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**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Open to Public

Department of the Treasury

_		ue Service	► The organization		a copy of this re		<del></del>	-	CITICINS	mspect	
<u> </u>	For the	2012 cale	ndar year, or tax year			, 2012, a	nd endin	3		, 20	<del></del>
В	Check if	applicable	C Name of organization (	DEC FOUNDATIO	N INC				D Employe	ır ıdentification nı	ımber
Ш	Address	change	Doing Business As							73-1411520	
	Name ch	nange	Number and street (or F	O box if mail is not	delivered to street	address)	Room/sui	te	E Telephon	ie number	
	Initial ret	urn	PO BOX 721105							405-321-2024	
	Terminat	ted	City, town or post office	e, state, and ZIP code	9						
	Amende	d return	NORMAN, OK 73070						<b>G</b> Gross re	ceipts \$	213,697
	Applicati	ion pending	F Name and address of p	nncipal officer CH	ARLES BARTO	N		H(a) Is this a	group return f	or affiliates? 🔲 Yes	✓ No
			PO BOX 721105 NOR							cluded? 🗌 Yes	_
<u> </u>	Tax-exer	mpt status	<b>√</b> 501(c)(3)	501(c)( )	◀ (insert no ) ☐ 4	1947(a)(1) or	527	If "N	o," attach a	list (see instruction	ns)
J	Website	: ► N/A						H(c) Group	exemption	number ▶	
ĸ	Form of o	organization	✓ Corporation ☐ Trust	Association	Other ▶	L Yea	r of format	on 1992	M State	of legal domicile	ОК
Р	art I	Summ									
_	1		escribe the organizat	ion's mission or	most significan	t activities				· · · · · · · · · · · · · · · · · · ·	
	1	•	FOUNDATION PROV				NIZATIO	IS WHO NEE	D FOOD.	SHELTER, CLO	OTHING.
ည			ASSISTANCE, AND						::		
뎔		incolor:			9.11.11.11.					•	
Activities & Governance	2	Check th	is box ▶ ☐ if the org	anization discon	tinued its opera	ations or di	sposed o	of more than	25% of	its net assets.	
ဒိ	3		of voting members of						3		10
٠ŏ	4		of independent votin				line 1b)	• • • • •	4		10
Ę.	5		nber of individuals e					• •	5		0
:≩	6		nber of volunteers (e			(i air v, iiio	, <u>Lu</u> , .		6		10
¥	7a		elated business reve			line 12	• •		7a		
	1		lated business taxab						7b		
	b	wet unie	lated business taxab	ile income nom	01111 930-1, 1111		<del> i</del>	Prior Ye		Current Y	ear
		O = makesile	tions and examts (Da	+ \/!!!  ma 1b\			-		215,153		213,618
ne	8		tions and grants (Pa			٠			215,153		213,010
Revenue	9		service revenue (Pa ent income (Part VIII,				· · · }				<u>0</u> 79
Be	10						· · · }	-	167		
	11		venue (Part VIII, colu						0		
	12	Total rev	enue-add lines 8 thr	ough in (must et	qualifativiti co	<u>ر د د کر د د د د د د د د د د د د د د د د</u>	12)		215,320		213,697
	13		nd similar amounts p			=3)_: <u>-</u> 7:0	1		201,057		199,997
	14	Benefits	paid to or for memb	ers (Part IX) colu	mn (A), line 4)	0000	]."		0		0
es	15		other compensation,			100			0		0
Expenses	16a		onal fundraising fees			• • 네트	\ ·  -	<del></del>	0		
Š	b		idraising expenses (F			IIT	.   -	. , ' *x		, \$. f.	······································
ш	17		penses (Part IX, colu				,J ·		6,184		6,070
	18		oenses. Add lines 13			n (A), line 25	5)		207,241		206,067
	19	Revenue	less expenses Sub	tract line 18 from	1 line 12 .		<u> </u>	<u>-</u>	8,079	_ :	7,630
Net Assets or	<u>g</u>						_	Beginning of Ci	urrent Year	End of Ye	ear
sets	20		sets (Part X, line 16)						93,229		100,295
AS S	21		oilities (Part X, line 26				· ·		3,340		2,776
ž,	22	Net asse	ets or fund balances.	Subtract line 21	from line 20		<u> </u>		89,889		97,519
P	art II	Signa	ture Block								
-tr	nder pena ue, correc gn ere	ct, and comp	0.700	(other than difficer)	ncluding accompanis based on all info	lying schedule:	ch prepare	r has any know	the best of reledge	ny knowledge and	d belief, it is
_			e or print name and title	I Dance of	er'e eignoture		I n	ato		PTIN	
P	aid	Print/T	ype preparer's name	Prepar	er's signature		10	ate	Check	<b>∟</b>	
	repare	er		1					self-em	ployed	
	se On	1	name 🕨					Fin	m's EIN ▶		<del></del>
		Firm's	address ▶					Ph	one no		
М	av the II	RS discus	s this return with the	preparer shown	ı above? (see ır	nstructions)				🔲 Ye	s 🗌 No

