** Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d 1 e 664,279 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in Ins 1a-1f h Total. Add lines 1a-1f 725,379 PROGRAM SERVICE REVENUE Business Code 531120 632,603 601,178 2a INDUSTRIAL BUILDING RENT 1,233,781 f All other program service revenue $1,233,\overline{781}$ g Total. Add lines 2a-2f Investment income (including dividends, interest and 50,201 50,201 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 818. 6a Gross rents b Less rental expenses 818. c Rental income or (loss) 818 818. d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of 2,265,746 250. assets other than inventory **b** Less: cost or other basis 2,258,023 153 and sales expenses c Gain or (loss) 7,723. 97. • 7,820. 7,820. d Net gain or (loss) 8a Gross income from fundraising events (not including \$_____ OTHER REVENUE of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 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 10a Gross sales of inventory, less returns and allowances b Less, cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a MISCELLANEOUS_INCOME 112 112. d All other revenue e Total. Add lines 11a-11d 112 2,018,111 Total revenue. See instructions 632,603. 601,178. 58,951

Part IX Statement of Functional Expenses

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

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

| Do not Include amounts reported on lines Co. Do. 90, 100 Forgram service Program service Sp. 70, 40, 90, and 100 of Part VIII. | | Check if Schedule O contains a re- | <u></u> | | (D) | | | | | | | |
|---|----|--|----------|-------------|------------------|---|--|--|--|--|--|--|
| Contrained other assistance to governments and organizations in the United States. See Part IV, line 21 96,146 96,146 | | Do not include amounts reported on lines Total expenses Program service Management and Fundraising | | | | | | | | | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outset the process of the state of | | Grants and other assistance to governments and organizations in the United States. See | 96 146 | · | general expenses | ехрепзез | | | | | | |
| organizations, and individuals outside the United States. See Part IV, lines 15 and 16 4 Benefits pead to or for members Compensation of current officers, directors, Compensation in childred above, to disqualitate parsons described in section 4958(0(1)) and persons described in section 4918(0) and section 403(b) (10) and persons described in section 4918(0) and section 403(b) (10) and section 403(b) | 2 | Grants and other assistance to individuals in | 50,140. | 50,140. | | ······································ | | | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualished persons (self-ined under section 4958()(1)) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4968()(1) and persons described in section 491(b) and section 493(b) and section 49 | 3 | organizations, and individuals outside the | | | | | | | | | | |
| Trustees, and key employees 131,788 125,199 6,589 0 0 | 4 | Benefits paid to or for members | | | | *************************************** | | | | | | |
| disqualified persons (as defined under section 4958(c)(3)(8) (a) (b) (c) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | 5 | trustees, and key employees | 131,788. | 125,199. | 6,589. | 0. | | | | | | |
| 7 Other salaries and wages | 6 | disqualified persons (as defined under section 4958(f)(1)) and persons described | 0. | 0. | 0. | 0. | | | | | | |
| (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payoril taxes 11 Fees for services (non-employees) a Management b Legal 1 1,605. 1,348. 257. c Accounting 1 13,101. 13,101. d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other g Other 10 Advertising and promotion 13 Ottice expenses 15 Coupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% expenses on Schedule (C) a REPAIRS & MAINTENANCE b RECRUITING/MARKETING 5 88,839. 58,839. c CONTRACT SERVICES 24 All other expenses 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined ducational campany and throatings longing the production of the company of the organization reported in column (B) joint costs from a combined educational campany and throatings and collections Check here ▶ ☐ if following | 7 | Other salaries and wages | 82,798. | 55,053. | 27,745. | | | | | | | |
| 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundrating services See Part IV, line 17 f Investment management fees g Other 13,101. 30,448. 30,448. 30,448. 30 Office expenses 13 Office expenses 5,229. 4,555. 674. Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials linterest 20 Interest 21 Payments to affiliates 225,597. 225,597. 225,597. 225,597. 226,197. 24 Other expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25e. Column (A) amount, list line 24e expenses on Schedule O.) a REPAIRS & MAINTENANCE b RECRUTTING / MARKETING c CONTRACT SERVICES 28,110. 26,159. 17,506,981. 32,234. 6,140. 2,414. 31,101. 31,011. 31,0 | 8 | (include section 401(k) and section 403(b) | 9 107 | C 010 | 1 207 | | | | | | | |
| 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 2 Other expenses 1 | ۵ | ` ` ' | | | | - | | | | | | |
| 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line I7 f Investment management fees g Other g Other 12 Advertising and promotion 30, 448. 30, 488. 30, 4 | | · · · | | | | - :- | | | | | | |
| a Management b Legal | | · · | 13,000. | 14,014. | 2,414. | | | | | | | |
| b Legal | | | | | | | | | | | | |
| Continue | | _ | 1 605 | 1 3/10 | 257 | | | | | | | |
| Section Sect | | - | | 1,340. | | | | | | | | |
