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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
CENTRAL OKLAHOMA UNITED METHODIST RETIREMENT FACILITY INC
Doing Business As
EPWORTH VILLA

Number and street (or P O box if mail is not delivered to street address) Room/suite
14901 N PENNSYLVANIA AVENUE

City or town, state or province, country, and ZIP or foreign postal code
OKLAHOMA CITY, OK 731346070

D Employer identification number
73-1292317

E Telephone number
(405) 752-1200

G Gross receipts $ 79,195,019

F Name and address of principal officer
TINA BALLARD
14901 N PENNSYLVANIA AVENUE
OKLAHOMA CITY,OK 731346070

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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: ▶ WWW EPWORTHVILLA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986 **M** State of legal domicile OK

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE RETIREMENT FACILITIES AND TO OPERATE SUCH FACILITIES TO SATISFY THE HOUSING, HEALTH CARE AND RELATED NEEDS OF AGED OR RETIRED PERSONS

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)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	383
6	Total number of volunteers (estimate if necessary)	6	95
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	160,095	140,489
	9	Program service revenue (Part VIII, line 2g)	20,839,089	21,348,425
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	282,886	672,004
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	86,277	86,894
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,368,347	22,247,812
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,884,392	11,314,244
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,683,205	12,068,177
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	21,567,597	23,382,421
	19	Revenue less expenses Subtract line 18 from line 12	-199,250	-1,134,609

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	132,396,355	126,848,502
	21	Total liabilities (Part X, line 26)	138,061,997	132,924,158
	22	Net assets or fund balances Subtract line 21 from line 20	-5,665,642	-6,075,656

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

****** 2014-07-31
Signature of officer Date

TINA BALLARD CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ELLAN WRIGHT		2014-07-31		P00112450

Firm's name ▶ COLE & REED PC — Firm's EIN ▶ 73-1312422

Firm's address ▶ 531 COUCH DR OKLAHOMA CITY, OK 731022251 — Phone no (405) 239-7961

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

Part III **Statement of Program Service Accomplishments**

Check ıf Schedule O contaıns a response or note to any lıne ın thıs Part III . . . . ☑

1 Brıefly descrıbe the organızatıon's mıssıon

TO PROVIDE RETIREMENT FACILITIES AND TO OPERATE SUCH FACILITIES TO SATISFY THE HOUSING, HEALTH CARE AND RELATED NEEDS OF AGED OR RETIRED PERSONS

2 Dıd the organızatıon undertake any sıgnıfıcant program servıces durıng the year whıch were not lısted on the prıor Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

If "Yes," descrıbe these new servıces on Schedule O

3 Dıd the organızatıon cease conductıng, or make sıgnıfıcant changes ın how ıt conducts, any program servıces? . . . . ☐ **Yes** ☑ **No**

If "Yes," descrıbe these changes on Schedule O

4 Descrıbe the organızatıon's program servıce accomplıshments for each of ıts three largest program servıces, as measured by expenses Sectıon 501(c)(3) and 501(c)(4) organızatıons are requıred to report the amount of grants and allocatıons to others, the total expenses, and revenue, ıf any, for each program servıce reported

4a (Code) (Expenses $ 20,685,024 ıncludıng grants of $) (Revenue $)