Form 99	0 (2018)			Page <b>2</b>
Part		Accomplishments sponse to any question in this Par	t III	🗅
1	Briefly describe the organization's missio THE OEC FOUNDATION PROVIDES ASSIST MEDICAL ASSISTANCE, AND COMMUNITY	n <sup>.</sup> Ance to families and organizat	IONS WHO NEED FOOD, SHELTER, C	LOTHING,
_2	Did the organization undertake any significant prior Form 990 or 990-EZ?			Yes 🗸 No
3	If "Yes," describe these new services on Did the organization cease conducting services?	, or make significant changes in		Yes <b>☑</b> No
4	If "Yes," describe these changes on School Describe the organization's program ser expenses Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, for the total expenses of the section 501 (c) (4) the total expenses of the section 501 (c) (4) the total expenses of the section 501 (c) (4) the total expenses of the section 501 (c) (4) the total expenses of the section 501 (c) (4) the total expenses of the section 501 (c) (4) the total expenses of the section 501 (c) (4) the total expenses of the section 501 (c) (4) the total expenses of the section 501 (c) (4) the total expenses of the section 501 (c) (4) the total expenses of the section 501 (c) (4) the total expenses of the section 501 (c) (4) the total expenses of the section 501 (c) (4) the total expenses of the section 501 (c) (4) the total expenses of the section 501 (c) (4) the total expenses of the section 501 (c) (4) the total expenses of the section 501 (c) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	vice accomplishments for each of it organizations are required to repo		
4a	(Code. ) (Expenses \$ THE OEC FOUNDATION PROVIDES ASSIST MEDICAL ASSISTANCE, AND COMMUNITY	ANCE TO FAMILIES AND ORGANIZAT	IONS WHO NEED FOOD, SHELTER, C	LOTHING,
4b	(Code) (Expenses \$	including grants of \$	) (Revenue \$	)
	· · · · · · · · · · · · · · · · · · ·			
	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (Describe in Sch			
	(Expenses \$ including grant Service expenses ▶	rants of \$ ) (Revenu	e \$ )	<del></del> -

Part	V Checklist of Required Schedules			ugo
			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	<b>√</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		1
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		<b>→</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			<del></del> ;
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	. ,	1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	ľ
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 and XII is optional	12b	-	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
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		1
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		<b>V</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Ves." complete Schedule H	200		1

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Part	V Checklist of Required Schedules (continued)			
04	Did the expension report are at the fift 000 of experts and other experts are to expension.		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? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		/
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
31	conservation contributions? If "Yes," complete Schedule M	30		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		1
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,</i>			
38	Part VI	37		✓
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>✓</b>	

