



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



Form

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

OMB No 1545-0047

2011**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

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

A For the 2011 calendar year, or tax year beginning <u>7/1/2011</u> , and ending <u>6/30/2012</u>	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization <u>Central Oklahoma Economic Development District</u> Doing Business As <u>COEDD</u> Number and street (or P O box if mail is not delivered to street address) Room/suite <u>400 N Bell</u> City or town, state or country, and ZIP + 4 <u>Shawnee OK 74801</u> F Name and address of principal officer <u>Greg Clifton 400 N Bell, Shawnee, OK 74801-6999</u>
D Employer identification number <u>73-0760453</u>	
E Telephone number <u>405 273 6410</u>	
G Gross receipts \$ <u>4,037,338</u>	
H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
H(c) Group exemption number ▶	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 J Website: ▶ <u>www.coedd.net</u>	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation <u>1966</u> M State of legal domicile <u>OK</u>	

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities	<u>Economic development in the following 8 counties: Creek, Hughes, Lincoln, Okfuskee, Pawnee, Payne, Pottawatomie, and Seminole</u>
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	<u>36</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>36</u>
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<u>16</u>
6 Total number of volunteers (estimate if necessary)	<u>0</u>
7a Total unrelated business revenue from Part VIII, column (C), line 34	<u>0</u>
7b Net unrelated business taxable income from Form 990-T, line 34	<u>0</u>

Revenue

Expenses

Net Assets or Fund Balances

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,524,851	3,839,649
9 Program service revenue (Part VIII, line 2g)	324,112	189,651
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,383	8,038
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,858,346	4,037,338
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,874,149	3,207,475
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	695,754	750,988
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	193,174	230,501
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,763,077	4,188,964
19 Revenue less expenses. Subtract line 18 from line 12	95,269	-151,626
20 Total assets (Part X, line 16)	5,420,012	5,109,560
21 Total liabilities (Part X, line 26)	2,175,954	2,017,129
22 Net assets or fund balances Subtract line 21 from line 20	3,244,058	3,092,431

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>Greg Clifton</u>	Date <u>11/13/2012</u>
	Type or print name and title <u>executive director</u>	
Paid Preparer Use Only	Print/Type preparer's name <u>Becky Fleming</u>	Preparer's signature <u>[Signature]</u>
	Firm's name ▶ <u>Becky Fleming, C P A, Inc</u>	Firm's EIN ▶ <u>73-1344508</u>
	Firm's address ▶ <u>7920 108th Ave NE, Norman, OK 73026-9761</u>	Phone no. <u>(405) 641-5794</u>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

(HTA)

2-17

12

Part III Statement of Program Service Accomplishments

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

☒ X

- 1** Briefly describe the organization's mission:
 Economic development in the following 8 counties: Creek, Hughes, Lincoln, Okfuskee, Pawnee,
 Payne, Pottawatomie, and Seminole
-
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
-
- 4a** (Code) (Expenses \$ 2,213,813 including grants of \$ 1,982,363) (Revenue \$ 0.)
 Oklahoma Department of Human Services - Area Agency on Aging - Sub-grants to nonprofit entities
 for senior nutrition programs and legal aid
-
- 4b** (Code) (Expenses \$ 1,000,848 including grants of \$ 1,000,848) (Revenue \$ 0.)
 Oklahoma Department of Commerce - Rural Economic Action Plan - Sub-grants to other government
 entities for economic development
-
- 4c** (Code) (Expenses \$ 212,790 including grants of \$ 212,790) (Revenue \$ 0.)
 Oklahoma Department of Commerce - CENA (Senior Nutrition) Sub-grants to senior citizens centers
-
- 4d** Other program services (Describe in Schedule O)
 (Expenses \$ 594,211 including grants of \$ 11,474) (Revenue \$ 189,651)
-
- 4e** Total program service expenses ► 4,021,662

Part IV Checklist of Required Schedules

	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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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		X
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		
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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		X
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		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		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)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		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>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	13	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	16
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
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	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
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?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
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? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI ☒

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. 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.	36	
1b Enter the number of voting members included in line 1a, above, who are independent.	36	
2 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
3 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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
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?	X	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, 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.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
10b 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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.		X
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 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	X	
b Other officers or key employees of the organization		X
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?		X
16b 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 take 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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ☒ Greg Clifton 405 273 6410
 400 N. Bell, Shawnee, OK 74801-6999