A CONTINUING CARE RETIREMENT COMMUNITY, OFFERING A CONTINUUM OF CARE, INCLUDING 264 RESIDENTIAL LIVING UNITS 24 TRADITIONAL ASSISTED LIVING BEDS, 24 MEMORY CARE ASSISTED LIVING BEDS AND 87 SKILLED NURSING BEDS CENTRAL OKLAHOMA UNITED METHODIST RETIREMENT FACILITY, INC (DBA EPWORTH VILLA) WAS INCORPORATED IN 1986 AS AN OKLAHOMA NOT-FOR-PROFIT CORPORATION TO PROVIDE RESIDENT FIRST CARE - - A SUPERIOR QUALITY OF LIFE FOR OLDER OKLAHOMA ADULTS BY ANTICIPATING AND MEETING THEIR INDIVIDUAL PHYSICAL, EMOTIONAL AND SPIRITUAL NEEDS IN A CHRISTIAN ENVIRONMENT THAT ADDS A RICHNESS AND EXCITEMENT TO THE EXPERIENCE OF AGING AS THE ONLY CARF-CCAC ACCREDITED AND EAGLE ACCREDITED CONTINUING CARE RETIREMENT COMMUNITY (CCRC) IN THE STATE OF OKLAHOMA, EPWORTH VILLA OFFERS APARTMENT AND COTTAGE-STYLE RESIDENCES, TRADITIONAL ASSISTED LIVING, SPECIALIZED MEMORY CARE ASSISTED LIVING AND SKILLED NURSING SERVICES, HOME HEALTH SERVICES AND HOSPICE SERVICES SERVING APPROXIMATELY 700 RESIDENTS AND PATIENTS IN 2013 WITH A WIDE RANGE OF SERVICES AND EDUCATIONAL AND SPIRITUAL OPPORTUNITIES, AND AREAS TO PRACTICE HOBBIES AND INTEREST ON A BEAUTIFUL 40-ACRE CAMPUS LOCATED IN NORTHERN OKLAHOMA CITY THE COMMUNITY OFFERS BOTH FEE-FOR SERVICE CONTRACTS AND LIFE CARE CONTRACTS WHERE FEES DO NOT INCREASE SUBSTANTIALLY BASED ON THE LEVEL OF CARE PROVIDED CHARITY CARE MULTIPLE RESIDENTS RECEIVED FINANCIAL BENEFIT FROM THE BENEVOLENT FUND IN 2013, TOTALING 161,843 COMMUNITY BENEFIT AND OUTREACH DURING 2013, IT BECAME APPARENT THAT EPWORTH VILLA EMPLOYEES AND RESIDENTS WERE INVOLVED IN MANY GOOD THINGS IN THE COMMUNITY, VOLUNTEERING, FUND RAISING, PROVIDING MEETING SPACES, ETC BUT IT ALSO BECAME APPARENT THAT THERE WAS NO PLACE WHERE ALL OF THESE GOOD THINGS WERE TRACKED, AND THE THOUGHT WAS IF WE COULD PULL ALL OF THIS INFORMATION TOGETHER WE COULD CREATE EFFICIENCIES IN TRACKING, ALSO MAXIMIZE THE IMPACT OF OUR EFFORTS THIS RESULTED IN THE FORMATION OF EPWORTH VILLA'S SOCIAL ACCOUNTABILITY COMMITTEE THE PURPOSE OF THE COMMITTEE IS TO GATHER THE INFORMATION ABOUT THESE EFFORTS, TO PROVIDE AN ANNUAL CONSOLIDATED REPORTING THE COMMITTEE IS CO-CHAIRED BY THE VICE PRESIDENT OF ADVANCEMENT (PHILANTHROPY, DEVELOPMENT, SALES AND MARKETING) AND THE VICE PRESIDENT OF HUMAN DEVELOPMENT AND ENGAGEMENT (F/K/A HUMAN RESOURCES) THE COMMITTEE HAS EMPLOYEES FROM THROUGHOUT THE CAMPUS AS REPRESENTATIVES TO PROVIDE A DIVERSE INPUT REPRESENTATION EPWORTH VILLA'S MISSION STATEMENT AFFIRMS OUR ORGANIZATION'S COMMITMENT TO SUPPORT COMMUNITY-BASED PROGRAMS WE PARTICIPATE IN OUTREACH ACTIVITIES TARGETED AT ALL ASPECTS OF HEALTHY AGING RESIDENTS AND STAFF COLLABORATE TO INCREASE AWARENESS OF PROGRAMS AND SERVICES NOT ONLY FOR OUR FACILITY, BUT TO THE COMMUNITY AS A WHOLE BY WORKING TOGETHER WE CAN IMPROVE THE HEALTH AND HAPPINESS OF ALL GENERATIONS EPWORTH VILLA'S RESIDENTS ARE SEEN AND KNOWN IN OUR COMMUNITY WE TAKE OWNERSHIP IN MAKING THIS THEIR 'NEW' HOME WHEN THEY MOVE HERE FOR EXAMPLE, IF THEY HAVE A PASSION FOR VOLUNTEERING AT THEIR CHURCH - THEN WE WILL GIVE THEM THE OPTIONS TO MAKE THAT PASSION BE A SUCCESS THE RESIDENTS PARTICIPATE A LOT IN EVENTS AND OUTINGS ON AND OFF CAMPUS LISTED BELOW ARE EXAMPLES OF MANY VOLUNTEERISM AND ACTIVITIES THAT OCCUR AT EPWORTH VILLA HERE ARE SOME EXAMPLES THAT THE RESIDENTS PARTICIPATE/ HAVE PARTICIPATED OKLAHOMA CITY UNIVERSITY VESPERS SERVICES TOWN HALL LECTURE SERIES EDEN TRAINING ST LUKE'S UMC SENIOR DAY QUAIL SPRINGS UMC ANNUAL BREAKFAST DAY HOST SITE FOR PEO LUNCHES OK HISTORY AND WESTERN MUSEUM VOLUNTEERS OKLAHOMA FOOD BANK PARKINSON'S FOUNDATION, HOST SITE ALZHEIMER'S SUPPORT GROUP, HOST SITE STROKE SUPPORT GROUP, HOST SITE LESLIE POWELL FOUNDATION OLLIE, OSU CLASSES, HOST SITE AARP DRIVER SAFETY COURSES, HOST SITE VOTING SITE IMMUNIZATION COALITION OF OK OKLAHOMA CITY UNIVERSITY - ALUMNI ASSOCIATION QUAIL SPRINGS UMC CRAFT FAIRS PEN PAL RELATIONSHIPS WITH CHARLES HASKELL ELEMENTARY (3RD GRADERS) GRANDFRIENDS AT OSU/OKC (NEWBORN - 5 YEARS OLD) TRIP TO BENTONVILLE, AR TRIP TO DALLAS, BUSH MEMORIAL MUSEUM EDMOND COMMUNITY CENTER - BRIDGE PLAYERS (EVERY WEDNESDAY) BEING A PART OF A BETTER GROWING COMMUNITY OF OKLAHOMA CITY, EPWORTH VILLA STRIVES FOR EXCELLENCE INSIDE AND OUTSIDE THE GATES OUR RESIDENTS DESERVE THE BEST SERVICE YOU SAW THE LIST ABOVE HOW THE RESIDENTS ARE INVOLVED IN THE COMMUNITY, BUT WHAT ABOUT THE STAFF THAT SERVES THE RESIDENTS OF THE COMMUNITY? WE BELIEVE THAT IN ORDER TO STRIVE FOR