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Officer if Ochedule O contains a response to any question in this fact v	· ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			[
	reportable gaming (gambling) winnings to prize winners?	1c	✓	<u> </u>
<b>2</b> a	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 0			_
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
20	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		<b>/</b>
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-
44	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		<b>/</b>
ь	If "Yes," enter the name of the foreign country: ▶	70	٠,	<u> </u>
	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	'	<b>1</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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 as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		,
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ľ
ŭ	and services provided to the payor?	7a		,
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		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
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	\$4°);*		
	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?	٠		
9	Sponsoring organizations maintaining donor advised funds.	8	<u> </u>	<del>                                     </del>
а	Did the organization make any taxable distributions under section 4966?	9a	٠ ٠	3
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			,
а	Initiation fees and capital contributions included on Part VIII, line 12	,	٠	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	35.72° 35	wrr.	. ,
11	Section 501(c)(12) organizations. Enter	1.00		,
a	Gross income from members or shareholders	», ´.	· ·	İ
b	Gross income from other sources (Do not net amounts due or paid to other sources	,		
40-	against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a	<u> </u>	-
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	}		
ıs a	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del>                                     </del>	<del> </del>
•	Note. See the instructions for additional information the organization must report on Schedule O.	· · · · ·	<del>                                     </del>	<del> </del>
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			'
С	Enter the amount of reserves on hand		, os	۸.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an evolunation in Schodulo O	14h	, ——	1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	truct	ons.
Section	on A. Governing Body and Management			
4-	Color the constraint of orders are of the constraint of the color of t		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			
ь 2	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?	2		, 
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?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	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?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	,	2	
а	The governing body?	8a	<b>\</b>	
р	Each committee with authority to act on behalf of the governing body?	8b	<b>√</b>	<u> </u>
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.	9		<b>✓</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		·
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
	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		<b>✓</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110		<del>                                     </del>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>1</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<b>7</b>
14	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
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?		· · ·	
а	The organization's CEO, Executive Director, or top management official	15a		<b>/</b>
b	Other officers or key employees of the organization	15b		<b>✓</b>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	:		!
	with a taxable entity during the year?	16a		<b>V</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	• 1		ŀ
	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?	16b	1	
	on C. Disclosure			
17 18	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 (Section available for public inspection. Indicate how you made these available. Check all that apply	501(	c)(3)s	only)
19	Own website Another's website  Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year	f intei	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization OKLAHOMA ELECTRIC COOPERATIVE, PO BOX 1208, NORMAN, OK 73070 405-321-2024	of the	•	

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-omi	990	12012	,

0000	•

Form 990 (2012)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	n nor any relate	d org	anız		n co	ompe	nsa	ted any currer	t officer, director	, or trustee.
(A)	(B)	/do n	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, office				an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAMEY ALLEN										
DIRECTOR	2	✓						0	0	0
(2) LEROY BAYLIFF										
DIRECTOR	2	✓						0	0	0
(3) JIM BROWN										
DIRECTOR	2	✓			<u> </u>			0	0	0
(4) VIVIAN GIBSON										
PRESIDENT	2	✓		1				o	0	0
(5) LLOYD GRAMLING										*
DIRECTOR	2	✓						0	0	0
(6) JERRY MCCRACKEN										
DIRECTOR	2	<b>√</b>						0	0	O
(7) LYNNE MILLER	ĺ									
DIRECTOR	2	✓				]		0	0	
(8) SUNNY STUART										
DIRECTOR	2	<b>✓</b>						o	o	O
(9) BECKIE TURNER										
DIRECTOR	2	1	l		į			0	0	O
(10) JOYCE WALLACE	ĺ									
DIRECTOR	2	<b>1</b> ✓						0	0	d
(11) CHARLES BARTON	2									
CFO		1			1			0	o	d
(12)										
(13)								-		
(14)					$\vdash$		<del>                                     </del>	<del> </del>		

	(A) Name and title	(B) Average hours per week (list any	box, office	unles	Pos leck s pe	rson irect	than o is both or/trust	an (ee)	Reportable compensation	(E) Reportable compensation fro		(F) Estima om amoun		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		comp fro orga and	pensation om the inization related nizations	
(15)												,		
(16)								<del>  -</del>						
(17)								-					-	
(18)						-								
(19)				<u> </u>										
(20)								-				<del>.</del>		
(21)														
(22)													<del></del>	
(23)			_		_									
(24)														
(25)								-						
	0.1.		1											
1b c d	Sub-total  Total from continuation sheets to Part  Total (add lines 1b and 1c)	 VII, Sectio 						<b>&gt;</b>	0		0			
2	Total number of individuals (including bur reportable compensation from the organization)	t not limited	to th			ted	abov	e) w	ho received m	ore than \$1		0 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, o					emp	oloyee, or high	nest compe	nsate		Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	con	npe	nsatio	on a s,"	and other complete Scl	pensation framedule J fo	om th	h E		
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	 dıvıdu	al : 5	1785	<u>√,</u> √
	on B. Independent Contractors					4		4		1 11-	- 64	20.000 -		
1	Complete this table for your five highest compensation from the organization Repyear	•												(
	(A) Name and business add	fress							(B) Description of s	services	-	(C Comper		
								F						
												<del>-</del>		_
2	Total number of independent contractor received more than \$100,000 of compensations.							l o th	nose listed ab	ove) who				<del></del>

