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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.

► 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 7/1/2013 , and ending 6/30/2014

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

C Name of organization: Central Oklahoma Economic Development District
Doing Business As: COEDD
Number and street (or P O box if mail is not delivered to street address): 400 N. Bell
Room/suite:
City or town: Shawnee
State: OK
ZIP code: 74801
Foreign country name / Foreign province/state/county / Foreign postal code:

D Employer identification number: 73-0760453

E Telephone number: 405.273.6410

G Gross receipts $: 3,981,616

F Name and address of principal officer: Peter Seikel 400 N. Bell, Shawnee, OK 74801-6999

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.coedd.net

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation: 1966

M State of legal domicile: OK

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Economic development in the following 7 counties: Hughes, Lincoln, Okfuskee, Pawnee, Payne, Pottawatomie, and Seminole.

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	34
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	18
6	Total number of volunteers (estimate if necessary)	6	
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	0

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Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,799,426	3,666,260
9	Program service revenue (Part VIII, line 2g)	255,087	309,801
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,000	5,555
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,060,513	3,981,616

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,073,153	2,980,332
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	779,536	700,519
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	265,061	253,847
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,117,750	3,934,698
19	Revenue less expenses. Subtract line 18 from line 12	-57,237	46,918

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,955,382	5,472,434
21	Total liabilities (Part X, line 26)	1,920,188	2,390,322
22	Net assets or fund balances. Subtract line 21 from line 20	3,035,194	3,082,112

Part II Signature Block

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

Sign Here

Signature of officer: Peter Seikel executive director Date: 10.23.14

Type or print name and title: Peter Seikel

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Becky Fleming	Becky Fleming, CPA, Inc.	10/22/2014		P01386561

Firm's name: Becky Fleming, C.P.A., Inc — Firm's EIN: 73-1344508

Firm's address: 7920 108th Ave NE, Norman, OK 73026-9761 — Phone no: (405) 641-5794

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

HTA

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Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission.
Economic development in the following 7 counties: Hughes, Lincoln, Okfuskee, Pawnee, Payne, Pottawatomie; and Seminole

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses $ 2,096,469 including grants of $ 1,846,002) (Revenue $ 2,140,360)
Oklahoma Department of Human Services - Area Agency on Aging - Sub-grants to nonprofit entities for senior nutrition programs and legal aid

4b (Code.) (Expenses $ 922,696 including grants of $ 922,696) (Revenue $ 834,057)
Oklahoma Department of Commerce - Rural Economic Action Plan - Sub-grants to other government entities for economic development

4c (Code:) (Expenses $ 211,634 including grants of $ 211,634) (Revenue $ 222,772)
Oklahoma Department of Commerce - CENA (Senior Nutrition) Sub-grants to senior citizens centers

4d Other program services (Describe in Schedule O)
(Expenses $ 525,144 including grants of $ 83,332) (Revenue $ 728,047)

4e Total program service expenses 3,755,943

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII.*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
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		X
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		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions).*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
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)*

			Yes	No
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	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
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		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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-chantable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
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	X	

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	47			
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	18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" 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		X
b	If "Yes," enter the name of the foreign country: ▸ ---------- See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? . .			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . .			14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	34		
b	Enter the number of voting members included in line 1a, above, who are independent . . .	1b	34		
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			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . .	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5			X
6	Did the organization have members or stockholders? . . .	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .	7a		X	
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			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.				
a	The governing body? . . .	8a		X	
b	Each committee with authority to act on behalf of the governing body? . . .	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . .	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . .	10a		X
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		X
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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		X
13	Did the organization have a written whistleblower policy? . . .	13	X	
14	Did the organization have a written document retention and destruction policy? . . .	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official. . . .	15a	X	
b	Other officers or key employees of the organization . . .	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . .	16a		X
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] 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: Floy Alexander 405.273 6410
400 N. Bell, Shawnee, OK 74801-6999

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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Board of directors	0.50									
see attached list	0.00	X								
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