EXCELLENCE, WE HAVE TO GO ABOVE AND BEYOND OUR 'JOB TITLE' AND BRING OUR INDIVIDUAL VOLUNTEERISM EXPERIENCE AND EXPERTISE INTO THE WORKPLACE AN ARTICLE FROM HELPGUIDE ORG STATES, "ONE OF THE BETTER-KNOWN BENEFITS OF VOLUNTEERING IS THE IMPACT ON THE COMMUNITY UNPAID VOLUNTEERS ARE OFTEN THE GLUE THAT HOLDS A COMMUNITY TOGETHER VOLUNTEERING ALLOWS YOU TO CONNECT TO YOUR COMMUNITY AND MAKE IT A BETTER PLACE HOWEVER, VOLUNTEERING IS A TWO-WAY STREET, AND IT CAN BENEFIT YOU AND YOUR FAMILY AS MUCH AS THE CAUSE YOU CHOOSE TO HELP DEDICATING YOUR TIME AS A VOLUNTEER HELPS YOU MAKE NEW FRIENDS, EXPAND YOUR NETWORK, AND BOOST YOUR SOCIAL SKILLS " WE ARE THRILLED TO SHARE THAT THE STAFF OF EPWORTH VILLA MAKES AN IMPACT ON THE RESIDENTS WE SERVE WE WROTE DOWN A MAJORITY OF THE VOLUNTEERISM HOURS THAT THE STAFF OF EPWORTH VILLA SERVES IN THE COMMUNITY CHURCH VOLUNTEERISM IN THE MINISTRIES SUNDAY SCHOOL TEACHER JOE'S ADDICTION, A COFFEE HOUSE IN SOUTH OKC THAT REACHES OUT TO HOMELESS AND THE POOR SO THEY HAVE A PLACE TO COME AND FIND SAFETY JUBILEE PARTNERS, AN INNER-CITY 501C3 REACHING OUT TO CHILDREN AND YOUTH WITH DIFFERENT PROGRAMS TO HELP THEM BE EDUCATED AND GROW IN THEIR FAITH CHRISTMAS GRACE AT CHURCH OF THE SERVANT UMC COMMUNITY OUTREACH COMMITTEE AT UMC OF THE GOOD SHEPHERD CHURCH HOMELESS MINISTRY TREASURER OF THE EMANUEL SYNAGOGUE SISTERHOOD BOARD/ CHAIR MEMBERS IN VOLUNTEERISM ARTHRITIS FOUNDATION, BOARD OF DIRECTORS OCCUPATIONAL THERAPY ADVISORY BOARD KINESIOLOGY DEPARTMENT ADVISORY BOARD OKLAHOMA CONFERENCE OLDER ADULT COUNCIL FINANCIAL CHAIR OF THE GOOD SHEPHERD CATHOLIC SCHOOL FOR AUTISTIC CHILDREN AND EXECUTIVE COMMITTEE MEMBER BOARD MEMBER OKLAHOMA CITY CHAPTER AMERICAN DIABETES ASSOCIATION - TOUR DE CURE BOARD MEMBER UNITED METHODIST ASSOCIATION ROTARY CLUB 29 DOWNTOWN OKLAHOMA CITY OTHER OKLAHOMA VOLUNTEERISMS OKLAHOMA CITY RESCUE MISSION OKLAHOMA FOOD BANK EDMOND WOMEN'S CLUB SHOES FOR CHILDREN BELL RINGER FOR THE SALVATION ARMY COLLECTING AND MAKING BACKPACKS FOR HOMELESS CHILDREN AMERICAN CANCER SOCIETY CATTLE BARON'S BALL FACILITATOR LEADING AGE KANSAS LEADERSHIP ACADEMY FACILITATOR LEADING AGE OKLAHOMA LEADERSHIP ACADEMY COMMISSIONER - EAGLE COMMISSION CARF / CCAC - SURVEYOR SPEAKER - LEADING AGE KANSAS SPEAKER - UNITED METHODIST ASSOCIATION (2014) SPEAKER ON AGING SERVICES ISSUES BELOW ELABORATES MORE ON SOME OF THESE AREAS THE AARP AND EPWORTH VILLA WORK TOGETHER AT LEAST TWICE A YEAR TO PROVIDE A SAFE DRIVING CLASS FOR SENIORS AT EPWORTH VILLA AS WELL AS IN THE SURROUNDING COMMUNITY THIS COURSE BENEFITS OLDER ADULTS BY SHARPENING DRIVING SKILLS AND LOWERING INSURANCE COSTS EMPLOYEES AND RESIDENTS OF EPWORTH VILLA JOIN FORCES IN THE ALZHEIMER'S MEMORY WALK THIS IS AN EVENT IN WHICH WE PARTICIPATE ANNUALLY, AND WE TRULY BELIEVE IT BENEFITS ALZHEIMER'S RESEARCH IN A GREAT WAY RESIDENTS AT EPWORTH VILLA AS WELL AS PEOPLE IN THE OUTSIDE COMMUNITY MAY ATTEND A MONTHLY ALZHEIMER'S SUPPORT GROUP EPWORTH VILLA PROVIDES THE MEETING SPACE AND REFRESHMENTS FOR THIS GROUP THESE MEETINGS HAVE BEEN TAKING PLACE SINCE 2008 ONE OF OUR RESIDENTS JUST RECEIVED THE VOLUNTEER OF THE YEAR AWARD FROM THE LOCAL CHAPTER OF THE ALZHEIMER'S ASSOCIATION FOR VOLUNTEER NEARLY 20 HOURS A WEEK ADDITIONALLY, OUR LIFE ENRICHMENT COORDINATOR IN LONG-TERM CARE WAS AWARDED THE ELIZABETH MCGOWAN CAREGIVER LEGACY AWARD FOR 2013 THIS IS A NATIONWIDE AWARD AND ONLY RECOGNIZED ANNUALLY EPWORTH VILLA ALSO SERVES AS A CLINICAL SITE FOR RN, LPN, AND CNA STUDENTS FROM THE OU MEDICAL CENTER (MEDICAL DOCTOR RESIDENTS), ROSE STATE COLLEGE, FRANCIS TUTTLE VOCATIONAL TECHNICAL SCHOOL, AND METRO TECHNOLOGY CENTER THESE STUDENTS WORK IN CONJUNCTION WITH EPWORTH VILLA STAFF AND LEARN HOW TO EFFECTIVELY CARE FOR THE ELDERLY POPULATION IN A HEALTHCARE ENVIRONMENT THIS PROGRAM RESPONDS TO THE COMMUNITY NEED FOR ADEQUATE TRAINING SITES FOR NURSING STUDENTS EPWORTH VILLA ALSO SERVES AS A CLINICAL SITE FOR GERONTOLOGY STUDENTS FROM THE UNIVERSITY OF CENTRAL OKLAHOMA OUR WELLNESS COORDINATOR WORKS WITH THE STUDENTS BY TEACHING, OBSERVING, AND EVALUATING EPWORTH VILLA PROVIDES MEETING SPACES FREE OF CHARGE TO THE OUTSIDE NON- PROFIT COMMUNITY GROUPS USING THESE SPACES INCLUDE, BUT ARE NOT LIMITED TO GIRL SCOUT TROOPS, CHURCH GROUPS, UNITED METHODIST WOMEN'S GROUP WE ALSO SERVE AS A POLLING PLACE FOR TWO VOTING PRECINCTS MANY OF THE EMPLOYEES AT EPWORTH VILLA VOLUNTEER FOR VARIOUS ORGANIZATIONS INCLUDING THE EDMOND SENIOR CENTER, EDMOND