Part	VIII	Statement of Revenue	stion in this Dort V	111		
		Check if Schedule O contains a response to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	]			
s, G	С	Fundraising events 1c				
Sift	d	Related organizations 1d	]			
imi	е	Government grants (contributions) 1e	]			
tior er S	f	All other contributions, gifts, grants,				
ibu		and similar amounts not included above 1f 213,618				
ontr od C	g	Noncash contributions included in lines 1a-1f \$	_ [			
<u>8 0</u>	h	Total. Add lines 1a–1f	213,618			
Program Service Revenue		Business Code	J			'
eve	2a					
e E	b		-			
<u>Ş</u> .	C					
జ్ఞ	d		<u> </u>			<del> </del>
ram	e		<del> </del>			
ī go	f	All other program service revenue .			1,54	
	3	Total. Add lines 2a–2f	0		Y 1049	;
	3	and other similar amounts)	70			70
		Income from investment of tax-exempt bond proceeds	79			79
	4		0			· · · · · · · · · · · · · · · · · · ·
	5	Royalties				
	6a	Gross rents	┪			
	b	Less: rental expenses	-{``` <u>`</u> ``		*	
	C	Rental income or (loss)	1			
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other	* .	<del>.</del>	3 2	
		assets other than inventory	1 . 1	•		•
	ь	Less: cost or other basis	1 1 2 2 3 1	, , ,		
	_	and sales expenses			2	
	C	Gain or (loss)	- 1 5°°° ' '	- *,	4,43%	
	d	Net gain or (loss)	0	and the contract of the table	// Min & /	
enne	8a	Gross income from fundraising events (not including \$				
Other Reve		of contributions reported on line 1c). See Part IV, line 18 a				
돌	ь	Less direct expenses b			4. m .m .m.m.m.m.m. =	
	С	Net income or (loss) from fundraising events . ▶	0			
	9a	Gross income from gaming activities. See Part IV, line 19 a		**	,	
	Ь	Less: direct expenses b	1			
	С	Net income or (loss) from gaming activities	7 · · · · · · ol			
	10a	Gross sales of inventory, less			,,	
		returns and allowances a			,	
	Ь	Less: cost of goods sold b	1			
	C	Net income or (loss) from sales of inventory	o			
	<u> </u>	Miscellaneous Revenue Business Code	1 1			
	11a					
	b					
	С					
	d	All other revenue	1			
	е	Total. Add lines 11a-11d	0			
	112	Total revenue See instructions	242 607		T	70

	0 (2012)				Page 10
	Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must com-	aninta ali anti-mana. A	// athan areas:ation		(A)
300110	Check if Schedule O contains a response	•			
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		CAPCHISCS	general expenses	expenses
	organizations in the United States. See Part IV, line 21	199,997	199,997		
2	Grants and other assistance to individuals in	100,007	100,007		
	the United States. See Part IV, line 22	o			
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 8	Other salaries and wages	0			
U	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	0			
10	Payroll taxes	0	· · · · · ·		
11	Fees for services (non-employees)	- 0			
a .	Management	o			
b	Legal	0		.=	
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0	·	, ; · · ·	
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	0		<u> </u>	
13 14	Office expenses			•	
15	Information technology	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings .	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0		<del></del>	
24	Other expenses. Itemize expenses not covered	, ,	ŕ		
	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.)				
_	MANAGEMENT & GENERAL				
a b		6,070		6,070	
C					
ď					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	206,067	199,997	6,070	
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 ŠOP 98-2 (ASC 958-720)				l

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 57,122 1 64,043 2 Savings and temporary cash investments . . . . . 2 18,194 18,254 3 3 Pledges and grants receivable, net . . . . . 4 Accounts receivable, net . 17,913 4 17,998 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other 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). Complete Part II of Schedule L. 6 Notes and loans receivable, net . . . . . . . 7 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 10b Less: accumulated depreciation 10c Investments—publicly traded securities . . 11 11 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments—program-related. See Part IV, line 11 13 Intangible assets . . . . . . . . . . . 14 14 15 Other assets. See Part IV, line 11 . . . . 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 93.229 16 100,295 17 Accounts payable and accrued expenses . . 17 3,340 2,776 18 18 19 Deferred revenue . . 19 20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 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 23 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . . . 3,340 26 26 2,776 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . 27 28 Temporarily restricted net assets . . 28 89,889 97,519 29 Permanently restricted net assets . . . . 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . 30 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 . 33 89,889 97,519 Total liabilities and net assets/fund balances . . .

100,295

93,229

34

	<u></u>				3· · —
Part					
_	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		21	3,697
2	,	2	•	20	6,067
3		3			7,630
4		4		8	9,889
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7		7			0
8		8			0
9		9		_	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10		- 9	7,519
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990.   Cash  Accrual  Other		S, 82; }	2/3	3 %.
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ain in	.*	· , [	(دُوْ أَنْ
	Schedule O.			1/2 - 2 1/4 - 2 1/4 - 2	å S
2a	The state of the s	•	2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or	,		
	reviewed on a separate basis, consolidated basis, or both		, [	* }	
	Separate basis Consolidated basis Both consolidated and separate basis		1	٠,	33 j
b	Were the organization's financial statements audited by an independent accountant?		2b	<b>✓</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			Ŝ
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		,		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	<b>✓</b>	
	If the organization changed either its oversight process or selection process during the tax year, explain the control of the	ain in	ļ'	, ,	
	Schedule O.		,		ζ.
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in			
	the Single Audit Act and OMB Circular A-133?	•	3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	ıts	3b		
			Forn	990	(2012)

#### 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

Open to Public Inspection

**Employer Identification number** Name of the organization 73-1411520 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) 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 name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 331/3% 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 331/3% 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. **c** Type III–Functionally integrated **b** Type II **d** Type III–Non-functionally integrated 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) 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 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 Yes No 11g(i) (ii) A family member of a person described in (i) above? . . . 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(III) Provide the following information about the supported organization(s). (vii) Amount of monetary (i) Name of supported (n) EIN (nii) Type of organization (IV) Is the organization (v) Did you notify (vi) Is the in col (i) listed in your the organization in organization in col organization (described on lines 1-9 support col (i) of your governing document? (i) organized in the above or IRC section US? support? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

Total

Schedu	le A (Form 990 or 990-EZ) 2012						Page 2
Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	he box on line	5, 7, or 8 of	Part I or if the	e organizatioi	n failed to qua	
Secti	on A. Public Support	o quality aride	<del>51 1110 10010 11</del>	ned belevi, p	icase compie	to r art iii.j	···
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 2	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	223,190			215,153	213,618	1,094,362
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3.	223,190	222,770	219,631	215,153	213,618	1,094,632
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)			8 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
6	Public support. Subtract line 5 from line 4.	** * * *	* , ,,	`. 8 ` ` `	· * · · · · ·	· · · · · · · · · · · · · · · · · · ·	1 004 522
	on B. Total Support	<del></del>	<u> </u>		L'_3?	<u> </u>	1,094,632
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	223,190	<del></del>	219,631	215,153	213,618	1,094,632
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	915	521	283	167	79	1,965
9	Net income from unrelated business activities, whether or not the business is regularly carried on				l l		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	7, 7, 2, 3, 7	1 3 31 1	* * > '	2 4 7 4 7 3 5 -4	1 - 1 + 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,096,597
12	Gross receipts from related activities, etc	•		•		12	
13	First five years. If the Form 990 is for t	-	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			· · ·	· · · · ·	· · · · ·	🕨 🗀
	on C. Computation of Public Suppo			M I (0)			
14	Public support percentage for 2012 (line					15	99 82 %
15 16a	Public support percentage from 2011 Sc 331/3% support test—2012. If the organ						99.71 %
.00	box and <b>stop here.</b> The organization qua						. ▶ ☑
b		nization did no	ot check a box	c on line 13 o	r 16a, and line		
		eets the "facts- facts-and-circu	and-circumsta imstances" tes	inces" test, che st The organiz	eck this box ar ation qualifies 	nd <b>stop here.</b> E as a publicly si	xplain in ipported . ►
b	15 is 10% or more, and if the organization in Part IV how the organization in	ation meets the	e "facts-and-c	rcumstances"	test, check th	nis box and st	op here.

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

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#### 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.)