| e Professional fundratising services See Part IV, line 17 f Investment management fees g Other 3 Othice expenses 5,229. 4,555. 674. 14 Information technology 15 Royalties 6 Occupancy 75,107. 71,075. 4,032. 17 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24c. If line 24c amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O. a REPAIRS & MAINTENANCE 128,1172. 128,141. 31. b RECRUITING/MARKETING 58,839. 58,839. CONTRACT SERVICES 28,110. 26,159. 1,951. d DUES & PUBLICATIONS 25,381. 21,320. 4,061. e All other expenses. Add lines 1 through 24c 26 Joint costs. Complete this line only if the organization reported in column (B) priorit costs from a combined educational campaign and fundraising solicitation Check here ▶ if following | | | | 5 000 | 15,101. | | | | | | | |
| f Investment management fees g Other 6 , 175 . 5 , 187 . 988 . 2 Advertusing and promotion 30 , 448 . 30 , 448 . 30 Office expenses 5 , 229 . 4 , 555 . 674 . Information technology | | , - | 3,000. | 3,000. | 12771 | | | | | | | |
| g Other 12 Advertising and promotion 30,448. 30,448. 30,448. 30,448. 30,448. 30,448. 30,448. 30,448. 30,448. 30,448. 30,448. 30,448. 31 Office expenses 5,229. 4,555. 674. 11 Information technology 15 Royalites 16 Occupancy 75,107. 71,075. 4,032. 17 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 225,597. 225,597. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a REFAIRS & MAINTENANCE 128,172. 128,141. 31. b RECRUITING/MARKETING 58,839. 58,839. c CONTRACT SERVICES 28,110. 26,159. 1,951. d DUES & PUBLICATIONS e All other expenses 82,050. 64,919. 17,131. 25 Total functional expenses. Add lines 1 through 24e 10 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaing and fundrasing solicitation Check here ▶ ☐ if following | | · , | - | | | | | | | | | |
| 30,448. 30,448. | | | 6.175 | 5 187 | 988 | | | | | | | |
| 13 Office expenses 5,229. 4,555. 674. | - | · | | | | | | | | | | |
| 14 Information technology 70 Agolaties 75,107. 71,075. 4,032. 71,075. 4,047. 71,075. 4,047. 71,075. 4,047. 71,075. 4,047. 71,075. 4,047. 71,017. 71,017. 71,017. 71,017.< | | , , , , , , , , , , , , , , , , , , , | | | 674 | | | | | | | |
| 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e, if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 2 REPAIRS & MAINTENANCE 2 REPAIRS & MAINTENANCE 3 RECRUITING/MARKETING 4 DUES & PUBLICATIONS 5 A B S S S S S S S S S S S S S S S S S S | 14 | · · · · · · · · · · · · · · · · · · · | 5/551 | -/000. | | | | | | | | |
| 17 Travel 34,702. 29,150. 5,552. | 15 | | | | | | | | | | | |
| 17 Travel 34,702. 29,150. 5,552. | 16 | Occupancy | 75,107. | 71,075. | 4,032, | | | | | | | |
| 18 | 17 | Travel | | | | | | | | | | |
| 225,597. | 18 | expenses for any federal, state, or local | | | | - | | | | | | |
| 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a REPAIRS & MAINTENANCE b RECRUITING/MARKETING c CONTRACT SERVICES d DUES & PUBLICATIONS e All other expenses 82,050. 64,919. 17,131. 25 Total functional expenses. Add lines 1 through 24e. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following | 19 | Conferences, conventions, and meetings | | | | | | | | | | |
| 22 Depreciation, depletion, and amortization 485,176. 482,680. 2,496. | | . | 225,597. | 225,597. | | | | | | | | |
| 23 Insurance 29,104. 24,447. 4,657. | | F | | | | | | | | | | |
| Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a REPAIRS & MAINTENANCE 128,172. 128,141. 31. b RECRUITING/MARKETING 58,839. 58,839. c CONTRACT SERVICES 28,110. 26,159. 1,951. d DUES & PUBLICATIONS 25,381. 21,320. 4,061. e All other expenses 82,050. 64,919. 17,131. 25 Total functional expenses. Add lines 1 through 24e. 1,606,097. 1,506,981. 99,116. 0. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| a REPAIRS & MAINTENANCE 128,172. 128,141. 31. b RECRUITING/MARKETING 58,839. 58,839. c CONTRACT SERVICES 28,110. 26,159. 1,951. d DUES & PUBLICATIONS 25,381. 21,320. 4,061. e All other expenses 82,050. 64,919. 17,131. 25 Total functional expenses. Add lines 1 through 24e. 1,606,097. 1,506,981. 99,116. 0. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here □ If following | | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e | 29,104. | 24,447. | 4,657. | | | | | | | |
| b RECRUITING/MARKETING 58,839. 58,839. c CONTRACT SERVICES 28,110. 26,159. 1,951. d DUES & PUBLICATIONS 25,381. 21,320. 4,061. e All other expenses 82,050. 64,919. 17,131. 25 Total functional expenses. Add lines 1 through 24e. 1,606,097. 1,506,981. 99,116. 0. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here □ If following | 5 | · · · · · · · · · · · · · · · · · · · | 128 172 | 128 141 | 21 | | | | | | | |
| c CONTRACT SERVICES d DUES & PUBLICATIONS 25,381. 21,320. 4,061. e All other expenses 82,050. 64,919. 17,131. 25 Total functional expenses. Add lines 1 through 24e. 1,606,097. 1,506,981. 99,116. 0. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here □ If following | | | | | 31. | | | | | | | |
| d DUES & PUBLICATIONS e All other expenses 82,050. 64,919. 17,131. Total functional expenses. Add lines 1 through 24e. 1,606,097. 1,506,981. 99,116. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here □ if following | | | | | 1 951 | | | | | | | |
| e All other expenses 82,050. 64,919. 17,131. 25 Total functional expenses. Add lines 1 through 24e. 1,606,097. 1,506,981. 99,116. 0. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following | | | | | | | | | | | | |
| Total functional expenses. Add lines 1 through 24e. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following | | | | | | | | | | | | |
| Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here | | · • • • • • • • • • • • • • • • • • • • | | | | 0 | | | | | | |
| | | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | , , , - | , 222, 232, | | | | | | | | |
| SOP 98-2 (ASC 958-720) | | | j | | | | | | | | | |
| | | SOP 98-2 (ASC 958-720) | | | | | | | | | | |