4b (Code) (Expenses $ ıncludıng grants of $) (Revenue $)

4c (Code) (Expenses $ ıncludıng grants of $) (Revenue $)

4d Other program servıces (Descrıbe ın Schedule O)

(Expenses $ ıncludıng grants of $) (Revenue $)

4e **Total program service expenses** ▶ 20,685,024

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*	**1**	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	**2**	Yes	
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**		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	**4**		No
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**		No
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**		No
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**		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	**8**		No
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**		No
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**	Yes	
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.*	**11a**	Yes	
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**	Yes	
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*	**11c**		No
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**		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	**11e**	Yes	
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*	**11f**	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**	Yes	
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**	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**13**		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**		No
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**		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	**15**		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	**16**		No
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**		No
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**		No
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**		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants or 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		No
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	Yes	
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 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? *If "Yes," complete Schedule L, Part I*	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	26		No
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		No
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	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	12			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
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	383			
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	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, 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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
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		No
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		No
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		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
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		No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line 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	1a	14			
	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					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14			
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?			2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		No
6	Did the organization have members or stockholders?			6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
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		No

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?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 Form 1023 (or 1024 if applicable), 990, and 990-T (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 ☐ Other (explain in Schedule O)

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 during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
▶EPWORTH VILLA 14901 N PENNSLYVANIA AVENUE
OKLAHOMA CITY, OK 731346070 (405) 752-1200

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

Check if Schedule O contains a response or note to any line 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, or 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 (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) CHRIS PAPIN DIRECTOR	1 00	X						0	0	0
(2) DR GLEN JOHNSON DIRECTOR	1 00	X						0	0	0
(3) CHARLES HULL DIRECTOR	1 00	X						0	0	0
(4) DR BOB SPINKS DIRECTOR	1 00	X						0	0	0
(5) DR MARY ALLEN CAREY DIRECTOR	1 00	X						0	0	0
(6) GENE R IMKE DIRECTOR	1 00	X						0	0	0
(7) DELPHINE JEWELL DIRECTOR	1 00	X						0	0	0
(8) ROBERT L BOB MEDLEY DIRECTOR	1 00	X						0	0	0
(9) ROY D CHANDLER DIRECTOR	1 00	X						0	0	0
(10) BARBARA PERRY DIRECTOR	1 00	X						0	0	0
(11) JOHN HARNED PRESIDENT/CE	60 00 1 00			X				280,789	0	5,458
(12) LAUREN CANTU COO	40 00			X				138,657	0	0
(13) BARBARA J BRANDENBURG SECRETARY	1 00			X				0	0	0
(14) DR GLEE BERTRAM ASSISTANT SE	1 00			X				0	0	0
(15) DR DAVID M CLEWELL TREASURER	1 00			X				0	0	0
(16) NICHOLAS HARROZ III CHAIRMAN	1 00			X				0	0	0
(17) JOSEPH HANEY VICE PRESIDE	50 00					X		110,098	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) LARA COBLE DIRECTOR OF	40 00						X	108,007	0	0

		(D)	(E)	(F)
1b	**Sub-Total** . . . . ►			
c	**Total from continuation sheets to Part VII, Section A** . . . . ►			
d	**Total (add lines 1b and 1c)** . . . . ►	637,551		5,458

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 ►4

			Yes	No
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*	3	Yes	
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*	4	Yes	
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*	5		No

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
HORIZON		22,702,391
CUSTOM LAID FLOORING 207 N MONOCOUPE TERRACE MUSTANG OK 730645541	FLOORING	1,020,858
SUMMIT CARE 6830 W 121ST ST OVERLAND PARK KS 66209	REHABILITATION	906,887
ACCORD CONSTRUCTION 13776 N LINCOLN BLVD EDMOND OK 73013	CONSTRUCTION	884,087
KENYON MORGAN ARCHITECTS 1900 NW EXPY 840 OKLAHOMA CITY OK 73118	ARCHITECTURE	635,825

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 ►5

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	140,489				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		140,489			
Program Service Revenue			Business Code				
	2a	RESIDENTIAL SERVICES	900099	11,117,962	11,117,962		
	b	HEALTH CENTER	900099	4,782,601	4,782,601		
	c	MEDICARE SERVICES	900099	3,998,626	3,998,626		
	d	DEMENTIA FACILITY	900099	1,449,236	1,449,236		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		21,348,425			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		697,351			697,351
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶		86,894			86,894

	(i) Real	(ii) Personal
6a Gross rents		
b Less rental expenses		
c Rental income or (loss)		

		(A)	(B)	(C)	(D)
d	Net rental income or (loss) . . . . ▶				

	(i) Securities	(ii) Other
7a Gross amount from sales of assets other than inventory	56,916,522	5,338
b Less cost or other basis and sales expenses	56,947,207	
c Gain or (loss)	-30,685	5,338

			(A)	(B)	(C)	(D)
d	Net gain or (loss) . . . . ▶		-25,347	-25,347		
8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . a					
b	Less direct expenses . . . b					
c	Net income or (loss) from fundraising events . . ▶					
9a	Gross income from gaming activities See Part IV, line 19 . . . a					
b	Less direct expenses . . . b					
c	Net income or (loss) from gaming activities . . ▶					
10a	Gross sales of inventory, less returns and allowances . a					
b	Less cost of goods sold . . b					
c	Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a–11d . . . . . . ▶					
12	**Total revenue.** See Instructions . . . . . ▶		22,247,812	21,323,078		784,245

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)

Check if Schedule O contains a response or note to any line 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				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	424,904		424,904	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	108,007		108,007	
7 Other salaries and wages	8,786,994	8,367,860	419,134	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,239,646	1,071,293	168,353	
10 Payroll taxes	754,693	684,232	70,461	
11 Fees for services (non-employees)				
a Management				
b Legal	95,858	56,038	39,820	
c Accounting	165,297		165,297	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	263,449	142,174	121,275	
13 Office expenses	111,599	4,984	106,615	
14 Information technology	179,720		179,720	
15 Royalties . .				
16 Occupancy	726,908	726,908		
17 Travel	88,540	28,063	60,477	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,126		6,126	
20 Interest	2,366,957	2,366,957		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,184,401	2,184,401		
23 Insurance	354,578	177,289	177,289	
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 THERAPIES	918,157	918,157		
b FOOD & FOOD SERVICE	900,625	889,582	11,043	
c BAD DEBT	557,148	557,148		
d PHARMACY, LAB & X-RAYS	429,579	429,579		
e All other expenses	2,719,235	2,080,359	638,876	
25 **Total functional expenses.** Add lines 1 through 24e	23,382,421	20,685,024	2,697,397	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**

Check if Schedule O contains a response or note to any line in this Part X . . . . ☐

					(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			13,600	1	8,355
	2	Savings and temporary cash investments			248,239	2	4,075,964
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,201,017	4	1,132,613
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	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	
	7	Notes and loans receivable, net			1,775,859	7	2,021,112
	8	Inventories for sale or use			149,785	8	161,330
	9	Prepaid expenses and deferred charges			290,601	9	240,660
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	89,866,930			
	b	Less accumulated depreciation	10b	24,194,803	32,022,305	10c	65,672,127
	11	Investments—publicly traded securities			86,993,387	11	15,816,723
	12	Investments—other securities See Part IV, line 11			5,353,974	12	34,923,209
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			749,800	14	749,800
	15	Other assets See Part IV, line 11			2,597,788	15	2,046,609
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			132,396,355	16	126,848,502
Liabilities	17	Accounts payable and accrued expenses			3,040,658	17	8,758,792
	18	Grants payable				18	
	19	Deferred revenue			4,226,718	19	4,411,219
	20	Tax-exempt bond liabilities			110,465,000	20	94,195,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other 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				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			20,329,621	25	25,559,147
	26	**Total liabilities.** Add lines 17 through 25			138,061,997	26	132,924,158
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			-6,346,635	27	-6,536,795
	28	Temporarily restricted net assets			343,402	28	83,260
	29	Permanently restricted net assets			337,591	29	377,879
		Organizations that do not follow SFAS 117 (ASC 958), 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			-5,665,642	33	-6,075,656
	34	Total liabilities and net assets/fund balances			132,396,355	34	126,848,502