	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II.)	
	on A. Public Support		····		,	Y <del></del>	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees				}	1	
•	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				1		
	unrelated trade or business under section 513						
4	Tax revenues levied for the					1	
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		İ	<u> </u>			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3					1	
	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						
8	Public support (Subtract line 7c from	,	, ,		·	, ,	
	line 6.)	,	, , ,				
<u>Secti</u>	on B. Total Support	· · · · · · · · · · · · · · · · · · ·	<del>,</del>	<del>, </del>	<del>,</del>		
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,				İ	]	
	payments received on securities loans, rents,						
	royalties and income from similar sources .						<del></del>
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				1		
	acquired after June 30, 1975						
С	Add lines 10a and 10b					<u> </u>	
11	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			1		1	
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,			1			
	and 12.)	L	<del></del>	<u> </u>	L	<u> </u>	5044 \( \( \( \) \)
14	First five years. If the Form 990 is for the	_			n, or fifth tax y	ear as a section	
<del></del>	organization, check this box and stop he			· · · · ·	• • • •		
	on C. Computation of Public Support			10 1 (0)		1 4= 1	
15	Public support percentage for 2012 (line		•			15	<u>%</u>
16	Public support percentage from 2011 Sc			<del></del>	<del> </del>	16	%
	on D. Computation of Investment In				(0)	47	
17	Investment income percentage for 2012 (	-		•		17	<u>%</u>
18	Investment income percentage from 201					18	% and line
19a	331/3% support tests—2012. If the organ						
	17 is not more than 331/3%, check this box		-				_
b	331/3% support tests – 2011. If the organization 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d		_			_	_
	T INTERE IVALIVATION, IL LUE VIUGUIZZIONE CI	14 かいしいししん 4	DUA UIT IIIE 14	. 130. UL 130.	しいとしん はける いけん		ULIUIIU 🚩 📗

	form 990 or 990-EZ) 2012	- 1
t.IV	<b>Supplemental Information.</b> 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).	
••••		

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

► 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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	OUNDATION INC			73-1411520
Pai	t I Organizations Maintaining Donor		Funds or	Accounts. Complete if the
	organization answered "Yes" to For			
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year		ļ	
2	Aggregate contributions to (during year) .	<u> </u>		
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and d funds are the organization's property, subject			
6	Did the organization inform all grantees, done only for charitable purposes and not for the bit conferring impermissible private benefit?		or for any	ls can be used other purpose
ar	Conservation Easements. Comple			
1	Purpose(s) of conservation easements held by	<del></del>		
2	Preservation of land for public use (e.g., re Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization easement on the last day of the tax year.	creation or education) Preservation Preservation	on of an his on of a cert	tified historic structure
	casement on the last day of the tax year.			Held at the End of the Tax Year
_	Total aumhou of concentration concentration			``
a				2a
b	Total acreage restricted by conservation ease			2b
C	Number of conservation easements on a certi Number of conservation easements include:			2c
d	historic structure listed in the National Registe	• • •	not on a	
_	•			2d
3	Number of conservation easements modified, tax year ▶	transferred, released, extinguished, of	terminate	d by the organization during the
4	Number of states where property subject to co	onservation easement is located		
5	Does the organization have a written polic violations, and enforcement of the conservation	y regarding the periodic monitoring		
6	Staff and volunteer hours devoted to monitoring			
7	Amount of expenses incurred in monitoring, in	nspecting, and enforcing conservation	easements	s during the year
8	Does each conservation easement reported o (i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requireme		
9	In Part XIII, describe how the organization repbalance sheet, and include, if applicable, the torganization's accounting for conservation ea	ext of the footnote to the organization		•
	Organizations Maintaining Collect Complete if the organization answer	red "Yes" to Form 990, Part IV, line	e 8.	
1a	If the organization elected, as permitted under works of art, historical treasures, or other si public service, provide, in Part XIII, the text of	milar assets held for public exhibition	n, educatio	on, or research in furtherance o
b	If the organization elected, as permitted und works of art, historical treasures, or other si public service, provide the following amounts	der SFAS 116 (ASC 958), to report in milar assets held for public exhibition	its reveni	ue statement and balance shee
	(i) Revenues included in Form 990, Part VIII, I	ine 1		. ▶ \$
	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works o following amounts required to be reported une	f art, historical treasures, or other si	mılar asset	ts for financial gain, provide th
а	Revenues included in Form 990, Part VIII, line			. • \$
	Assets included in Form 990. Part X			• •