| | | | (A) Beginning of year | | (B) End of year |
|-----------------------|------|---|--------------------------|--------------|---------------------------------------|
| | 1 | Cash – non-interest-bearing | 257,348. | 1 | 847,906 |
| | 2 | Savings and temporary cash investments | 751,458. | 2 | 526,178 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 12,852. | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 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) | | 6 | |
| ŝ | 7 | Notes and loans receivable, net | | 7 | |
| A S E T S | 8 | Inventories for sale or use | <u>.</u> | 8 | |
| Š | 9 | Prepaid expenses and deferred charges | 9,028. | 9 | 1,161 |
| | 10 a | Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10, 647, 463. | 37,020. | | |
| - | | Less accumulated depreciation 10b 1,730,053. | 9,262,109. | 10. | 0 017 410 |
| | 11 | Investments – publicly traded securities | 2,258,022. | 10 c | 8,917,410 2,329,159 |
| | 12 | Investments – other securities. See Part IV, line 11 | 2,230,022. | 12 | |
| | 13 | Investments – program-related See Part IV, line 11 | | | |
| | 14 | Intangible assets | | 13 | · · · · · · · · · · · · · · · · · · · |
| | 15 | Other assets See Part IV, line 11 | 1 060 | 14 | 1 002 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 1,060. 12,551,877. | 15 | 1,062 |
| \dashv | 17 | · · · · · · · · · · · · · · · · · · · | 12,551,677. | 16 17 | 12,622,876 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue. | 50,838. | 19 | · · · · · · · · · · · · · · · · · · · |
| L | 20 | Tax-exempt bond liabilities | | 20 | |
| A | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| A B L L T | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| E S | 23 | Secured mortgages and notes payable to unrelated third parties | 4,170,895. | 23 | 3,882,389 |
| S | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 11,905. | 25 | 10,234 |
| _ | 26 | Total liabilities. Add lines 17 through 25 | 4,233,638. | 26 | 3,892,623 |
| Ĕ | | Organizations that follow SFAS 117, check here ► X and complete lines | - | | |
| , | | 27 through 29 and lines 33 and 34. | - | | |
| COSETS | 27 | Unrestricted net assets | 8,215,007. | 27 | 8,621,875 |
| <u> </u> | 28 | Temporarily restricted net assets | 103,232. | 28 | 108,378 |
| | 29 | Permanently restricted net assets | | 29 | |
| R | | Organizations that do not follow SFAS 117, check here ► and complete | = | | |
| FUZD | | lines 30 through 34. | | | |
| - 1 | 30 | Capital stock or trust principal, or current funds | | 30 | |
| B | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| 4 | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| BALAZCEN | 33 | Total net assets or fund balances | 8,318,239. | 33 | 8,730,253 |
| 5 | 34 | Total liabilities and net assets/fund balances | 12,551,877. | 34 | 12,622,876. |

BAA

Form **990** (2011)

| Form | 1990 (2011) DUNCAN AREA ECONOMIC DEVELOPMENT | -0/21019 | | Pa | ge 12 |
|------------|---|-------------|------------|----------------|------------|
| Par | t XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | |
| | • | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,0 | <u>18,1</u> | <u>11.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,606,097. | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 4 | <u>12,0</u> | 14. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 8,3 | <u>18,2</u> | 39. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | 0. |
| 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 | 8,7 | 30,2 | 53. |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | _X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990. Cash Accrual X Other See Sch. (|) | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | |
| 2 <i>a</i> | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | x | |
| Ŀ | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| c | : If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? | ne audit, | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | |
| c | If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issu separate basis, consolidated basis, or both | ed on a | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| 32 | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133? | Single | 3a | | X |
| t | olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits | uired audit | 3ь | | |
| BAA | | | Form | n 990 (| (2011) |

TEEA0112L 07/06/11

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

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

OMB No 1545 0047

Open to Public Inspection

Name of the organization Employer identification number DUNCAN AREA ECONOMIC DEVELOPMENT FOUNDATION 73-0751819 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's Δ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type II c ď Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organization(s) (ii) EIN (iii) Type of organization (described on lines 1 9 above or IRC section (v) Did you notify the organization in column (i) of (i) Name of supported (iv) Is the (vi) Is the (vii) Amount of support organization organization in column (i) listed in organization in column (i) organized in the (see instructions)) your governing document? your support? Yes No Yes No Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2011 DUNCAN AREA ECONOMIC DEVELOPMENT 73-0751819 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Sec | Section A. Public Support | | | | | | | | | | |
|--------------|---|--|---|--|--|--|-------------------------------------|--|--|--|--|
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total | | | | |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') | 63,300. | 59,350. | 45,000. | 57,800. | 61,100. | 286,550. | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 516,618. | 3,506,001. | 505,897. | 525,642. | 664,279. | 5,718,437. | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. | | | | |
| 4 | Total. Add lines 1 through 3 | 579,918. | 3,565,351. | 550,897. | 583,442. | 725,379. | 6,004,987. | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 0. | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 6,004,987. | | | | |
| Sec | tion B. Total Support | | | | | | | | | | |
| | ndar year (or fiscal year nning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total | | | | |
| 7 | Amounts from line 4 | 579,918. | 3,565,351. | 550,897. | 583,442. | 725,379. | 6,004,987. | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 317,603. | 305,863. | 661,257. | 1,295,310. | 1,284,800. | 3,864,833. | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV | 70. | | | | 112. | 182. | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 9,870,002. | | | | |
| 12 | Gross receipts from related activ | ities, etc (see inst | ructions) | | | 12 | 0. | | | | |
| | First five years. If the Form 990 organization, check this box and | stop here | | d, third, fourth, or | fifth tax year as a | section 501(c)(3) | ▶ □ | | | | |
| | tion C. Computation of Pu | | | _ | | - | | | | | |
| | Public support percentage for 20 Public support percentage from 2 | | | : 11, column (f)) | | 14 | 60.84% | | | | |
| | ,, , | , | , | | | 15 | 67.47 % | | | | |
| 16 | a 33-1/3% support test — 2011. If the and stop here. The organization | ne organization di qualifies as a pub | d not check the bo licly supported org | ox on line 13, and ganization | the line 14 is 33- | 1/3% or more, che | ck this box | | | | |
| ı | o 33-1/3% support test — 2010. If the and stop here. The organization of | ne organization di qualifies as a pub | d not check a box licly supported org | on line 13 or 16a ganization | , and line 15 is 33 | -1/3% or more, ch | leck this box ► | | | | |
| | a 10%-facts-and-circumstances test or more, and if the organization in the organization meets the 'facts | meets the 'facts-a -and-circumstance | nd-circumstances es' test. The orgar | test, check this build the design that the des | oox and stop here as a publicly supp | . Explain in Part IV orted organization | / how ► | | | | |
| | o 10%-facts-and-circumstances tes or more, and if the organization in organization meets the 'facts-and | neets the 'facts-a I-circumstances' t | nd-circumstances est. The organizat | ' test, check this t tion qualifies as a | oox and stop here publicly supporte | . Explain in Part I\ d organization | / how the ► | | | | |
| 18 BAA | Private foundation. If the organiz | ation did not ched | ck a box on line 13 | 3, 16a, 16b, 17a, o | | | uctions ► 90 or 990-EZ) 2011 | | | | |