Part XI **Reconcilliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,247,812
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,382,421
3	Revenue less expenses Subtract line 2 from line 1	3	-1,134,609
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-5,665,642
5	Net unrealized gains (losses) on investments	5	724,595
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-6,075,656

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII . . . . ☐

			Yes	No
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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		No
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	3b		

SCHEDULE A
(Form 990 or 990EZ)

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CENTRAL OKLAHOMA UNITED METHODIST
RETIREMENT FACILITY INC

Employer identification number
73-1292317

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 - 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)

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?

		Yes	No
(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?	**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)**		

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 monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
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)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
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)						

12 Gross receipts from related activities, etc (see instructions) | **12** |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | **14** |

15 Public support percentage for 2012 Schedule A, Part II, line 14 | **15** |

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	67,815	154,534	165,197	160,095	140,489	688,130
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	18,126,689	19,620,864	21,117,073	20,839,089	21,348,425	101,052,140
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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						
6 **Total.** Add lines 1 through 5	18,194,504	19,775,398	21,282,270	20,999,184	21,488,914	101,740,270
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		108,825	122,537	100,808	50,000	382,170
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		108,825	122,537	100,808	50,000	382,170
8 **Public support** (Subtract line 7c from line 6)						101,358,100

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	18,194,504	19,775,398	21,282,270	20,999,184	21,488,914	101,740,270
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	221,486	373,409	476,848	485,912	784,245	2,341,900
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	221,486	373,409	476,848	485,912	784,245	2,341,900
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 loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)	18,415,990	20,148,807	21,759,118	21,485,096	22,273,159	104,082,170

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	97 380 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	97 580 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	2 000 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	2 000 %

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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).

Facts And Circumstances Test

Return Reference	Explanation

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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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CENTRAL OKLAHOMA UNITED METHODIST
RETIREMENT FACILITY INC

Employer identification number
73-1292317

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 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 XIII, 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 XIII, 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

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	305,703	297,264	321,784		
b	Contributions	20,715	1,209	14,667		
c	Net investment earnings, gains, and losses	46,002	7,230	-39,187		
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	354,426	305,703	297,264		

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

a Board designated or quasi-endowment ► 100 000 %

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

			Yes	No
	(i) unrelated organizations	3a(i)		No
	(ii) related organizations	3a(ii)		No
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		2,688,010		2,688,010
b Buildings		83,195,321	20,660,555	62,534,766
c Leasehold improvements				
d Equipment		3,983,599	3,534,248	449,351
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . . ►				65,672,127

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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		
(2) Closely-held equity interests		
(3) Other		
(A) - POOLED INVESTMENT FUND	34,898,080	F
(B) A/R ON SPLIT INTEREST AGREEMENTS	25,129	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	34,923,209	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
REFUNDABLE ENTRANCE FEES	22,907,551
ENTRANCE FEE DEPOSITS	1,723,879
PREMIUM ON BONDS OUTSTANDING	927,717
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	25,559,147

2. Liability for uncertain tax positions In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	22,757,820
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	724,595		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-434,441		
e	Add lines **2a** through **2d**			2e	290,154
3	Subtract line **2e** from line **1**			3	22,467,666
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 XIII)	4b	-219,854		
c	Add lines **4a** and **4b**			4c	-219,854
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	22,247,812

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	22,947,980
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	22,947,980
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 XIII)	4b	434,441		
c	Add lines **4a** and **4b**			4c	434,441
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	23,382,421

Part XIII Supplemental Information

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	MANAGEMENT HAS EVALUATED COUMFR'S TAX POSITIONS AND CONCLUDED THAT THE ENTITY HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE FASB'S GUIDANCE ON ACCOUNTING FOR UNCERTAIN INCOME TAXES
SCHEDULE D, PAGE 4, PART XI, LINE 2D	PRIOR PERIOD NET ASSETS ADJUSTMENT 0 AMORTIZATION INTEREST -434,441
SCHEDULE D, PAGE 4, PART XI, LINE 4B	CHANGE IN TEMP RESTRICTED ASSETS PER AUDITED FS -260,142 CHANGE IN PERM RESTRICTED ASSETS PER AUDITED FS 40,288
SCHEDULE D, PAGE 4, PART XII, LINE 4B	AMORTIZATION INTEREST 434,441

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CENTRAL OKLAHOMA UNITED METHODIST
RETIREMENT FACILITY INC

Employer identification number
73-1292317

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1)JOHN HARNED PRESIDENT/CEO	**(i)**	229,039	51,750		5,458		286,247	
	(ii)							
(2)LARA COBLE DIRECTOR OF SALES	**(i)**	108,007					108,007	
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
CENTRAL OKLAHOMA UNITED METHODIST RETIREMENT FACILITY INC

Employer identification number
73-1292317

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	OCFA 500 2005 REVENUE BONDS	73-1186843	67868NBK4	04-01-2005	1,265,000	REFUNDING BONDS		X		X		X
B	OCFA 570 2005 REVENUE BONDS	73-1186843	67868NBL2	04-01-2005	4,045,000	REFUNDING BONDS		X		X		X
C	OCFA 500 2004 REVENUE BONDS	73-1186843	67868NBJ7	04-01-2004	3,500,000	REFUNDING BONDS		X		X		X
D	OCFA 588 2005 REVENUE BONDS	73-1186843	67868NBM0	04-01-2005	6,150,000	REFUNDING BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	715,000			715,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	1,265,000	4,045,000	3,500,000	6,150,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	25,300	80,900	69,729	123,000
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	1,240,365	3,966,228	3,416,736	6,030,235
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2005	2005	2004	2005

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?	X			X	X			X
15	Were the bonds issued as part of an advance refunding issue?	X		X			X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X		X		X