	le D (Form 990) 2012			<u> </u>				Page 2
	Organizations Maintaining							
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her records, ch	eck any of the follo	wing that are a si	gnifican	t use	of its
а	☐ Public exhibition		d 🗌 Loa	an or exchange pro	grams			
b	☐ Scholarly research		e 🗌 Oth	ner				
С	☐ Preservation for future generations	}						
4	Provide a description of the organizat	ion's collections a	and explain how	they further the or	ganization's exem	pt purp	ose ir	n Part
	XIII.							
5	During the year, did the organization					r		
	assets to be sold to raise funds rather							□ No
Par	IV Escrow and Custodial Arra				ered "Yes" to Fo	rm 990	, Par	t IV,
	line 9, or reported an amoun							
1a						_	_	
	included on Form 990, Part X?					⊔ Y	'es _	_  No
þ	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following	table:	1 ^-	nount		
_	Decimaliza halanas					nount		
C	Beginning balance				C			
d	Additions during the year				d			
e	Distributions during the year				e f			
f	Ending balance						,	□ No
2a	If "Yes," explain the arrangement in Pa						_	ן אס ק
	t V Endowment Funds. Complete							
		(a) Current year	(b) Prior year	(c) Two years back	<del>,</del>	· · · · · · · · · · · · · · · · · · ·	ır years	back
1a	Beginning of year balance					†		
b	Contributions							
C	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and		1 120					
	programs							
f	Administrative expenses							
g	End of year balance							•
2	Provide the estimated percentage of t	he current year er	nd balance (line	1g, column (a)) held	as:			
а	Board designated or quasi-endowment	nt ▶	%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment ▶							
_	The percentages in lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	e possession of th	ne organization	that are held and a	dministered for the	е		T
	organization by					<u> </u>	Yes	No
	(i) unrelated organizations					3a(i)	_	+
							41	
	(ii) related organizations					3a(ii		+

4 Describe in Part XIII the intended uses of the organization's endowment funds.									
Par	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								
b	Buildings								
C	Leasehold improvements								
d	Equipment								
е	Other								
Fotal	Add lines 1a through 1e (Column (d) must e	orual Form 990 Part	Y column (R) line 1(	2(c)					

Part VII	Investments - Other Securities	3. See Form 990, Part X	X, line 12.	
(i	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mai	
(1) Financia	I derivatives			
	held equity interests			
(3) Other				<del></del>
(A)				
(B)				
(C) (D)				
(E)				
(F)	••••••	-		
(G)		-		
(H)		-		
(i)		,		
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12.) ▶			
Part VIII	Investments – Program Relate	d. See Form 990, Part 2	X, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year ma	
_(1)				
(2)				
_(3)				
		<del></del>		
(5)		<del> </del>		
(6)				
(7)		+		
<u>(8)</u> <u>(9)</u>		<del> </del>		
(10)			·	
	(b) must equal Form 990, Part X, col (B) line 13 ) ▶		3 2 2	
Part IX	Other Assets. See Form 990, P		***************************************	
		(a) Description		(b) Book value
(1)		-		
(2)				
_(3)				
_(4)				
(5)				
(6)				<del></del>
(7)			· · · · · · · · · · · · · · · · · · ·	
(8)				
<u>(9)</u> (10)				
	umn (b) must equal Form 990, Part X, o	col. (B) line 15.)		<del></del>
Part X	Other Liabilities. See Form 990			
1.	(a) Description of liability	(b) Book value		
(1) Federa	I income taxes		7	
(2)				
(3)				
(4)				,
(5)				·
(6)	<del></del> .		_	
(7)		<del> </del>	<b>⊣</b>	
(8)			_	
(9) (10)		<del> </del>		
(10)		-	$\dashv$	
	(b) must equal Form 990, Part X, col (B) line 25 ) ▶		$\dashv$	
	SC 740) Footnote. In Part XIII, provide the		prognization's financial statements that r	enorts the organization's
liability for u	incertain tax positions under FIN 48 (ASC	740). Check here if the text	of the footnote has been provided in Pa	rt XIII

Page	4

Par	XI Reconciliation of Revenue per Audited Financial Stateme	ents	With Revenue per	Retu	m
1	Total revenue, gains, and other support per audited financial statements			1	213,697
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c		7: :	
d	Other (Describe in Part XIII.)	2d		7 ·	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	213,697
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1		34.536	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		12.4	
b	Other (Describe in Part XIII )	4b			
C	Add lines <b>4a</b> and <b>4b</b>	٠	<del>'                                    </del>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	213,697
Part	XII Reconciliation of Expenses per Audited Financial Statem				
1	Total expenses and losses per audited financial statements			1	206,067
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			200	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		7 **	
c	Other losses	2c		۱	
d	Other (Describe in Part XIII )	2d	<del> </del>	7, **.	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	206,067
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	l	1		200/00:
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	<del></del>	1	
c	Add lines <b>4a</b> and <b>4b</b>		<u> </u>	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	206,067
Part		,	, , , , , , , , , , , , , , , , , , , ,		200,007
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation.				

Schedule D (For	cm 990) 2012	Page <b>5</b>
Part,XIII	Supplemental Information (continued)	<del></del>
		•••••••••••••••••••••••••••••••••••••••

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

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

-EZ.