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Board of directors see attached list	0.50	X						0	0	0
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 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 such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0			
	b	Membership dues	1b 109,405			
	c	Fundraising events	1c 0			
	d	Related organizations	1d 0			
	e	Government grants (contributions)	1e 3,730,244			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 0			
	g	Noncash contributions included in lines 1a-1f. \$	0			
	h	Total. Add lines 1a-1f	3,839,649			
	Program Service Revenue			Business Code		
2a		Interest from revolving loan funds	525990 73,425	73,425		
b		Grant administration fees	541900 116,226	116,226		
c			0			
d			0			
e			0			
f		All other program service revenue	0			
g		Total. Add lines 2a-2f	189,651			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)	8,038		
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
			(i) Real (ii) Personal			
	6a	Gross rents				
	b	Less: rental expenses				
	c	Rental income or (loss)	0 0			
	d	Net rental income or (loss)	0			
			(i) Securities (ii) Other			
	7a	Gross amount from sales of assets other than inventory	0 0			
	b	Less: cost or other basis and sales expenses	0 0			
	c	Gain or (loss)	0 0			
	d	Net gain or (loss)	0			
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a 0			
	b	Less: direct expenses	b 0			
	c	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See Part IV, line 19.	a 0			
	b	Less: direct expenses	b 0			
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances	a 0			
	b	Less: cost of goods sold	b 0			
	c	Net income or (loss) from sales of inventory	0			
	Miscellaneous Revenue		Business Code			
11a		0				
b		0				
c		0				
d	All other revenue	0				
e	Total. Add lines 11a-11d	0				
12	Total revenue. See instructions	4,037,338	189,651	0	8,038	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,207,475	3,207,475		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	586,749	514,357	72,392	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,139	35,972	6,167	
9	Other employee benefits	73,920	67,071	6,849	
10	Payroll taxes	48,180	42,650	5,530	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	15,100		15,100	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	13,662	5,476	8,186	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	16,597	16,597		
17	Travel	100,121	79,338	20,783	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	20,250	12,352	7,898	
20	Interest	8,247	8,247		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	23,308	23,308	0	0
23	Insurance	5,608		5,608	
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	Printing	7,709	848	6,861	
b	Telephone	12,738	810	11,928	
c	Client services	7,161	7,161		
d	Bad debts	0			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	4,188,964	4,021,662	167,302	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 SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	3,332,395	2	3,216,131
	3 Pledges and grants receivable, net	549,272	3	530,482
	4 Accounts receivable, net	29,083	4	7,218
	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	
	7 Notes and loans receivable, net	1,466,767	7	1,336,543
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 97,869		
	b Less accumulated depreciation	10b 78,683	42,495	10c 19,186
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,420,012	16	5,109,560	
Liabilities	17 Accounts payable and accrued expenses	50,907	17	52,362
	18 Grants payable	1,052,485	18	1,031,533
	19 Deferred revenue	237,285	19	153,530
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	834,432	23	779,704
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	845	25	0
	26 Total liabilities. Add lines 17 through 25	2,175,954	26	2,017,129
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	526,451	27	1,077,374
	28 Temporarily restricted net assets	2,717,607	28	2,015,057
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,244,058	33	3,092,431
	34 Total liabilities and net assets/fund balances	5,420,012	34	5,109,560

Part 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	4,037,338
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,188,964
3	Revenue less expenses. Subtract line 2 from line 1	3	-151,626
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,244,058
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1
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	3,092,431

Part XII Financial Statements and Reporting

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

☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2011

**Open to Public
Inspection**

Name of the organization

Central Oklahoma Economic Development District

Employer identification number

73-0760453

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.)

- 1 ☐ 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)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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 to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ 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)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) 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? ☐
 - (ii) A family member of a person described in (i) above? ☐
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

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.)