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

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

| Sec | tion A. Public Support | | | | | | |
|------------|--|--------------------|--------------------------|----------------------|---------------------------------------|-------------------|-----------------------|
| Calen | dar year (or fiscal yr beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received. (Do not include any unusual grants '). | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support (Subtract line 7c from line 6) | | | | | | |
| Sec | tion B. Total Support | | | | · · · · · · · · · · · · · · · · · · · | | |
| Calen | dar year (or fiscal yr beginning in)► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 10 a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add Ins 9, 10c, 11, and 12) | | | | | | |
| | First five years. If the Form 990 organization, check this box and | stop nere | | d, third, fourth, or | fifth tax year as a | section 501(c)(3) | ► |
| | tion C. Computation of Pu | | | | | | |
| | Public support percentage for 20 | | | e 13, column (f)) | | 15 | % |
| | Public support percentage from 2 | | | | | 16 | % |
| <u>Sec</u> | tion D. Computation of Inv | | | | | | |
| 17 | Investment income percentage for | | | • | nn (f)) | 17 | % |
| 18 | Investment income percentage fr | | | | | 18 | % |
| | 33-1/3% support tests — 2011. If is not more than 33-1/3%, check | this box and stop | here. The organi | zation qualifies as | s a publicly suppor | ted organization | ▶ |
| | 33-1/3% support tests - 2010. If line 18 is not more than 33-1/3% | , check this box a | nd stop here. The | organization qua | lifies as a publicly | supported organi | 1/3%, and zation ► |
| 20 | Private foundation. If the organiz | ation did not ched | ck a box on line 1 | 4, 19a, or 19b, ch | eck this box and s | ee instructions | |

| <u>Schedule A</u> | (Form 990 | or 990-EZ) | <u> 2011 D</u> | UNCAN | AREA | ECONOM. | IC DEVE | LOPMENT | | /3-0/5 | 1819 | Page 4 |
|-------------------|-----------------------|---|-------------------------------|--------------------------|-----------------------|---------------------------|-----------------------|--------------------------|--|---------------------------|----------------------------|------------|
| Part IV | Supplen Part II. I | nental Info ine 17a oi tructions) | ormatio i r 17b: ar | n. Com nd Part | plete th III, line | nis part to e 12. Also | o provide o comple | the expla te this par | nations of the formation in the formatio | required by additional | Part II, line information. | 10; |
| | - | | | | | | | | | | | |
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| 2011 Client 1371 | Sched | | | mental Infor DEVELOPMENT | mation | Page 5 |
|-------------------------|-----------------|---------------------------|-------|-----------------------------|--------|------------|
| 6/14/12 | | _ | | | | 02 21PM |
| Part II, Line 10 - O | ther Income | • | | | | |
| Nature and Sou | rce | 2011 | 2010 | 2009 | 2008 | 2007 |
| MISCELLANEOUS | INCOME Total | <u>\$ 112.</u> \$ 112. | \$ 0. | \$ 0. | \$ 0. | 70. 70. |
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