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CENTRAL OKLAHOMA UNITED METHODIST
RETIREMENT FACILITY INC

Employer identification number
73-1292317

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues? Yes	No
(1) MEDLEYTURRENTINE & ASSOCIATES	FAMILY MEMBER	484,261	INSURANCE PREMIUM		No
(2) BANCFIRST	BOARD MEMBER	52,187	BANK/TRUSTEE FEES		No

Part V **Supplemental Information**
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	**Explanation**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CENTRAL OKLAHOMA UNITED METHODIST RETIREMENT FACILITY INC

Employer identification number
73-1292317

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	IN THE STATE OF OKLAHOMA, EPWORTH VILLA OFFERS APARTMENT AND COTTAGE-STYLE RESIDENCES, TRADITIONAL ASSISTED LIVING, SPECIALIZED MEMORY CARE ASSISTED LIVING AND SKILLED NURSING SERVICES, HOME HEALTH SERVICES AND HOSPICE SERVICES SERVING APPROXIMATELY 700 RESIDENTS AND PATIENTS IN 2013 WITH A WIDE RANGE OF SERVICES AND EDUCATIONAL AND SPIRITUAL OPPORTUNITIES, AND AREAS TO PRACTICE HOBBIES AND INTEREST ON A BEAUTIFUL 40-ACRE CAMPUS LOCATED IN NORTHERN OKLAHOMA CITY THE COMMUNITY OFFERS BOTH FEE-FOR SERVICE CONTRACTS AND LIFE CARE CONTRACTS WHERE FEES DO NOT INCREASE SUBSTANTIALLY BASED ON THE LEVEL OF CARE PROVIDED CHARITY CARE MULTIPLE RESIDENTS RECEIVED FINANCIAL BENEFIT FROM THE BENEVOLENT FUND IN 2013, TOTALING 161,843 COMMUNITY BENEFIT AND OUTREACH DURING 2013, IT BECAME APPARENT THAT EPWORTH VILLA EMPLOYEES AND RESIDENTS WERE INVOLVED IN MANY GOOD THINGS IN THE COMMUNITY, VOLUNTEERING, FUND RAISING, PROVIDING MEETING SPACES, ETC BUT IT ALSO BECAME APPARENT THAT THERE WAS NO PLACE WHERE ALL OF THESE GOOD THINGS WERE TRACKED, AND THE THOUGHT WAS IF WE COULD PULL ALL OF THIS INFORMATION TOGETHER WE COULD CREATE EFFICIENCIES IN TRACKING, ALSO MAXIMIZE THE IMPACT OF OUR EFFORTS THIS RESULTED IN THE FORMATION OF EPWORTH VILLA'S SOCIAL ACCOUNTABILITY COMMITTEE THE PURPOSE OF THE COMMITTEE IS TO GATHER THE INFORMATION ABOUT THESE EFFORTS, TO PROVIDE AN ANNUAL CONSOLIDATED REPORTING THE COMMITTEE IS CO-CHAIRED BY THE VICE PRESIDENT OF ADVANCEMENT (PHILANTHROPY, DEVELOPMENT, SALES AND MARKETING) AND THE VICE PRESIDENT OF HUMAN DEVELOPMENT AND ENGAGEMENT (F/K/A HUMAN RESOURCES) THE COMMITTEE HAS EMPLOYEES FROM THROUGHOUT THE CAMPUS AS REPRESENTATIVES TO PROVIDE A DIVERSE INPUT REPRESENTATION EPWORTH VILLA'S MISSION STATEMENT AFFIRMS OUR ORGANIZATION'S COMMITMENT TO SUPPORT COMMUNITY-BASED PROGRAMS WE PARTICIPATE IN OUTREACH ACTIVITIES TARGETED AT ALL ASPECTS OF HEALTHY AGING RESIDENTS AND STAFF COLLABORATE TO INCREASE AWARENESS OF PROGRAMS AND SERVICES NOT ONLY FOR OUR FACILITY, BUT TO THE COMMUNITY AS A WHOLE BY WORKING TOGETHER WE CAN IMPROVE THE HEALTH AND HAPPINESS OF ALL GENERATIONS EPWORTH VILLA'S RESIDENTS ARE SEEN AND KNOWN IN OUR COMMUNITY WE TAKE OWNERSHIP IN MAKING THIS THEIR 'NEW' HOME WHEN THEY MOVE HERE FOR EXAMPLE, IF THEY HAVE A PASSION FOR VOLUNTEERING AT THEIR CHURCH - THEN WE WILL GIVE THEM THE OPTIONS TO MAKE THAT PASSION BE A SUCCESS THE RESIDENTS PARTICIPATE A LOT IN EVENTS AND OUTINGS ON AND OFF CAMPUS LISTED BELOW ARE EXAMPLES OF MANY VOLUNTEERISM AND ACTIVITIES THAT OCCUR AT EPWORTH VILLA HERE ARE SOME EXAMPLES THAT THE RESIDENTS PARTICIPATE/ HAVE PARTICIPATED OKLAHOMA CITY UNIVERSITY VESPERS SERVICES TOWN HALL LECTURE SERIES EDEN TRAINING ST LUKE'S UMC SENIOR DAY QUAIL SPRINGS UMC ANNUAL BREAKFAST DAY HOST SITE FOR PEO LUNCHES OK HISTORY AND WESTERN MUSEUM VOLUNTEERS OKLAHOMA FOOD BANK PARKINSON'S FOUNDATION, HOST SITE ALZHEIMER'S SUPPORT GROUP, HOST SITE STROKE SUPPORT GROUP, HOST SITE LESLIE POWELL FOUNDATION OLLIE, OSU CLASSES, HOST SITE AARP DRIVER SAFETY COURSES, HOST SITE VOTING SITE IMMUNIZATION COALITION OF OK OKLAHOMA CITY UNIVERSITY - ALUMNI ASSOCIATION QUAIL SPRINGS UMC CRAFT FAIRS PEN PAL RELATIONSHIPS WITH CHARLES HASKELL ELEMENTARY (3RD GRADERS) GRANDFRIENDS AT OSU/OKC (NEWBORN - 5 YEARS OLD) TRIP TO BENTONVILLE, AR TRIP TO