Section A. Public Support

Calendar year (or fiscal year 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.")	4,363,540	4,789,384	4,327,141	4,407,946	3,839,649	21,727,660
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
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	4,363,540	4,789,384	4,327,141	4,407,946	3,839,649	21,727,660
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						21,727,660

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	4,363,540	4,789,384	4,327,141	4,407,946	3,839,649	21,727,660
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	56,379	20,514	12,736	9,383	8,038	107,050
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.)						0
11 Total support. Add lines 7 through 10						21,834,710
12 Gross receipts from related activities, etc. (see instructions)					12	1,010,806
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.51%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.28%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► ☐		

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

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

Section A. Public Support

Calendar year (or fiscal year 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.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.00%

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

This image shows a full page of a handwriting practice worksheet. It consists of multiple rows of horizontal dashed lines spaced evenly apart, providing a guide for letter height and placement. The background is plain white, and there are no other markings or text on the page.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- ▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 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

2011

**Open to Public
Inspection**

Name of the organization

Central Oklahoma Economic Development District

Employer identification number

73-0760453

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
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and 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?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

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	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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 ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

	Amount
1c Beginning balance	0
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	0

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0	0			
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %

b Permanent endowment %

c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	97,869	78,683	19,186
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				19,186

Part VII Investments—Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other	0	
(A)	0	
(B)	0	
(C)	0	
(D)	0	
(E)	0	
(F)	0	
(G)	0	
(H)	0	
(I)	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	0	

Part VIII Investments—Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	0	

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	0

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) 911 fees payable	0
(3) Accrued interest payable	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	0

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,037,338
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,188,964
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-151,626
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-151,626

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	4,037,338
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	4,037,338
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,037,338

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,188,964
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	4,188,964
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	4,188,964

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

[illegible]

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Central Oklahoma Economic Development District

Employer identification number

73-0760453

Part I General Information on Grants and Assistance

- 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? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Legal Services of Oklahoma 2901 Classen Blvd Oklahoma City	73-1022203	501(c)(3)	22,594	0			Senior legal aid
(2) New Age, Inc. PO Box 352 Holdenville, OK 7484	73-1198144	501(c)(3)	992,291	0			Senior nutrition
(3) Project HEART, Inc. PO Box 3667 Shawnee, OK 7480	73-1199063	501(c)(3)	978,952	0			Senior nutrition/fitness
(4) 9 CENA grants see attached list			170,036	0			
(5) 25 REAP grants see attached list			1,000,948	0			
(6) -----			0	0			
(7) -----			0	0			
(8) -----			0	0			
(9) -----			0	0			
(10) -----			0	0			
(11) -----			0	0			
(12) -----			0	0			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table				0			37
3 Enter total number of other organizations listed in the line 1 table							0

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

(HITA)

Part III

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	0	0	0		
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

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

Employer identification number

Central Oklahoma Economic Development District

73-0760453

Form 990, Part III, Line 4d Program Service Expenses: 365,951, Grants and allocations 0,

Revenue 116,226 Central Oklahoma Economic Development District - misc other grants

Form 990, Part III, Line 4d Program Service Expenses 13,478, Grants and allocations

11,474, Revenue 0 Oklahoma Department of Human Services - LLS (Senior Fitness Program)

Form 990, Part III, Line 4d Program Service Expenses 32,598, Grants and allocations 0,

Revenue 0 Oklahoma Department of Commerce - Substate Planning District Economic development

assistance for 8 county area

Form 990, Part III, Line 4d Program Service Expenses 73,724, Grants and allocations 0,

Revenue 0 United States Department of Commerce - Economic Development Administration

Form 990, Part III, Line 4d Program Service Expenses 84,459, Grants and allocations 0,

Revenue 0 Oklahoma Department of Agriculture - Rural Fire Defense

Form 990, Part III, Line 4d Program Service Expenses 8,293, Grants and allocations 0,

Revenue 73,425 Central Oklahoma Development Trust Authority - Revolving Loan Programs

Form 990, Part III, Line 4d Program Service Expenses 6,575, Grants and allocations 0,

Revenue 0 Oklahoma Department of Human Services - Medicare Improvement Planning Program

Form 990, Part III, Line 4d Program Service Expenses 1,476, Grants and allocations 0,

Revenue 0 Oklahoma Department of Human Services - Money Follows the Person Program

Form 990, Part III, Line 4d Program Service Expenses 7,657, Grants and allocations 0,

Revenue 0 Oklahoma Department of Human Services - Medicare-D

Form 990 Part VI Section B Line 11b Executive director and executive assistant review all tax

filings

Form 990 Part VI Section C Line 19 At COEDD's office upon request

Form 990 Part VI Section B Line 15a Executive director pay is set by the board at a board

meeting after discussion considering comparable pay rates for like positions

Form 990 Part VI Section A Line 6 COEDD is a sub-state planning district composed of local

government members in an 8 county area

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

(HTA)

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

Employer identification number

Central Oklahoma Economic Development District

73-0760453

Form 990 Part VI Section A Line 7a Each local government member appoints its representative to

COEDD's board

Form 990 Part XI Line 5 Rounding error

COEDD BOARD OF DIRECTORS 2011-2012

COUNTY	DIRECTOR	REPRESENTING	TITLE	ADDRESS	PHONE WK.	PHONE HM.	APPT.
OFFICERS							
LINCOLN	CHAIR DONNA WATKINS	TOWN OF MEEKER	TOWN CLERK	PO BOX 428, MEEKER, OK. 74855	(405)279-3321		June-89
SEMINOLE	FIRST VICE CHAIR MARK MOSLEY	CITY OF WEWOKA	CITY MANAGER	P O BOX 1497, WEWOKA, OK. 74884	(405) 257-2413		May-08
PAWNEE	SECOND VICE CHAIR ELZIE SMITH	CITY OF CLEVELAND	CITY MANAGER	P.O. DRAWER 190, CLEVELAND, OK. 74020	(918) 358-3506		August-98
HUGHES	SECRETARY GARY GRAY	COUNTY GOVT./RURAL AREA	CO. COMMISSIONER DISTRICT	200 N. BROADWAY, SUITE 7, HOLDENVILLE, OK. 74844	(405)379-5711		June-04
BOARD MEMBERS							
CREEK	LINDA TATE	CITY OF BRISTOW	COUNCILMEMBER	110 W 7TH., BRISTOW, OK. 74010	(918) 367-2237		July-05
CREEK	GEORGE JONES	CITY OF DRUMRIGHT	CITY MANAGER	122 W. BROADWAY, DRUMRIGHT, OK. 74030	(918) 352-2610		April-04
HUGHES	MIKE DOCKERY	CITY OF HOLDENVILLE	COMMUNITY DEVELOPMENT	P O BOX 789, HOLDENVILLE, OK. 74848	(405) 379-3398		February-04
HUGHES	JOEY BETH SMITH	CITY OF WETUMKA	CITY MANAGER	109 S. CANARD, WETUMKA, OK. 74883	(405) 452-3251		August-04
LINCOLN	DON SPORLEDER	COUNTY GOVT./RURAL AREA	CO. COMMISSIONER DISTRICT #1	811 MANVEL, SUITE #4, CHANDLER, OK. 74834	(405) 258-0080		January-11
LINCOLN	JAMES MELSON	CITY OF CHANDLER	CITY MANAGER	414 MANVEL, CHANDLER, OK. 748034	(405)258-3200		September-06
LINCOLN	JANE BROMLEY	TOWN OF DAVENPORT	ADMINISTRATIVE ASSISTANT	P O BOX 279, DAVENPORT, OK. 74026	(918)377-2235		June-05
LINCOLN	JIM GREFF	CITY OF PRAGUE	CITY MANAGER	1116 N. BROADWAY, PRAGUE, OK. 74864	(405) 567-2279		November-02
LINCOLN	TIM SCHOOK	CITY OF STROUD	CITY MANAGER	P O BOX 500, STROUD, OK. 74079	(918) 968-2890		November-10
LINCOLN	CHESTER DUNCAN	TOWN OF WELLSTON	CITY SERVICES DIRECTOR	P O BOX 353, WELLSTON, OK. 74881	(405) 356-2476		July-05
OKFUSKEE	BRUCE SMITH	COUNTY GOVT./RURAL AREA	COUNTY COMMISSIONER	P. O. BOX 26, OKEMAH, OK. 74859	(918) 623-0939		January-11
OKFUSKEE	JERRY TURNER	CITY OF OKEMAH	CITY MANAGER	502 W. BROADWAY, OKEMAH, OK. 74859	(918) 623-1050		December-04
PAWNEE	DALE CARTER	COUNTY GOVT./RURAL AREA	CO. COMMISSIONER DISTRICT #3	500 HARRISON, SUITE 203, PAWNEE OK. 74058	(918) 762-3741		March-11
PAWNEE	BRAD SEWELL	CITY OF PAWNEE	COUNCIL MEMBER	510 ILLINOIS, PAWNEE, OK. 74058	(918)762-2658		May-11
PAYNE	GLORIA HESSER	COUNTY GOVT./RURAL AREA	CO. COMMISSIONER DISTRICT #2	315 W. 6th, SUITE 103, STILLWATER, OK. 74075	(405)624-9300		April-99
PAYNE	VACANT	CITY OF CUSHING		101 E. MAIN, CUSHING, OK. 74023-0311	(918) 225-1875		
PAYNE	PETE SEIKEL	CITY OF PERKINS	CITY MANAGER	P.O. BOX 9, PERKINS, OK. 74059	(405) 547-2445		February-02
PAYNE	VALERIE SILVERS	CITY OF STILLWATER	GRANTS COORDINATOR	PO BOX 1449, STILLWATER, OK. 74076-1449	(405)742-8209		August-11
PAYNE	VALARIE THURMAN	CITY OF YALE	CITY MANAGER	209 N. MAIN, YALE, OK. 74083	(918)387-2405		January-09
POTT	MELISSA DENNIS	COUNTY GOVT./RURAL AREA	CO. COMMISSIONER DISTRICT #1	14101 ACME RD, SHAWNEE, OK. 74801	(405)273-4305		March-11
POTT.	JANE SCHUSTER	TOWN OF BETHEL ACRES	TRUSTEE	18101 BETHEL ROAD, SHAWNEE, OK. 74801	(405)275-4182		March-08
POTT.	LANA DAY	CITY OF MAUD	CITY CLERK	P. O. BOX 217, MAUD, OK. 74854	(405)374-2717		April-11
POTT.	LARRY DILLON	CITY OF McLOUD	CITY MANAGER	P. O. BOX 300 STREET, McLOUD, OK. 74851	(405) 964-5264		September-09
POTT.	CHRISTA CHAPMAN	TOWN OF PINK	TRUSTEE	31125 LITTLE RIVER ROAD, TECUMSEH, OK. 74873	(405) 598-2682		October-07
POTT.	JAMES HARROD	CITY OF SHAWNEE	CITY COMMISSIONER	1303 W. FARRELL, SHAWNEE, OK.	(405) 642-6963		October-06
POTT.	BRIAN MCDUGAL	CITY OF SHAWNEE	CITY MANAGER	P.O. BOX 1448, SHAWNEE, OK. 74802-1448	(405) 878-1601		October-06
POTT.	JIM THOMPSON	CITY OF TECUMSEH	CITY MANAGER	114 N BROADWAY, TECUMSEH, OK. 74873-3291	(405)598-2188		April-07
POTT.	JIM COLLARD	CITIZEN POTAWATOMI NATION	DIRECTOR, ECONOMIC DEVELOPMENT	1601 GORDON COOPER DR., SHAWNEE, OK. 74801	(405) 275-3121		June-09
SEMINOLE	FRED COMBS	COUNTY GOVT./RURAL AREA	CO. COMMISSIONER DISTRICT	110 S. WEWOKA, SUITE 103, WEWOKA, OK. 74884	(405) 257-2450		January-08
SEMINOLE	RITA LOPRESTO	CITY OF KONAHA	CITY MANAGER	122 N. BROADWAY, KONAHA, OK. 74849	(580) 925-3025		July-06
SEMINOLE	CAROL FRIAR	CITY OF SEMINOLE	COMMUNITY DEVELOPMENT	P.O. BOX 1218, SEMINOLE, OK. 74868	(405)382-4330		October-05
EX-OFFICIO	CHARLES CAMPBELL	AREA AGENCY ON AGING	RETIRED	33010 HARDESTY ROAD, SHAWNEE, OK. 74801	(405) 275-4344		November-00
EX-OFFICIO	CARL HENSLEY	CHARMED	RETIRED	P. O. BOX 264, YALE, OK. 74083	(918) 387-2525		May-09

Organization	Address	City	State	Zip	EIN	IRC section	Cash	Purpose	Program
Legal Services of Oklahoma	2901 Classen Blvd.	Oklahoma City	OK	73106	73-1022203	501(c)(3)	22,594	Senior legal aid	AAA
New Age, Inc	PO Box 352	Holdenville	OK	74848	73-1198144	501(c)(3)	992,291	Senior nutrition	AAA
Project H.E.A.R.T., Inc.	PO Box 3667	Shawnee	OK	74802	73-1199063	501(c)(3)	978,952	Senior nutrition/fitness	AAA
City of Cleveland	211 E. Wichita St.	Cleveland	OK	74020	73-6005184	City	20,000	Meals, supplies, utilities	CENA
Davenport Senior Citizens	PO Box 83	Davenport	OK	74026			20,000	Personnel, Food, Furniture	CENA
Macomb Senior Center	PO Box 55	Macomb	OK	74852	73-1623997	501(c)(3)	15,000	Personnel	CENA
Maramec Senior Citizens	PO Box 82	Maramec	OK	74045	73-1092620		20,000	Personnel, Food, and Supplies	CENA
Pink Senior Citizens	22065 Pink Lane	Tecumseh	OK	74873			22,911	Personnel, Food	CENA
So. Pott. Co. Senior Citizens	PO Box 227	Wanette	OK	74878	73-1022937	501(c)(3)	15,000	Personnel, food, utilities	CENA
Town of Agra	PO Box 9	Agra	OK	74824	73-1190984	Town	20,000	Personnel, Utilities, Food	CENA
Town of Sparks	PO Box 148	Sparks	OK	74869	73-1025905	Town	18,000	Personnel and Utilities	CENA
Yale Senior Citizens	111 N. B	Yale	OK	74085	73-1254056	501(c)(3)	19,125	Personnel	CENA
City of Chandler	415 Manvel Ave	Chandler	OK	74835	73-6005134	City	50,000	Street Project	REAP
City of Earlsboro	P. O. Box 67	Earlsbor	OK	74840	73-1306303	Town	20,000	Fire Equipment	REAP
City of Konawa	122 N. Broadway	Konawa	OK	74849	74-325856	City	43,288	Water Project	REAP
City of McLoud	PO Box 300	McLoud	OK	74851	73-6070692	City	29,000	Street Project	REAP
City of Pawnee	510 Illinois	Pawnee	OK	74058	73-6005372	City	38,185	Street Project	REAP
City of Perkins	PO Box 9	Perkins	OK	74059	73-6083721	City	27,000	Warning Siren System	REAP
City of Prague	820 N Jim Thorpe Blvd	Prague	OK	74864	73-6005384	City	19,200	Drainage Project	REAP
City of Seminole	PO Box 1218	Seminole	OK	74818	73-6005421	City	75,000	Sewer Project	REAP
City of Tecumseh	114 N. Broadway	Tecumseh	OK	74873	73-6005461	City	30,000	ADA facilities at ballfields	REAP
City of Yale	209 N. Main	Yale	OK	74085	73-6005516	City	49,633	Renovation to City Hall	REAP
Hughes County	200 N Broadway St	Holdenville	OK	74848	73-6006375	County	86,894	Road Project	REAP
Okfuskee County	PO Box 26	Okemah	OK	74826	73-6006399	County	74,000	Road Project	REAP
Pawnee County	500 Harrison Room 203	Pawnee	OK	74058	73-6006406	County	50,000	Road Project	REAP
Payne County	315 W 6th Suite 203	Stillwater	OK	74074	73-6006405	County	25,319	Community center renovations	REAP
Town of Agra	22 S. Main	Agra	OK	74824	73-1190984	Town	44,414	Fire Station Extension	REAP
Town of Atwood	P. O. Box 145	Atwood	OK	74827	73-1263611	Town	25,000	Fire Equipment	REAP
Town of Davenport	PO Box 279	Davenport	OK	74026	73-0737730	Town	50,000	Construct Senior Cit Bldg.	REAP
Town of Glencoe	PO Box 198	Glencoe	OK	74032	73-0765539	Town	30,000	Street Project	REAP
Town of Hallett	PO Box 159	Hallett	OK	74034	80-0049076	Town	21,000	Water Project	REAP
Town of IXL	PO Box 166	IXL	OK	74833	73-1614811	Town	27,000	Senior Citizen Building	REAP
Town of Jennings	PO Box 475	Jennings	OK	74038	73-1086591	Town	44,519	Sewer Project	REAP
Town of Kendrick	223 E. Main	Kendrick	OK	74079	73-1029656	Town	23,000	Street Project	REAP
Town of Sasakwa	P. O. Box 45	Sasakwa	OK	74867	73-1021703	Town	47,692	Replace Fire Hydrants	REAP
Town of Spaulding	3822 N 369 Rd	Spaulding	OK	74848	73-1455523	Town	36,000	Street Project	REAP
Town of Wewoka	PO Box 1497	Wewoka	OK	74884	73-6005504	City	34,804	Replace Fire Hydrants	REAP
Total grants > \$5,000							<u>3,164,821</u>		