OMB No 1545-0047

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

| | e organization answered 'Yes,' Section 501(c)(4), (5), or (6) or | to Form 990, Part IV, line 5 (Proxy Tax) or | Form 990-EZ, Part V, | line 35a (Proxy Tax), the | en |
|-------|---|--|--|---|--|
| | of organization | gamzations. Complete Fart III | | Employer identifica | ation number |
| מוזמ | NCAN AREA ECONOMIC | DEVELOPMENT | | 73-075181 | |
| | | rganization is exempt under sect | on 501(c) or is a | | |
| | | organization's direct and indirect political ca | | | 124(1011. |
| | | organization's direct and mulifect political ca | impaign activities in r | artiv. ►\$ | |
| | Volunteer hours | | | - 5 | *** |
| | | rganization is exempt under sect | ion 501(c)(3). | | |
| | | se tax incurred by the organization under s | | ▶ \$ | 0. |
| 2 | • | se tax incurred by organization managers | | ▶ \$ | - - |
| 3 | _ | section 4955 tax, did it file Form 4720 for t | | * | Yes No |
| | a Was a correction made? | | , | | Yes No |
| Ŀ | b If 'Yes,' describe in Part IV | | | | |
| | | rganization is exempt under sect | on 501(c) . excer | ot section 501(c)(3) |) . |
| 1 | | pended by the filing organization for section | | | |
| 2 | | g organization's funds contributed to other | | | |
| | function activities | | 3 | ▶\$ | |
| 3 | Total exempt function expend line 17b | ditures Add lines 1 and 2. Enter here and o | on Form 1120-POL, | ▶\$ | |
| 4 | Did the filing organization file | Form 1120-POL for this year? | | | Yes No |
| 5 | organization made payments amount of political contribution | and employer identification number (EIN) of . For each organization listed, enter the anons received that were promptly and directly action committee (PAC). If additional space | nount paid from the fill videlivered to a senar | ing organization's funds ate political organization | Alco optor the |
| _ | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds if none, enter 0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter 0 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | <u> </u> |
| (5) | | | | | |
| (6) | | | | | |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule C (Form 990 or 990-EZ) 2011

| Schedule C (Form 990 or 990-EZ) 201 | 1 DUNCAN AREA | ECONOMIC DEVELO | PMENT | 73-07518 | 319 Page 2 |
|--|------------------------------|--|--|---------------------------------------|-----------------------------|
| | the organization | n is exempt under se | | | <u> </u> |
| A Check ► If the filin | ng organization belo | ngs to an affiliated group (a | and list in Part IV each a | filiated group member's | name, |
| • — | * - | d share of excess lobbying | | • • | • |
| | • | cked box A and 'limited con | · · | | |
| | Limits on Lobby | ring Expenditures | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditu | ures to influence ou | blic opinion (grass roots lob | obvina) | | |
| | • | egislative body (direct lobby | · • • • • • • • • • • • • • • • • • • • | 5,000. | |
| c Total lobbying expenditi | | | ,9/ | 5,000. | 0. |
| d Other exempt purpose e | • | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 3,000. | |
| e Total exempt purpose e | | es 1c and 1d) | | 5,000. | 0. |
| | • | ŕ | | | |
| both columns | nount Enter the am | ount from the following tab | le in | 1,000. | |
| If the amount on line 1e, coli | umn (a) or (b) is | The lobbying nontaxable a | mount is | | |
| Not over \$500,000 | | 20% of the amount on line 1e. | | 1 | |
| Over \$500,000 but not over \$1, | 000,000 | \$100,000 plus 15% of the excess | over \$500,000 | 1 | |
| Over \$1,000,000 but not over \$ | 1,500,000 | \$175,000 plus 10% of the excess | over \$1,000,000. | | |
| Over \$1,500,000 but not over \$ | 317,000,000 | \$225,000 plus 5% of the excess of | over \$1,500,000 | | |
| Over \$17,000,000 | | \$1,000,000. | | | |
| g Grassroots nontaxable a | amount (enter 25% | of line 1f) | | 250. | 0. |
| h Subtract line 1g from lin | ie 1a. If zero or less | , enter -0- | | 0. | 0. |
| i Subtract line 1f from line | | | _ | 4,000. | 0. |
| j If there is an amount ot | her than zero on eit | her line 1h or line 1i, did th | ے e organization file Form 4 | · · · · · · · · · · · · · · · · · · · | |
| section 4911 tax for this | | 4-Year Averaging Period U | Inder Section 501(h) | | Yes X No |
| (Soi | me organizations th colum | at made a section 501(h) el ns below. See the instruction | ection do not have to co ons for lines 2a through 2 | nplete all of the five 2f.) | |
| | Lob | bying Expenditures During | 4-Year Averaging Period | İ., | |
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| 2a Lobbying non-taxable amount | | | 1,000. | 1,000. | 2,000. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 3,000. |
| c Total lobbying expenditures | | | 5,000. | 5,000. | 10,000. |
| d Grassroots nontaxable amount | | | 250. | 250. | 500. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 750. |

f Grassroots lobbying expenditures

BAA

Schedule C (Form 990 or 990-EZ) 2011 DUNCAN AREA ECONOMIC DEVELOPMENT 73-0751819 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| • | (ä | a) | (b) |
|---|----------|----------------|--|
| For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, | | | |
| through the use of | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?c Media advertisements? | | | <u> </u> |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total Add lines 1c through 1i | | | ······································ |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If 'Yes,' enter the amount of any tax incurred under section 4912 | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6). | (c)(5 |), or | |
| | | | Yes No |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | | 1 |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | /-\/E | `\ | 3 |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' (answered 'Yes.' | OR (b |), or) Par | t III-A, line 3, is |
| 1 Dues, assessments and similar amounts from members | | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | |
| a Current year | | 2a | |
| b Carryover from last year | | 2ь | |
| c Total | | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | |
| A If askess was said and the amount on the 2s was do the same at a 1 - 2 while a fill a state of the | | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic | al | | |
| expenditure next year? | | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | | 5 | |
| Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part Also, complete this part for any additional information. | ł II-A, | and P | art II-B, line 1. |
| Also, complete this part for any additional information. | | | |
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| Schedule C (Form 990 or 990-EZ) 2011 DUNCAN AREA ECONOMIC DEVELOPMENT | 13-0131819 | Page 4 |
|---|----------------|--------|
| Part IV Supplemental Information (continued) | | |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
 Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 See separate instructions.

OMB No. 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number DUNCAN AREA ECONOMIC DEVELOPMENT FOUNDATION 73-0751819 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2 a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 24 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ► Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

▶\$

| | | NOMIC DEVELO | | 73-075 | | Page 2 |
|---|-----------------------------|--------------------------------------|---------------------------------|------------------------------|---------------------|--------------------------|
| Part III Organizations Mainta | ining Collect | <u>ions of Art, Hist</u> | <u>orical Treasures, o</u> | r Other Similar As | sets (con | tinued) |
| 3 Using the organization's acquisition tems (check all that apply) | on, accession, ar | | | that are a significant use | of its collec | ction |
| a Public exhibition | | | or exchange programs | | | |
| b Scholarly research | | e [_] Other | | | | |
| c Preservation for future gener 4 Provide a description of the organ | | ans and avalous how | thou further the ergoniz | ation's avampt number | ın | |
| Part XIV. 5 During the year, did the organizar | | | | | 111 | |
| assets to be sold to raise funds ra | ather than to be | maintained as part o | f the organization's colle | ection? | Yes | No |
| Part IV Escrow and Custodia line 9, or reported an | al Arrangeme amount on F | nts. Complete if orm 990, Part X, | the organization ar line 21. | nswered 'Yes' to Fo | orm 990, F | [⊃] art IV, |
| 1a is the organization an agent, trus included on Form 990, Part X? | | | | er assets not | Yes | No |
| b If 'Yes,' explain the arrangement | in Part XIV and | complete the following | ng table | | | |
| | | | | | Amount | |
| c Beginning balance | | | | 1 c 1 d | | |
| d Additions during the yeare Distributions during the year | | | | 1 e | | |
| f Ending balance | | | | 11 | | |
| 2a Did the organization include an a | mount on Form 9 | 990. Part X. line 21? | | | Yes | No |
| b If 'Yes,' explain the arrangement | | , | | Į | | ш |
| Part V Endowment Funds. Co | | organization ar | swered 'Yes' to Fo | rm 990, Part IV, Iır | ne 10. | |
| | (a) Current yea | | | | (e) Four y | ears back |
| 1a Beginning of year balance | | | | | | |
| b Contributions | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | |
| d Grants or scholarships | | | | | | · |
| Other expenditures for facilities and programs | | | | | | |
| f Administrative expenses | | | | | | |
| g End of year balance | | | | | | |
| 2 Provide the estimated percentage | = | | e 1g, column (a)) held a | s. | | |
| a Board designated or quasi-endov | vment ► | % | | | | |
| b Permanent endowment | | % | | | | |
| c Temporarily restricted endowmer | | | | | | |
| The percentages in lines 2a, 2b, 3a Are there endowment funds not i | | | that are held and admin | istered for the | | |
| organization by. | n the possession | or the bigamzation | and are new and admin | istered for the | Ye | s No |
| (i) unrelated organizations | | | | | 3a(i) | |
| (ii) related organizations | | | | | 3a(ii) | |
| b If 'Yes' to 3a(II), are the related of | - | | | | 3b | |
| 4 Describe in Part XIV the intended | | | | | | |
| Part VI Land, Buildings, and | | | | | | |
| Description of property | (a | Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book | |
| 1a Land | | 60,000. | 445,780. | 1 645 106 | | 05,780. |
| b Buildings | - | | 9,975,041. | 1,647,496. | 8,32 | 27,545. |
| c Leasehold improvements | <u> </u> | | 105 276 | 20 116 | - | 75 260 |
| d Equipment | <u> </u> | | 105,376. | 30,116. | | 75,260. |
| e Other Total. Add lines 1a through 1e (Colum | nn (d) must eaus | Form 990 Part Y | 61,266. | 52,441. ► | Ω Ω1 | 8,825. 17,410. |
| BAA | (a) most equa | Jim Jo, i alt A, t | .o.ann (b), nile 10(c).) | | dule D (Form | |
| | | | | Carica | 1 0111 | |

| Sche | dule D (Form 990) 2011 DUNCAN AREA ECONOMIC DEVELOPMENT | 73- | -0751819 | Page 4 |
|------|--|-------------------------------|-----------------|-----------------|
| Par | t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finar | icial Statements | | · · · · · · · |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | | 2,018,111. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | L,606,097. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | - | 412,014. |
| 4 | Net unrealized gains (losses) on investments | | _ | 112,011. |
| 5 | Donated services and use of facilities | | | |
| 6 | Investment expenses | | - | |
| 7 | Prior period adjustments | | | |
| , | Other (Describe in Part XIV.) | | | |
| 0 | · | | | |
| 10 | Total adjustments (net) Add lines 4 through 8 | | | 410 014 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 | | | 412,014. |
| | t XII Reconciliation of Revenue per Audited Financial Statemer | its with Revenue per R | | 105 |
| 1 | Total revenue, gains, and other support per audited financial statements. | | 1 . | L,127,802. |
| | Amounts included on line 1 but not on Form 990, Part VIII, line 12. | | | |
| | Net unrealized gains on investments | 2a | | |
| t | Donated services and use of facilities | 2b | | |
| C | Recoveries of prior year grants | 2c | 1 | |
| c | Other (Describe in Part XIV) | 2d | 1 | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | İ | | L,127,802. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1. | ! | | 2,12,,002. |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1 | |
| | Other (Describe in Part XIV) See Part XIV | | | |
| | • | 4b 890,309. | | 000 200 |
| | Add lines 4a and 4b | } | _4c | 890,309. |
| | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | Nagar E | _5 2 | 2,018,111. |
| _ | t XIII Reconciliation of Expenses per Audited Financial Statements | With Expenses per Retu | rn | |
| 1 | Total expenses and losses per audited financial statements | ļ | 1 | 715,788. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25. | | | |
| а | Donated services and use of facilities | 2a | | |
| Ŀ | Prior year adjustments | 2b | 1 | |
| c | Other losses | 2c | | |
| c | Other (Describe in Part XIV.) | 2d | | |
| | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 715,788. |
| 1 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | 3 | 113,700. |
| ٠, | Investment expenses not included on Form 990, Part VIII, line 7b | 45 | | |
| | Other (Describe in Part XIV.) See Part XIV | 4a 890,309. | | |
| | Add lines 4a and 4b | 46 890,309. | 4c | 890,309. |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 1,606,097. |
| | t XIV Supplemental Information | | <u> </u> | 1,000,037. |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par | All loss to and A. Dad W. I | 11 | |
| Part | V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line additional information. | es 2d and 4b Also complete ti | nis part to pro | |
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| BAA | TEEA3304L 05/25/11 | | Schedule D | (Form 990) 2011 |