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

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

			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		X
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		X
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		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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 0				
	b	Membership dues	1b 111,492				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 3,554,768				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 0				
	g	Noncash contributions included in lines 1a-1f:	$ 0				
	h	**Total.** Add lines 1a–1f		3,666,260			
Program Service Revenue			Business Code				
	2a	Interest from revolving loan funds	525990	61,585	61,585		
	b	Grant administration fees	541900	248,216	248,216		
	c			0			
	d			0			
	e			0			
	f	All other program service revenue		0			
	g	**Total.** Add lines 2a–2f		309,801			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,555			5,555
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss)		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	0 / 0				
	b	Less: cost or other basis and sales expenses	0 / 0				
	c	Gain or (loss)	0 / 0				
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	a 0				
	b	Less: direct expenses	b 0				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities. See Part IV, line 19	a 0				
	b	Less. direct expenses	b 0				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a 0				
	b	Less: cost of goods sold	b 0				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a			0			
	b			0			
	c			0			
	d	All other revenue		0			
	e	**Total.** Add lines 11a–11d		0			
	12	**Total revenue.** See instructions.		3,981,616	309,801	0	5,555

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	2,980,332	2,980,332		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	549,062	476,461	72,601	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,740	31,017	4,723	
9	Other employee benefits	74,474	68,579	5,895	
10	Payroll taxes	41,243	35,659	5,584	
11	Fees for services (non-employees).				
a	Management	0			
b	Legal	0			
c	Accounting	16,350		16,350	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	28,677	8,507	20,170	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	12,000	12,000		
17	Travel	51,438	36,287	15,151	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	20,425	7,464	12,961	
20	Interest	7,195	7,195		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,221	7,221	0	0
23	Insurance	6,247		6,247	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Printing	8,471	837	7,634	
b	Telephone	12,491	1,052	11,439	
c	Client services	83,332	83,332		
d	Bad debts	0			
e	All other expenses	0			
25	**Total functional expenses.** Add lines 1 through 24e	3,934,698	3,755,943	178,755	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		1	
	2	Savings and temporary cash investments	3,439,595	2	3,655,893
	3	Pledges and grants receivable, net	263,037	3	402,061
	4	Accounts receivable, net	36,596	4	35,246
	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	1,207,978	7	1,351,562
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 128,866			
	b	Less. accumulated depreciation — 10b: 101,194	8,176	10c	27,672
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	4,955,382	16	5,472,434
Liabilities	17	Accounts payable and accrued expenses	73,157	17	89,979
	18	Grants payable	1,053,741	18	1,384,481
	19	Deferred revenue	69,506	19	248,558
	20	Tax-exempt bond liabilities		20	
	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	723,784	23	667,304
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26	**Total liabilities.** Add lines 17 through 25	1,920,188	26	2,390,322
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	995,757	27	1,080,722
	28	Temporarily restricted net assets	2,039,437	28	2,001,390
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	3,035,194	33	3,082,112
	34	Total liabilities and net assets/fund balances	4,955,382	34	5,472,434

Part XI Reconciliation 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	3,981,616
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,934,698
3	Revenue less expenses. Subtract line 2 from line 1	3	46,918
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,035,194
5	Net unrealized gains (losses) on investments	5	
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	3,082,112

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		X
	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	X	
	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	X	
	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	X	
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	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► **Attach to Form 990 or Form 990-EZ.**

► 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	Employer identification number
Central Oklahoma Economic Development District	73-0760453

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state.

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	4,327,141	4,407,946	3,839,649	3,799,426	3,666,260	20,040,422
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	4,327,141	4,407,946	3,839,649	3,799,426	3,666,260	20,040,422
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.						20,040,422

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	4,327,141	4,407,946	3,839,649	3,799,426	3,666,260	20,040,422
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,736	9,383	8,038	6,000	5,555	41,712
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 **Total support.** Add lines 7 through 10						20,082,134

12	Gross receipts from related activities, etc. (see instructions)	12	1,301,362

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99.79%
15	Public support percentage from 2012 Schedule A, Part II, line 14	15	99.73%

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ➡	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	0.00%

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).