**Employer identification number** 

Open to Public Inspection

OEC FOUNDATION INC	73-1411520
1	
FORM 990, PART VI, LINE 11B	
THE RETURN IS PREPARED BY INTERNAL STAFF. THE RETURN IS THEN REVIEWED BY THE GOVER	
	MING BOARD PRIOR TO FILING WITH
THE IRS.	
2	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE.	BLE TO THE PUBLIC UPON REQUEST.
	•••••

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
······································	
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# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Part I General Information on Grants and Assistance

**OEC FOUNDATION INC** 

Governments, and Individuals in the United States

OMB No 1545-0047

2012

73-1411520

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

Grants and Other Assistance to Organizations,

► Attach to Form 990.

Open to Public Inspection Employer identification number

Schedule I (Form 990) (2012)		Cat. No 50055P	Ö		s for Form 990.	see the Instruction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
<b>A</b>					in the line 1 table	rganizations listec	3 Enter total number of other organizations listed in the line 1 table
			ine 1 table	organizations listed in the line 1 table	rernment organiza	501(c)(3) and oov	2 Enter total number of section 501(c)(3) and government
							(12)
							(11)
							(10)
							(6)
							(8)
COMMUNITY ASSISTANCE				10,000	501(c)3	73-1349348	(7) CITIZEN'S ADVISORY BOARD POB 1087, NORMAN OK 73070
COMMUNITY ASSISTANCE				10,000	501(c)3	80-0367720	(6) VETERAN'S CORNER INC POB 704 GOLDSBY, OK 73093
COMMUNITY ASSISTANCE				000'6	501(c)3	73-0931924	(5) MEALS ON WHEELS OF NORMAN, NORMAN OK
COMMUNITY ASSISTANCE				10,000	501(c)3	73-0927199	(4) ASSISTANCE LEAGUE OF NORMAN, NORMAN OK
COMMUNITY ASSISTANCE				10,000	501(c)3	73-1581358	(3) MAGUIRE COMMUNITY FOUNDATION, NOBLE OK
COMMUNITY ASSISTANCE				6,000	501(c)3	73-0668684	(2) UNITED WAY HELPLINE 2424 SPRINGER DR STE 304 NORMA
COMMUNITY ASSISTANCE				10,000	501(c)3	73-0579244	(1) AMERICAN RED CROSS 1205 HALLEY AVE, NORMAN OK
(h) Purpose of grant or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	1 (a) Name and address of organization or government
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. Part II can be duplicated if additional space is needed.	nts and Organizations in the United States. Complete if the organization answ more than \$5,000. Part II can be duplicated if additional space is needed.	tates. Complete ated if additional	in the United St Il can be duplica	Organizations	vernments and received more the	ssistance to Go	Part II Grants and Other Assistance to Governmer Part IV, line 21, for any recipient that received
		States.	nds in the United	the use of grant fu	es for monitoring	ization's procedur	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
e, and Yes No	or the grants of assistants	rantees engionity	assistance, the g	int of the grants of	stantiate tne amou or assistance?	un records to subs award the grants	1 Does the organization maintain records to substantiate the art the selection criteria used to award the grants or assistance?
e and	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	rantees' eligibility	secretance the	of the grants of	ome oft otestacta	dia of abaccoa an	October the experience of the second

Schedule I (Fe	Schedule I (Form 990) (2012)					Page 2
Part III	Grants and Other Assistance to Individuals Part III can be duplicated if additional space is	ividuals in the Ur space is needed.	Inited States. Com I.	plete if the organiz	ation answered "Yes" to	in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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
-						
8						
ო						
4						
ક						
ဖ						
,						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	e this part to pro	wide the informatio	n required in Part I,	line 2, Part III, column (b	), and any other additional
1. SCHEDU	1. SCHEDULE I, PART I, LINE 2					
APPLICAT	APPLICATIONS ARE REVIEWED BY THE GOVERNING BOARD. THEY ARE DISCUSSED AND VOTED ON. THE CHECKS ARE DISBURSED TO THE APPROPRIATE AGENCY PROVIDING	JARD. THEY ARE D	ISCUSSED AND VOTE	D ON. THE CHECKS A	RE DISBURSED TO THE APP	ROPRIATE AGENCY PROVIDING
BENEFITS	BENEFITS TO THE INDIVIDUALS IN NEED.					
		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
						Schedule I (Form 990) (2012)