DALLAS, BUSH MEMORIAL MUSEUM EDMOND COMMUNITY CENTER - BRIDGE PLAYERS (EVERY WEDNESDAY) BEING A PART OF A BETTER GROWING COMMUNITY OF OKLAHOMA CITY, EPWORTH VILLA STRIVES FOR EXCELLENCE INSIDE AND OUTSIDE THE GATES OUR RESIDENTS DESERVE THE BEST SERVICE YOU SAW THE LIST ABOVE HOW THE RESIDENTS ARE INVOLVED IN THE COMMUNITY, BUT WHAT ABOUT THE STAFF THAT SERVES THE RESIDENTS OF THE COMMUNITY? WE BELIEVE THAT IN ORDER TO STRIVE FOR EXCELLENCE, WE HAVE TO GO ABOVE AND BEYOND OUR 'JOB TITLE' AND BRING OUR INDIVIDUAL VOLUNTEERISM EXPERIENCE AND EXPERTISE INTO THE WORKPLACE AN ARTICLE FROM HELPGUIDE.ORG STATES, "ONE OF THE BETTER-KNOWN BENEFITS OF VOLUNTEERING IS THE IMPACT ON THE COMMUNITY UNPAID VOLUNTEERS ARE OFTEN THE GLUE THAT HOLDS A COMMUNITY TOGETHER VOLUNTEERING ALLOWS YOU TO CONNECT TO YOUR COMMUNITY AND MAKE IT A BETTER PLACE HOWEVER, VOLUNTEERING IS A TWO-WAY STREET, AND IT CAN BENEFIT YOU AND YOUR FAMILY AS MUCH AS THE CAUSE YOU CHOOSE TO HELP DEDICATING YOUR TIME AS A VOLUNTEER HELPS YOU MAKE NEW FRIENDS, EXPAND YOUR NETWORK, AND BOOST YOUR SOCIAL SKILLS " WE ARE THRILLED TO SHARE THAT THE STAFF OF EPWORTH VILLA MAKES AN IMPACT ON THE RESIDENTS WE SERVE WE WROTE DOWN A MAJORITY OF THE VOLUNTEERISM HOURS THAT THE STAFF OF EPWORTH VILLA SERVES IN THE COMMUNITY CHURCH VOLUNTEERISM IN THE MINISTRIES SUNDAY SCHOOL TEACHER JOE'S ADDICTION, A COFFEE HOUSE IN SOUTH OKC THAT REACHES OUT TO HOMELESS AND THE POOR SO THEY HAVE A PLACE TO COME AND FIND SAFETY JUBILEE PARTNERS, AN INNER-CITY 501C3 REACHING OUT TO CHILDREN AND YOUTH WITH DIFFERENT PROGRAMS TO HELP THEM BE EDUCATED AND GROW IN THEIR FAITH CHRISTMAS GRACE AT CHURCH OF THE SERVANT UMC COMMUNITY OUTREACH COMMITTEE AT UMC OF THE GOOD SHEPHERD CHURCH HOMELESS MINISTRY TREASURER OF THE EMANUEL SYNAGOGUE SISTERHOOD BOARD/ CHAIR MEMBERS IN VOLUNTEERISM ARTHRITIS FOUNDATION, BOARD OF DIRECTORS OCCUPATIONAL THERAPY ADVISORY BOARD KINESIOLOGY DEPARTMENT ADVISORY BOARD OKLAHOMA CONFERENCE OLDER ADULT COUNCIL FINANCIAL CHAIR OF THE GOOD SHEPHERD CATHOLIC SCHOOL FOR AUTISTIC CHILDREN AND EXECUTIVE COMMITTEE MEMBER BOARD MEMBER OKLAHOMA CITY CHAPTER AMERICAN DIABETES ASSOCIATION - TOUR DE CURE BOARD MEMBER UNITED METHODIST ASSOCIATION ROTARY CLUB 29 DOWNTOWN OKLAHOMA CITY OTHER OKLAHOMA VOLUNTEERISMS OKLAHOMA CITY RESCUE MISSION OKLAHOMA FOOD BANK EDMOND WOMEN'S CLUB SHOES FOR CHILDREN BELL RINGER FOR THE SALVATION ARMY COLLECTING AND MAKING BACKPACKS FOR HOMELESS CHILDREN AMERICAN CANCER SOCIETY CATTLE BARON'S BALL FACILITATOR LEADING AGE KANSAS LEADERSHIP ACADEMY FACILITATOR LEADING AGE OKLAHOMA LEADERSHIP ACADEMY COMMISSIONER - EAGLE COMMISSION CARF / CCAC - SURVEYOR SPEAKER - LEADING AGE KANSAS SPEAKER - UNITED METHODIST ASSOCIATION (2014) SPEAKER ON AGING SERVICES ISSUES BELOW ELABORATES MORE ON SOME OF THESE AREAS THE AARP AND EPWORTH VILLA WORK TOGETHER AT LEAST TWICE A YEAR TO PROVIDE A SAFE DRIVING CLASS FOR SENIORS AT EPWORTH VILLA AS WELL AS IN THE SURROUNDING COMMUNITY THIS COURSE BENEFITS OLDER ADULTS BY SHARPENING DRIVING SKILLS AND LOWERING INSURANCE COSTS EMPLOYEES AND RESIDENTS OF EPWORTH VILLA JOIN FORCES IN THE ALZHEIMER'S MEMORY WALK THIS IS AN EVENT IN WHICH WE PARTICIPATE ANNUALLY, AND WE TRULY BELIEVE IT BENEFITS ALZHEIMER'S RESEARCH IN A GREAT WAY RESIDENTS AT EPWORTH VILLA AS WELL AS PEOPLE IN THE OUTSIDE COMMUNITY MAY ATTEND A MONTHLY ALZHEIMER'S SUPPORT GROUP EPWORTH VILLA PROVIDES THE MEETING SPACE AND REFRESHMENTS FOR THIS GROUP THESE MEETINGS HAVE BEEN TAKING PLACE SINCE 2008 ONE OF OUR RESIDENTS JUST RECEIVED THE VOLUNTEER OF THE YEAR AWARD FROM THE LOCAL CHAPTER OF THE ALZHEIMER'S ASSOCIATION FOR VOLUNTEER NEARLY 20 HOURS A WEEK ADDITIONALLY, OUR LIFE ENRICHMENT COORDINATOR IN LONG-TERM CARE WAS AWARDED THE ELIZABETH MCGOWAN CAREGIVER LEGACY AWARD FOR 2013 THIS IS A NATIONWIDE AWARD AND ONLY RECOGNIZED ANNUALLY EPWORTH VILLA ALSO SERVES AS A CLINICAL SITE FOR RN, LPN, AND CNA STUDENTS FROM THE OU MEDICAL CENTER (MEDICAL DOCTOR RESIDENTS), ROSE