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.
▸ 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 Economic Development District

Employer identification number

73-0760453

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

9 In Part 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	0
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	0

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

b If "Yes," explain the arrangement in Part 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	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0	0	0	0	
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	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	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	128,866	127,911	27,672
e Other	0	0	0	0
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*				27,672

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	0	
(2) Closely-held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 12)*	0	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)*	0	

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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)*	0

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
(1) Federal income taxes	0
(2) 911 fees payable	
(3) Accrued interest payable	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)*	0

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	3,981,616
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	3,981,616
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			
c	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	3,981,616

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	3,934,698
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	0
3	Subtract line 2e from line 1			3	3,934,698
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			
c	Add lines 4a and 4b			4c	0
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	3,934,698

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

Part XIII Supplemental Information *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▸ **Attach to Form 990.**

▸ **Information about Schedule I (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 Economic Development District

Employer identification number

73-0760453

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Legal Services of Oklahoma 2901 Classen Blvd Oklahoma City, OK	73-1022203	501(c)(3)	22,594				senior legal services
(2) New Age, Inc PO Box 352 Holdenville, OK 74848	73-1198144	501(c)(3)	818,675				senior nutrition
(3) Project H E A R T , Inc PO Box 3667 Shawnee, OK 74802	73-1199063	501(c)(3)	1,004,733				senior nutrition
(4) 15 CENA grants see attached list Various, OK 74801			167,869				senior center support
(5) 30 REAP grants see attached list Various, OK 74801			1,148,657				see attached list
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▸ 48

3 Enter total number of other organizations listed in the line 1 table . . . . . ▸ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▸ Attach to Form 990 or 990-EZ. ▸ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	2013 Open to Public Inspection

Name of the organization	Employer identification number
Central Oklahoma Economic Development Distnct	73-0760453

Form 990, Part III, Line 4d Program Service Expenses 210,253, Grants and allocations 0,

Revenue: 352,519 Central Oklahoma Economic Development District - general economic development and grant assistance

Form 990, Part III, Line 4d: Program Service Expenses: 130,438, Grants and allocations 83,332, Revenue: 135,319 Oklahoma Department of Human Services - National Family Caregiver Support Program

Form 990, Part III, Line 4d: Program Service Expenses: 28,703, Grants and allocations: 0,

Revenue: 36,364 Oklahoma Department of Commerce - Substate Planning District Economic development assistance for 8 county area

Form 990, Part III, Line 4d: Program Service Expenses: 59,840, Grants and allocations: 0,

Revenue: 52,692 United States Department of Commerce - Economic Development Administration

Form 990, Part III, Line 4d: Program Service Expenses: 81,575, Grants and allocations 0,

Revenue: 74,800 Oklahoma Department of Agnculture - Rural Fire Defense

Form 990, Part III, Line 4d. Program Service Expenses 7,214, Grants and allocations: 0,

Revenue 67,341 Central Oklahoma Development Trust Authority - Revolving Loan Programs

Form 990, Part III, Line 4d: Program Service Expenses: 291, Grants and allocations: 0,

Revenue: 291 Oklahoma Department of Human Services - Money Follows the Person Program

Form 990, Part III, Line 4d Program Service Expenses: 6,830, Grants and allocations. 0,

Revenue 8,721 Oklahoma Department of Human Services - Medicare-D

Form 990, Part VI, Section A, Line 6: COEDD is a sub-state planning distnct composed of local governments in a 7 county area

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

Form 990, Part VI, Section B, Line 11b: Executive director and executive assistant review all tax filings before submission

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

Name of the organization	Employer identification number
Central Oklahoma Economic Development District	73-0760453

considering comparable pay rates for like positions

Form 990, Part VI, Section C, Line 19: Governing documents, conflict of interest policy, and financial statements are available to the public at COEDD's offices upon request

COEDD BOARD OF DIRECTORS
2013-2014

COUNTY	DIRECTOR	REPRESENTING	TITLE	ADDRESS	PHONE WK.
	OFFICERS				
HUGHES	CHAIR CHAIR GARY GRAY	COUNTY GOVT./RURAL AREA	CO. COMMISSIONER DISTRICT	200 N. BROADWAY, SUITE 7, HOLDENVILLE, OK 74	(405)452-3121
SEMINOLE	FIRST VICE CHAIR MARK MOSLEY	CITY OF WEWOKA	CITY MANAGER	P O BOX 1497, WEWOKA, OK. 74884	(405) 257-2413
POTT.	SECOND VICE CHAIR MELISSA DEN	COUNTY GOVT./RURAL AREA	CO. COMMISSIONER DISTRICT #1	14101 ACME RD, SHAWNEE, OK 74801	(405)273-4305
OKFUSKEE	SECRETARY JERRY TURNER	CITY OF OKEMAH	CITY MANAGER	502 W. BROADWAY, OKEMAH, OK 74859	(918) 623-1050
	BOARD MEMBERS				
CREEK	RALPH BARNETT	CITY OF BRISTOW	MAYOR	110 W 7TH., BRISTOW, OK. 74010	(918) 367-6244
CREEK	GEORGE JONES	CITY OF DRUMRIGHT	CITY MANAGER	122 W. BROADWAY, DRUMRIGHT, OK 74030	(918) 352-2610
HUGHES	MIKE DOCKERY	CITY OF HOLDENVILLE	COMMUNITY DEVELOPMENT	P O BOX 789, HOLDENVILLE, OK. 74848	(405) 379-3398
HUGHES	PAT GRIGGS	CITY OF WETUMKA	CITY MANAGER	109 S. CANARD, WETUMKA , OK. 74883	(405) 452-3251
LINCOLN	DON SPORLEDER	COUNTY GOVT./RURAL AREA	CO. COMMISSIONER DISTRICT #1	811 MANVEL, SUITE #4, CHANDLER, OK 74834	(405) 258-0080
LINCOLN	JAMES MELSON	CITY OF CHANDLER	CITY MANAGER	414 MANVEL, CHANDLER, OK 74834	(405)258-3200
LINCOLN	JANE BROMLEY	TOWN OF DAVENPORT	ADMINISTRATIVE ASSISTANT	P O BOX 279, DAVENPORT, OK. 74026	(918)377-2235
LINCOLN	DONNA WATKINS	TOWN OF MEEKER	TOWN CLERK	PO BOX 428, MEEKER, OK. 74855	(405)279-3321
LINCOLN	JIM GREFF	CITY OF PRAGUE	CITY MANAGER	1116 N. BROADWAY, PRAGUE, OK 74864	(405) 567-2279
LINCOLN	TIM SCHOOK	CITY OF STROUD	CITY MANAGER	P O BOX 500, STROUD, OK. 74079	(918) 968-2890
LINCOLN	CHESTER DUNCAN	TOWN OF WELLSTON	CITY SERVICES DIRECTOR	P O BOX 353, WELLSTON, OK. 74881	(405) 356-2476
OKFUSKEE	BRUCE SMITH	COUNTY GOVT./RURAL AREA	COUNTY COMMISSIONER	P. O. BOX 26, OKEMAH, OK 74859	(918) 623-0939
PAWNEE	DALE CARTER	COUNTY GOVT./RURAL AREA	CO. COMMISSIONER DISTRICT #3	500 HARRISON, SUITE 203, PAWNEE OK 74058	(918) 762-3741
PAWNEE	ELZIE SMITH	CITY OF CLEVELAND	CITY MANAGER	P.O. DRAWER 190, CLEVELAND, OK 74020	(918) 358-3506
PAWNEE	BRAD SEWELL	CITY OF PAWNEE	COUNCIL MEMBER	510 ILLINOIS, PAWNEE, OK 74058	(918)762-2658
PAYNE	JIM ARTHUR	COUNTY GOVT/.RURAL AREA	CO. COMMISSIONER DISTRICT #3	3004 E. AIRPORT ROAD, STILLWATER, OK 74075	(405)624-9300
PAYNE	VACANT	CITY OF CUSHING		101 E. MAIN, CUSHING, OK 74023-0311	(918) 225-1875
PAYNE	VACANT	CITY OF PERKINS	CITY MANAGER	P.O. BOX 9, PERKINS, OK 74059	(405) 547-2445
PAYNE	VALERIE SILVERS	CITY OF STILLWATER	GRANTS COORDINATOR	PO BOX 1449, STILLWATER, OK 74076-1449	(405)742-8209
PAYNE	RICHARD ADAMS	CITY OF YALE	CITY MANAGER	209 N. MAIN, YALE, OK 74083	(918)387-2405
POTT.	JANE SCHUSTER	TOWN OF BETHEL ACRES	TRUSTEE	18101 BETHEL ROAD, SHAWNEE, OK 74801	(405)275-4182
POTT.	DAVID ZELLER	CITY OF MAUD	CITY CLERK	P. O. BOX 217, MAUD, OK 74854	(405)374-2717
POTT.	MICHAEL TAYLOR	CITY OF McLOUD	CITY MANAGER	P. O. BOX 300 STREET, McLOUD, OK 74851	(405) 964-5264
POTT.	CHRISTA CHAPMAN	TOWN OF PINK	TRUSTEE	31125 LITTLE RIVER ROAD, TECUMSEH, OK 74873	(405) 598-2682
POTT.	JAMES HARROD	CITY OF SHAWNEE	CITY COMMISSIONER	1303 W. FARRELL, SHAWNEE. OK	(405) 642-6963
POTT.	BRIAN MCDOUGAL	CITY OF SHAWNEE	CITY MANAGER	P.O. BOX 1448, SHAWNEE, OK 74802-1448	(405) 878-1601
POTT.	JIMMY STOKES	CITY OF TECUMSEH	CITY MANAGER	114 N BROADWAY, TECUMSEH, OK 74873-3291	(405)598-2188
POTT.	JIM COLLARD	CITIZEN POTAWATOMI NATIO	DIRECTOR, ECONOMIC DEVELOPME	1601 GORDON COOPER DR., SHAWNEE, OK 74801	(405) 275-3121
SEMINOLE	HERB WILLIAMS	COUNTY GOVT./RURAL AREA	CO. COMMISSIONER DISTRICT	110 S. WEWOKA, SUITE 103, WEWOKA, OK 74884	(405) 257-2450
SEMINOLE	VACANT	CITY OF KONAWA		122 N. BROADWAY, KONAWA, OK. 74849	(580) 925-3025
SEMINOLE	CAROL FRIAR	CITY OF SEMINOLE	COMMUNITY DEVELOPMENT	P.O. BOX 1218, SEMINOLE, OK 74868	(405)382-4330
EX-OFFICIO	JIM SPENCER	AREA AGENCY ON AGING	RETIRED	53 Northridge, Shawnee, OK 74804	405-275-1702
EX-OFFICIO	CARL HENSLEY	CHARMED	RETIRED	P. O. BOX 264, YALE, OK 74083	(918)387-2525

Form 990 Part VII (1)

ASSET DEPRECIATION SHORT REPORT
COEDD - Jun. 30, 2014

Assets 39 of 39 Included
Include All Assets
Method BOOK - Std Conventions Applied

Sort #1 Asset A/C#

Date Acq	Description	Meth/Life	Cost	Salvage Value	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
Asset A/C#: 173002 - AREA AGENCY ON AGING								
06/30/90	968 4-DRAWER FILE CABINET W/LOCK	SLH / 25	699 88	0 00	699.88	601 89	28 00	629 89
09/15/92	1094 4-DRAWRE LEGAL FILE CABINET	SLH / 25	672 00	0 00	672 00	564 48	26 88	591 36
08/31/97	1202 HP LASER JET 5P PRINTER	SLH / 3	859 00	0 00	859 00	859 00	0 00	859 00
07/01/99	1292 SONY MAVICA VC-FD91 DIGITAL	SLH / 3	1,179 75	0 00	1,179 75	1,179 75	0 00	1,179 75
06/26/07	Dell 2400MP DLP Projector S#CYMJ4	SLH / 3	1,175 02	0 00	1,175 02	1,175 02	0 00	1,175 02
06/28/08	HP A6421P Pavilion Desktop	SLH / 3	849 89	0 00	849 89	849 89	0 00	849 89
08/15/12	Ergonomic work station & chair	SLH / 3	4,279 67	0 00	4,279 67	713 28	1,426 56	2,139 84
Totals: 173002 - AREA AGENCY ON AGING (7 assets)			9,715 21 TB	0 00	9,715 21	5,943 31	1,481 44	7,424 75 TB
Asset A/C#. 173011 - DEPARTMENT OF COMMERCE								
06/28/02	1321 MVC-CSD2500 SONY DITIGAL	SLH / 3	599 99	0 00	599 99	599 99	0 00	599 99
03/31/09	TCS 500 Plotter	SLH / 3	14,194 28	0 00	14,194 28	14,194 28	0 00	14,194 28
03/31/09	Dell Intel Core Q8200 w/ (2) 24" Monitors	SLH / 3	2,748 34	0 00	2,748 34	2,748 34	0 00	2,748 34
Totals: 173011 - DEPARTMENT OF COMMERCE (3 assets)			17,542 61 TB	0 00	17,542 61	17,542 61	0 00	17,542 61 TB
Asset A/C#: 173050 - COEDD								
06/30/88	871 IBM WHEELWRITER 30 S#11-0038034	SLH / 3	1,002 44	0 00	1,002 44	1,002 44	0 00	1,002 44
06/30/88	872 IBM WHEELWRITER 30 S#11-0038064	SLH / 3	1,001 00	0 00	1,001 00	1,001 00	0 00	1,001 00
06/30/88	873 IBM WHEELWRITER 30 S#11-0038073	SLH / 3	1,002 44	0 00	1,002 44	1,002 44	0 00	1,002 44
06/30/91	993 KURTA IS/3 MANUAL LIFT STAND	SLH / 3	595 00	0 00	595 00	595 00	0 00	595 00
02/09/92	1096 HP DESK JET PRINTER 500C	SLH / 3	585 00	0 00	585 00	585 00	0 00	585 00
02/12/01	1307 EZPRO610H LCD PROJECTOR	SLH / 3	2,750 28	0 00	2,750 28	2,750 28	0 00	2,750 28
06/30/01	1313 - HP DESKJET PRINTER	SLH / 3	140 60	0 00	140 60	140 60	0 00	140 60
09/27/01	1324 XEROX 665 FAX MACHINE	SLH / 3	1,750 00	0 00	1,750 00	1,750 00	0 00	1,750 00
11/10/05	SNACK/CAN VEND MACHINE	SLH / 3	4,200 00	0 00	4,200 00	4,200 00	0 00	4,200 00
03/12/09	Gateway P7805u Notebook	SLH / 3	1,149 99	0 00	1,149 99	1,149 99	0 00	1,149 99
06/30/10	HP Pavilion Elite MXU9470PTW w/ 23" HP	SLH / 3	1,731 33	0 00	1,731 33	1,731 33	0.00	1,731 33
06/30/10	HP Pavilion Elite MXU9470QJ6 w/23" HP	SLH / 3	1,731 33	0 00	1,731 33	1,731 33	0 00	1,731 33
06/30/10	HP Pavilion Elite MXU9470QFQ w/ 23" HP	SLH / 3	1,731 33	0 00	1,731 33	1,731 33	0 00	1,731 33
06/30/10	HP Pavilion Elite MXU9470QJB w/23" HP	SLH / 3	1,731 33	0 00	1,731 33	1,731 33	0 00	1,731 33
06/30/10	HP Pavilion Elite MXU9470PNJ w/ 23" GW	SLH / 3	1,711 33	0 00	1,711 33	1,711 33	0 00	1,711 33
06/30/10	HP Pavilion Elite MXU9470PS7 w/23" GW	SLH / 3	1,711 33	0 00	1,711 33	1,711 33	0 00	1,711 33
06/30/10	HP Pavilion Elite MXU9470QDH w/23" GW	SLH / 3	1,711 33	0 00	1,711 33	1,711 33	0 00	1,711 33
06/30/10	HP Pavilion Elite MXU9490T7C w/23" GW	SLH / 3	1,711 33	0 00	1,711 33	1,711 33	0 00	1,711 33
06/30/10	HP Pavilion Elite MXU9470QLC w/23" GW	SLH / 3	1,711 33	0 00	1,711 33	1,711 33	0 00	1,711 33
06/30/10	HP Pavilion Elite MXU9470Q4H w/23" GW	SLH / 3	1,711 33	0 00	1,711 33	1,711 33	0 00	1,711 33
06/30/10	HP Pavilion Elite MXU9470PN7 w/23" HP	SLH / 3	1,731 33	0 00	1,731 33	1,731 33	0 00	1,731 33
06/30/10	HP Pavilion Elite MXU9470QKS w/23" HP	SLH / 3	1,731 33	0 00	1,731 33	1,731 33	0 00	1,731 33
06/30/10	Dell Power Edge T310 S#21FKBM1, 17"	SLH / 3	13,637 51	0 00	13,637 51	13,637 51	0 00	13,637 51
04/18/11	Dell XPS 8300 #JXLDFQ1 w/23"monitr	SLH / 3	2,080 49	0 00	2,080 49	1 733 75	346 74	2 080 49
06/30/11	GeoXH 6000 handheld GPS w/software	SLH / 3	9,020 00	0 00	9,020 00	7,516 67	1,503 33	9,020 00
06/30/11	GeoXH 6000 handheld GPS w/software	SLH / 3	9,020 00	0 00	9,020 00	7,516 67	1,503 33	9,020 00
06/30/11	ArcView concurrent use license	SLH / 3	3,150 00	0 00	3,150 00	2,625 00	525 00	3,150 00
06/30/11	ArcView concurrent use license	SLH / 3	3,150 00	0 00	3,150 00	2,625 00	525 00	3,150 00
06/30/14 A	Leasehold improvements	SLH / 10	26,717 19	0 00	26,717 19	0 00	1,335 86	1,335 86
Totals: 173050 - COEDD (29 assets)			101,607 90 TB	0 00	101,607 90	70,487 31	5,739 26	76,226 57 TB
Grand totals for all accounts (39 assets)			128,865 72	0 00	128,865 72	93,973 23	7,220 70	101,193 93

Codes that may appear next to the date acquired include A - Addition, D - Disposal, T - Traded, I - Inactive, C - Construction In Progress, MQ - Mid Quarter Applied

Additional Summary Statistics:	Cost	Curr Yr Salv	Prior Yr Salv	Depr Basis	Beg A/Depr	Curr A/Depr	End A/Depr	Net Book Val
Grand Totals for All Assets	128,865 72	0 00	0 00	128,865 72	93,973 23	7,220 70	101,193 93	27,671 79
Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Less Disposed Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Less Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active & Inactive Assets)	128,865 72	0 00	0 00	128,865 72	93,973 23	7,220 70	101,193 93	27,671 79 TB

Form 990 Part X Line 10a

Organization	Address	City	State	Zip	EIN	IRC section	Cash	Purpose	Program	
Legal Services of Oklahoma	2901 Classen Blvd	Oklahoma City	OK	73106	73-1022203	501(c)(3)	22,594	Senior legal aid	AAA	
New Age, Inc.	PO Box 352	Holdenville	OK	74848	73-1198144	501(c)(3)	818,675	Senior nutrition	AAA	
Project H E.A R T , Inc.	PO Box 3667	Shawnee	OK	74802	73-1199063	501(c)(3)	1,004,733	Senior nutrition/fitness	AAA	1,846,002
City of Cleveland	211 E Wichita St	Cleveland	OK	74020	73-6005184	City	16,500	Meals, supplies, utilities	CENA	
Davenport Senior Citizens	PO Box 83	Davenport	OK	74026			16,851	Personnel, Food, Furniture	CENA	
City of Wetumka	202 N Main	Wetumka	OK	74883	73-6005503	City	6,500	Paint Ext Bldg & Repair A/C	CENA	
Maramec Senior Citizens	PO Box 82	Maramec	OK	74045	73-1092620		11,963	Personnel, Food, and Supplies	CENA	
Pink Senior Citizens	22065 Pink Lane	Tecumseh	OK	74873			16,500	Personnel, Food	CENA	
So Pott Co Senior Citizens	PO Box 227	Wanette	OK	74878	73-1022937	501(c)(3)	11,500	Personnel, food, utilities	CENA	
Town of Agra	PO Box 9	Agra	OK	74824	73-1190984	Town	16,771	Personnel, Utilities, Food	CENA	
City of Prague	820 N Jim Thorpe Blvd	Prague	OK	74864	73-6005384	City	10,000	Concrete Safe Room	CENA	
Town of Sparks	PO Box 148	Sparks	OK	74869	73-1025905	Town	15,000	Personnel and Utilities	CENA	
Terlton Senior Citizens	P O Box 75	Terlton	OK	74081	73-1265361		5,000	Food, Supplies, Blg Ins	CENA	
City of Cushing	P O Box 311	Cushing	OK	74023	73-6005167	City	6,000	Heat and Air Unit	CENA	
Ingalls Senior Citizens	1817 S Ingalls Road	Stillwater	OK	74079			5,000	Food, Supplies, Blg Ins	CENA	
Stroud Senior Citizens	212 W Main	Stroud	OK	74079	71-0865750		5,000	ADA Door Openers Bus Main	CENA	
Weleetka Sr Citizens	P O Box 433	Weleetka	OK	74880			8,784	Heat and Air Unit	CENA	
Yale Senior Citizens	111 N B	Yale	OK	74085	73-1254056	501(c)(3)	16,500	Personnel	CENA	167,869
City of Bristow	110 W 7th	Bristow	OK	74010	73-6005016	City	28,000	Hyrdogeological Services	REAP	
Town of Stuart	P O Box 168	Stuart	OK	74570	73-1198144	Town	20,000	Fire Equipment	REAP	
City of Wetumka	202 N Main	Wetumka	OK	74883	73-6005503	City	15,000	Water Project	REAP	
Lincoln County	811 Mavel	Chandler	OK	74834	73-6006385	County	45,000	Road Project	REAP	
Town of Carney	P O Box 566	Carney	OK	74832	73-1520865	City	18,000	Street Project	REAP	
City of Perkins	PO Box 9	Perkins	OK	74059	73-6083721	City	50,000	Street Project	REAP	
City of Prague	820 N Jim Thorpe Blvd	Prague	OK	74864	73-6005384	City	40,000	Street Project	REAP	
Town of Tryon	P O Box 351	Tryon	OK	74875	73-1022825	City	79,740	Street Project	REAP	
City of Tecumseh	114 N Broadway	Tecumseh	OK	74873	73-6005461	City	45,000	Street Project	REAP	
Town of Warwick	P O Box 327	Wellston	OK	74881	73-1128595	Town	49,633	Street Project	REAP	
Hughes County	200 N Broadway St	Holdenville	OK	74848	73-6006375	County	45,000	Road Project	REAP	
Okfuskee County	PO Box 26	Okemah	OK	74826	73-6006399	County	45,000	Road Project	REAP	
Pawnee County	500 Harrison Room 203	Pawnee	OK	74058	73-6006406	County	45,000	Road Project	REAP	
Payne County	315 W 6th Suite 203	Stillwater	OK	74074	73-6006405	County	9,900	Repairs to Comm Bldgs	REAP	
Town of Wellston	P O Bxo 353	Wellston	OK	74881	73-0753686	Town	40,000	Street Project	REAP	
Okfuskee County	P O Box 26	Okemah	OK	74859	73-6006399	County	45,000	Road Project	REAP	
Town of Castle	P O Box 45	Castle	OK	74833	73-1436673	Town	66,959	Road Project	REAP	
Cit of Okemah	502 W Broadway	Okemah	OK	74859	73-6005358	City	40,000	Street Project	REAP	
City of Cleveland	P O Box 190	Cleveland	OK	74020	73-6005184	City	50,000	Street Project	REAP	
Town of Ralston	PO Box 230	Ralston	OK	74650	73-1019423	Town	30,000	Sewer Project	REAP	
City of Yale	209 N Main	Yale	OK	74085	73-6005516	City	50,000	Repairs to Electric Dis System	REAP	
Town of Hallett	PO Box 159	Hallett	OK	74034	80-0049076	Town	15,000	Water Project	REAP	
Town of Macomb	P O Box 147	Macomb	OK	74852	73-1303290	Town	22,425	Siren System	REAP	
City of Maud	208 W Main	Maud	OK	74854	73-6005311	City	25,000	Replace three Lift Stations	REAP	
City of McLoud	P O Box 300	McLoud	OK	74851	73-6070692	City	50,000	Road Project	REAP	
Town of Jennings	PO Box 475	Jennings	OK	74038	73-1086591	Town	40,000	Replace Manholes	REAP	
Town of Kendrick	223 E Main	Kendrick	OK	74079	73-1029656	Town	19,000	Install back-up generator	REAP	
Seminole County	110 S Wewoka Suite 103	Wewoka	OK	74880	73-6006414	County	45,000	Road Project	REAP	
Town of Spaulding	3822 N 369 Rd	Spaulding	OK	74848	73-1455523	Town	30,000	Match CDBG-Comm Bldg	REAP	
Town of Wewoka	PO Box 1497	Wewoka	OK	74884	73-6005504	City	45,000	Install diesel Generator at WP	REAP	1,148,657
Total grants > $5,000							3,162,527			3,162,527