| Scheanie D | (Form 990) 2011 DUNCAN AREA ECONOMIC DEVELOPMENT | 12-0121013 | Page 5 |
|-------------------|--|--------------|----------------|
| Part XIV | Supplemental Information (continued) | | |
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2011 Schedule D, Part XIV - Supplemental Information Page 6 DUNCAN AREA ECONOMIC DEVELOPMENT Client 1371 **FOUNDATION** 73-0751819 6/14/12 02 21PM Schedule D, Part XII, Line 4b Other Revenue Included On Form 990 But Not Included In F/S 890,309. 890,309. RENTAL EXP NETTED TO REV ON AUD F/S Total \$ Schedule D, Part XIII, Line 4b Other Expenses Included On Form 990 But Not Included In F/S RENTAL EXP NETTED TO REV ON AUD F/S 890,309. 890,309. Total \$

Employer identification number 73-0751819 1 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. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Part I General Information on Grants and Assistance DUNCAN AREA ECONOMIC DEVELOPMENT Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990)

2

X Yes

Open to Public Inspection

OMB No 1545 0047

| 2 Describe in Part IV the organization's procedures for monitoring the Part II Grants and Other Assistance to Governments are | procedures for monitor ince to Governme | ing the use of gran | use of grant funds in the United States See Part IV Id Organizations in the United States. Complete if the organization answered 'Yes' to | tes See Part IV ted States. Complete if the | rt IV ete if the organiz | ation answered | Yes' to |
|--|---|----------------------------------|--|---|---|--|------------------------------------|
| Form 990, Part IV, line ZI 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 fadditional space | that received n is needed | nore tnan \$5,000. (| neck this box if n | o one recipient re | sceived more tha | n \$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 |
| KELLPRO INC | 73-1499169 | | 6,046. | 0. | CASH = FMV | N/A | JOB CREATION/EMPLOY INCEN |
| MILCO | 73-1425179 | | 90,100. | 0. | CASH = FMV | N/A | JOB CREATION/EMPLOY INCEN |
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| Enter total number of section 501(c)(3) and government organization Enter total number of other organizations listed in the line 1 table |) and government organ ons listed in the line 1 to | nizations listed in t able | is listed in the line 1 table | | | A A | 0 2 |
| BAA For Paperwork Reduction Act Notice, see the Instructions for Form | , see the Instructions for | or Form 990. | | TEEA3901L 06/01/11 | 06/01/11 | Schedu | Schedule I (Form 990) (2011) |

Page 2 Schedule I (Form 990) (2011) 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 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 73-0751819 (e) Method of valuation (book, FMV, appraisal, other) PROCEDURES FOR MONITORING GRANT FUNDS: INCENTIVE PAYMENTS TO INDUSTRY EMPLOYERS ARE (d) Amount of non cash assistance Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. MADE BASED ON EMPLOYMENT DATA SUBMITTED AS PER CONTRACT (c) Amount of cash grant DUNCAN AREA ECONOMIC DEVELOPMENT (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2011) Part III BAA m 4 ß ဖ

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, or 37.
 Attach to Form 990. P See separate instructions.

201

OMB No 1545 0047

Open to Public Inspection

(g) Sec 512(b)(13) controlled entity? ŝ (f)
Direct controlling
entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes M Employer identification number (f)
Direct controlling
entity 73-0751819 1,018. (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) Public charity status (if section 501(c)(3)) 2. **e** (d) Total income (d) Exempt Code section (c) Legal domicile (state or foreign country) OK (c)
Legal domicile (state or foreign country) BUSINESSES IN CAPITAL AND (b) Primary activity OBTAINING FINANCING ASSIST (b)
Primary activity DUNCAN AREA ECONOMIC DEVELOPMENT FOUNDATION SOUTHWEST OKLA VENTURE CAPITAL MGMT LLC
P O BOX 1051
DUNCAN, OK 73533 11111 (a) Name, address, and EIN of disregarded entity (a) (a) Name, address, and EIN of related organization (2) 27-0645620 Name of the organization Parti

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Schedule R (Form 990) 2011

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

73-0751819 Page 2

Schedule R (Form 990) 2011 DUNCAN AREA ECONOMIC DEVELOPMENT FOUNDATION

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

Schedule R (Form 990) 2011 (k) Percentage ownership 100.00 Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (f) General or managing partner? ž × (g) Share of end∙of-year Yes assets N/A (i) Code V-UBI amount in box 20 of Schedule (Form 1065) (f) Share of total income (h) Dispropor-tionate allocations? Ŷ × Yes (e)
Type of entity
(C corp, S corp, or trust) 1,018 (g) Share of end-of-year assets Legal domicile (state or foreign controlling entity) d (f) Share of total income TEEA5002L 05/24/11 (e)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) INTEREST INCOME Primary activity Direct controlling entity N/A ਉ (c) Legal domicile (state or foreign OK. (a) Name, address, and EIN of related organization INVESTMENT (b) Primary activity S DUNCAN, OK 73533 SOUTHWEST OKLAHO 8100 N HIGHWAY 8 Name, address, and EIN of related organization See Part VII 27-0645768 **a** Part IV 1 1 BAA ϵ **S** ⊕' E I **S** ତ୍ର

73-0751819

Schedule R (Form 990) 2011 DUNCAN AREA ECONOMIC DEVELOPMENT FOUNDATION

| Part V. Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.) | Form 990, Part IV | ', line 34, 35, 35a, | or 36.) | | |
|--|----------------------------|--------------------------|---|---------------------------|------------|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | Yes No | _0 |
| 1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | ns listed in Parts II-IV? | | 1a | × | |
| b Gift, grant, or capital contribution to related organization(s) | | | 1 b | | × |
| c Gift, grant, or capital contribution from related organization(s) | | | 10 | Χ | × |
| d Loans or loan guarantees to or for related organization(s) | | | 1d | _ | $ \times $ |
| e Loans or loan guarantees by related organization(s) | | | 1e | ~ | × |
| f Sale of assets to related organization(s) | | | = | | 54 |
| g Purchase of assets from related organization(s) | | | 1g | | × |
| h Exchange of assets with related organization(s) | | | = | _ | × |
| i Lease of facilities, equipment, or other assets to related organization(s) | | | 1. | ~ | $ \times $ |
| j Lease of facilities, equipment, or other assets from related organization(s) | | | 1, | | × |
| k Performance of services or membership or fundraising solicitations for related organization(s) | | | 1 | _ | $ \times $ |
| I Performance of services or membership or fundraising solicitations by related organization(s) | | | 1 | _ | × |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | E | ~ | × |
| n Sharing of paid employees with related organization(s) | | | - u | ^ | \sim |
| o Reimbursement paid to related organization(s) for expenses | | | 10 | | × |
| p Reimbursement paid by related organization(s) for expenses | | | 1p | ~ | × |
| q Other transfer of cash or property to related organization(s) | | | 19 | | 54 |
| r Other transfer of cash or property from related organization(s) | | : | 1- | ~ | $ \times $ |
| 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | covered relationships ar | d transaction thresholds | s. | | |
| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |) eterminin nvolved | ρ |
| (1) SOUTHWEST OKLAHOMA VENTURE CAPITAL, LLC | В | 2. | K-1 | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
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Schedule R (Form 990) 2011 DUNCAN AREA ECONOMIC DEVELOPMENT FOUNDATION

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| evenue) that was not a teated organization. See instructions regarding exclusion for certain investment parties simps. | וויבמנוסנו. סכל ווואנו | S Summary of the summ | coldaion loi coldain | | n paratelatings. | | | | | |
|--|-------------------------|--|-------------------------------|-----------------------------|------------------|-----------------|-------------------|-----------------------|------------|-----------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile | (d) Predominant | (e) Are all part | Share of | (g) Share of | (h) Dispropor- | | General or | or Percentage |
| | | country) | (related, unrelated, excluded | 501(c)(3) organizations? | | assets | allocations? | 20 of Schedule K-1 | | |
| | | | section 512-514) | Yes | S. | | Yes No | | Yes | §. |
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| Schedu | le R (Form | 990) 2011 | | <u>.</u> | | | | | | Page 5 |
|-----------|---------------------|---------------------|----------------------|---------------------|-------------|--------------|--------------|-----------------|-----------------|---------------|
| Part \ | /II Sup | plemental Ir | nformation | | | | | | | |
| | Con | nplete this p | art to provide | e addıtıonal ı | nformatior | n for respon | ises to que | estions on S | Schedule F | २ |
| | (see | e instructions | s). | | | | | | | |
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| <u>Pa</u> | a <u>rt III - P</u> | <u>artnership F</u> | <u>ull Name, A</u> d | <u>ddress, FEIN</u> | | | | | | |
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| <u> </u> | <u>OUTHWES</u> | T OKLAHOM | A_VENTURE_ | <u>CAPITAL, I</u> | <u>.LC2</u> | 27-064576 | 8 | <u>8100 N H</u> | <u>GHWAY 81</u> | L |
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TEEA5005L 05/25/11

Schedule **R** (Form 990) 2011

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2011

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 DUNCAN AREA ECONOMIC DEVELOPMENT FOUNDATION | Employer (dentification number 73-0751819 | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| Form 990, Part VI, Line 11b - Form 990 Review Process | | | | | | | | | |
| ENTITY'S PRESIDENT WILL REVIEW & SIGN | | | | | | | | | |
| Form 990, Part VI, Line 15a - Compensation Review & Approval Process for C | EO, Exec. Dir., or Top Mgtment | | | | | | | | |
| LINES 15A: COMPENSATION IS DETERMINED USING COMPARABILITY DATA AND IS REVIEWED AND | | | | | | | | | |
| APPROVED BY THE EXECUTIVE COMMITTEE. THE RESULTS OF THE DECISION ARE RECORDED IN THE | | | | | | | | | |
| EXECUTIVE COMMITTEE MINUTES BUT NO DETAIL ON THE DELIBERATIONS ARE RECORDED. | | | | | | | | | |
| COMPARABILITY DATA IS NOT OBTAINED ANNUALLY; MORE OFTEN IT IS OBTAINED EVERY OTHER | | | | | | | | | |
| YEAR. | | | | | | | | | |
| Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available | | | | | | | | | |
| ALL DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. | | | | | | | | | |
| Form 990, Part XII, Line 1 - Other Accounting Method | | | | | | | | | |
| MODIFIED CASH | | | | | | | | | |
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