STATE COLLEGE, FRANCIS TUTTLE VOCATIONAL TECHNICAL SCHOOL, AND METRO TECHNOLOGY CENTER THESE STUDENTS WORK IN CONJUNCTION WITH EPWORTH VILLA STAFF AND LEARN HOW TO EFFECTIVELY CARE FOR THE ELDERLY POPULATION IN A HEALTHCARE ENVIRONMENT THIS PROGRAM RESPONDS TO THE COMMUNITY NEED FOR ADEQUATE TRAINING SITES FOR NURSING STUDENTS EPWORTH VILLA ALSO SERVES AS A CLINICAL SITE FOR GERONTOLOGY STUDENTS FROM THE UNIVERSITY OF CENTRAL OKLAHOMA OUR WELLNESS COORDINATOR WORKS WITH THE STUDENTS BY TEACHING, OBSERVING, AND EVALUATING EPWORTH VILLA PROVIDES MEETING SPACES FREE OF CHARGE TO THE OUTSIDE NON- PROFIT COMMUNITY GROUPS USING THESE SPACES INCLUDE, BUT ARE NOT LIMITED TO GIRL SCOUT TROOPS, CHURCH GROUPS, UNITED METHODIST WOMEN'S GROUP WE ALSO SERVE AS A POLLING PLACE FOR TWO VOTING PRECINCTS MANY OF THE EMPLOYEES AT EPWORTH VILLA VOLUNTEER FOR VARIOUS ORGANIZATIONS INCLUDING THE EDMOND SENIOR CENTER, EDMOND WOMEN'S CLUB, OKLAHOMA CITY ROTARY CLUB, OKLAHOMA CITY ARTS COUNCIL, OKLAHOMA GERONTOLOGICAL NURSING ASSOCIATION, INTERNATIONAL FACILITY MANAGEMENT ASSOCIATION, OKLAHOMA ALLIANCE ON AGING, GIRL SCOUTS OF OKLAHOMA, GOOD SHEPHERD CATHOLIC SCHOOL FOR AUTISTIC CHILDREN, LEADINGAGE OKLAHOMA, AND THE DIABETES ASSOCIATION THE EPWORTH VILLA VOLUNTEER PROGRAM WAS ESTABLISHED IN 2003 RESIDENT VOLUNTEERS SPEND MANY HOURS DONATING THEIR TIME IN THE ORGANIZATION AS WELL AS IN THE OUTSIDE COMMUNITY MANY OF OUR VOLUNTEERS ENJOY MENTORING AND TUTORING CHILDREN THROUGH THE WHIZ KIDS PROGRAM, SERVING AS A DOCENT AT THE COWBOY AND WESTERN HERITAGE MUSEUM, PERFORMING CLERICAL WORK IN CHURCH OFFICES, VOLUNTEERING AT LOCAL HOSPIT
FORM 990, PAGE 6, PART VI, LINE 11B	FORM 990 IS REVIEWED BY THE CFO AND THE EXECUTIVE COMMITTEE OF THE BOARD, PRESENTED TO THE BOARD, AND MADE AVAILABLE ON A SECURE WEBSITE
FORM 990, PAGE 6, PART VI, LINE 12C	THE GOVERNANCE AND DEVELOPMENT COMMITTEE ANNUALLY REVIEWS THAT ALL BOARD MEMBERS AND KEY EMPLOYEES HAVE COMPLETED A CONFLICT OF INTEREST FORM AND A SUMMARY REPORT IS PRESENTED TO THE BOARD OF ANY DISCLOSURES
FORM 990, PAGE 6, PART VI, LINE 15A	THE CEO COMPENSATION COMMITTEE MEETS AT LEAST ANNUALLY TO PREPARE THE CEO'S EMPLOYMENT CONTRACT THE COMMITTEE UTILIZES OUTSIDE LEGAL COUNSEL AND AT LEAST ONE EXTERNAL COMPARATIVE COMPENSATION SURVEY IN PREPARING THE CEO'S EMPLOYMENT CONTRACT
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST
FORM 990, PART IX, LINE 24E	EQUIPMENT RENTAL & MAINT 301,635 75,539 0 WORKERS COMP 295,161 12,870 0 CONTRACT LABOR 220,733 84,811 0 MEDICAL SUPPLIES 292,990 0 0 LICENSE FEE 213,327 6,972 0 BANK CHARGES 0 169,114 0 EXPENDABLE GOODS 123,840 34,738 0 MEDICAL DIRECTOR FEE 105,060 0 0 MISC EXPENSE 69,805 12,589 0 CABLE TELEVISION 80,407 0 0 RECRUITING EXPENSE 0 73,286 0 TRAINING 57,636 13,235 0 DUES & SUBSCRIPTIONS 15,846 46,255 0 UNIFORM 44,768 2,232 0 VEHICLE 46,772 0 0 EMPLOYEE PROGRAM 6,815 37,947 0 LINENS & DISHWARE 40,409 0 0 DURABLE GOODS 22,733 17,114 0 CLEANING 38,155 0 0 COMMUNICATIONS 25,677 8,671 0 TELEPHONE SERVICE 3,564 19,845 0 ACTIVITIES 23,185 0 0 CHEMICAL 18,481 0 0 MEDICAL WASTE 15,457 0 0 SECURITY 9,471 0 0 SPECIAL EVENTS 0 8,338 0 SOFTWARE MAINTENANCE 0 6,385 0 CONSULTING 5,836 0 0 VOLUNTEER PROGRAM 39 5,569 0 ENTERTAINMENT/PROMOTION 0 3,366 0 FLOWERS & DECORATIONS 1,573 0 0 POSTAGE 788 0 0 COPIER SUPPLIES 100 0 0 TREE OF LOVE 96 0 0

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
CENTRAL OKLAHOMA UNITED METHODIST
RETIREMENT FACILITY INC

Employer identification number
73-1292317

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) WHITE WOODS RETIREMENT CAMPUS 14901 N PENNSYLVANIA AVE OKLAHOMA CITY, OK 731346070 73-1679235	ADULT CARE	OK	501	7	EPWORTH LIVING		No
(2) EPWORTH LIVING 14901 N PENNSYLVANIA AVE OKLAHOMA CITY, OK 73134 46-2849151	MANAGEMENT	OK	501	7	EPWORTH LIVING		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WHITE WOODS RETIREMENT CAMPUS	D	2,021,110	CASH (LOAN BALANCE)

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation