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DLN: 93493025006186

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 <u>www.IRS.gov/form990</u>

OMB No 1545-0047 **201**

Open to Public Inspection

A Fo	r the 201	.4 cal <u>e</u>	endar year, or tax year beg	ginning (07-01-2014 , and	l ending 06-30-	2015				
B Che	ck if applic	cable	C Name of organization OKLAHOMA BUSINESS ROUNI	IDTABLE IN	ıc				D Empl	oyer ide	ntification number
☐ Add	ress chang	je	OKBATOTIA BOSINESS KOOM	ID TABLE IN					73-1	37726	8
┌ Nar	ne change		Doing business as								
┌ Init	al return								F Teleni	none num	.her
Fina	al		Number and street (or P O t 655 RESEARCH PARKWAY NO		l is not delivered to sti	eet address) Rooi	m/suite				
	ırn/termına								(405) 235-3	3787
_	ended retu		City or town, state or province OKLAHOMA CITY, OK 73104		y, and ZIP or foreign p	oostal code			G Gross	receints	\$ 875,769
J App	lication pei	nding	·						- 0.033	receipto	, 0,3,703
			F Name and address CARL EDWARDS	of princ	ıpal officer		H	(a) Is this			
			655 RESEARCH PARK	KWAY S	TE 420			subor	dinates '	?	┌ Yes 🗸 No
			OKLAHOMA CITY, OK	K 7310	4		Н	(b) Are al	lsubord	linates	┌ Yes ┌ No
	c-exempt s	ata tua		c > -# /)(1) — —		includ		l 14	/
	·			, ,)(1) or 527		IT NO	, attac	n a list	(see instructions)
J W	ebsite: 🕨	⊦ WW\	W O KBUSINESSRO UNDT	TABLE C	OM		H	(c) Group	exemp	tion nu	mber 🟲
K Forr	n of organi	ızatıon	Corporation Trust As	ssociation	Other ►		L	_ Year of for	nation 1	991 M	State of legal domicile OK
Pa	rt I	Sumr	mary								
Governance	PRO	ойот	escribe the organization's EECONOMIC DEVELOF MA DEPT OF COMMERC	PMENT	AND HELP CREAT	E AND RETAI	N JOBS	IN OKLAH	AMOH	AND TO	AID THE
Æ.		ack the	 Is box ► if the organizat	tion disc	continued its opera	tions or dispos	ad of mo	ore than 25	50% of it	s not as	ecate
9	2 0116	ECK (III	is box Fig. in the organizat	tion disc	ontinued its opera	cions or dispos	eu oi iiic	ne than 2.	70 OIIC	s net as	secs
2 6	3 Nur	mber o	of voting members of the g	governın	g body (Part VI, lı	ne 1a)				3	11
Activities &	4 Nur	mber o	of independent voting mem	nbers of	the governing bod	y (Part VI, lıne	1b) .			4	11
ZĮ.			nber of individuals employ		•	•	•			5	1
ď			nber of volunteers (estima							6	14
			elated business revenue f						•	7a	0
	b Net	unrei	ated business taxable inc	come fro	m Form 990-1, lin	e 34				7b	0
	• 6		b	/TTT	. 4		H	Prior	Year	0	Current Year
ā		8 Contributions and grants (Part VIII, line 1h)							886,255 2,986		872,505
Rayenue		\(\text{\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\exitt{\$\text{\$\}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}						3,264			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									0
	12 T	otal re	evenue—add lines 8 throu	ıgh 11 (r	must equal Part V	II, column (A)	, line				
			<u> </u>						889	,241	875,769
			and similar amounts paid				_			0	0
			s paid to or for members (s, other compensation, er							- 	
8		-10)	s, other compensation, er	проусс	beliefits (Fait 1%,	column (A), m	· _		156	,038	156,904
Ехрепзез	16a P	rofess	sional fundraising fees (Pa	art IX, c	olumn (A), line 11	e)	🛚			0	0
ੜੇ	ь то	otal fun	ndraising expenses (Part IX, colu	umn (D),	line 25) ► 0		_				
ш	17 0) ther e	expenses (Part IX, columr	n (A), lın	nes 11a–11d, 11f-	-24e)	🗀		621	,400	645,818
			xpenses Add lines 13-1						777	,438	802,722
	19 R	levenu	ue less expenses Subtrac	ct line 18	8 from line 12 .				111	,803	73,047
Net Assets or Fund Balances								Beginning	of Curr	ent	End of Year
age Segon	20 T	otal a	ssets (Part X, line 16) .				-	16	1,103	436	1,214,861
A B			abilities (Part X, line 26)							,665	226,043
2 2 2 3 3			sets or fund balances Sub				_			,771	988,818
Pai			ature Block							,	/
my kr	nowledge rer has a	***** Signat	** ture of officer					officer) is b	ased o		
пеге	* 		EDWARDS PRESIDENT or print name and title								
		Pr	nnt/Type preparer's name		Preparer's signature		Date	Chec	k □ ıf	PTIN	
Paid	i	EL	LAN WRIGHT		ELLAN WRIGHT			self-€	employed	P0011	
	pare r	Fii	rm's name 🕨 RSM US LLP					Firm'	s EIN 🟲 🛚	42-07143	25
	Only	Fii	m's address 🟲 531 COUCH DR	ł				Phon	e no (40	5) 239-7	961

OKLAHOMA CITY, OK 73102

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

┌Yes ┌No

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$

4e Total program service expenses ► 651,406

) (Revenue \$

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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		
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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	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		

Pal	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
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), 501(c)(4), and 501(c)(29) 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		
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		
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 "Yes," 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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No_
Ь	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
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		No
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? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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? <i>If "Yes," complete Schedule R, Part I</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		No
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	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?	38	Yes	

	Check if Schedule O contains a response or note to any line in this Part V			.୮
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3			_
Ь	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?	1 c	Yes	
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			
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?	За		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 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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
·	The rest, to line 50 of 55, and the organization menoring occorrection.	5c		
	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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	l _		
	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		
	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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
Qa	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
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.

Se	ection 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
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
	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			
а	The governing body?	8a	Yes	
		8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		103	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
	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		No
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		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
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		1 1		No
	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		110
b				
	taxable entity during the year?	16a 16b		140
	taxable entity during the year?			
Se	taxable entity during the year?			
Se 17	taxable entity during the year?			
Se 17 18	taxable entity during the year?			
Se 17 18	taxable entity during the year?	16b		

►OK BUSINESS ROUNDTABLE

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	c , ou employee	ess er	(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
VICE CHAIRMAN		x		х				О	0	0
(2) TED HAYNES MEMBER	1 00	Х						0	0	0
(3) FRED MORGAN	1 00	х						0	0	0
MEMBER (4) BILL BURGESS	1 00									_
PAST CHAIRMAN		х		х				0	0	0
(5) BILL ANOATUBBY	1 00	х						0	0	0
MEMBER (6) RENEE PORTER	1 00	х		х				0	0	0
SECRETARY/TREASURER (7) RHONDA HOOPER	1 00	х		х				0	0	0
CHAIRMAN (8) MIKE NEAL	1 00	х						0	0	0
MEMBER (9) ROY WILLIAMS	1 00									
MEMBER		Х						0	0	0
(10) KAREN CUNNINGHAM MEMBER	1 00	х						0	0	0
(11) JEFF DAVIS MEMBER	1 00	х						0	0	0
(12) ROBERT MARTINOVICH	1 00	х						0	0	0
MEMBER (13) DAVID PAGE	1 00	x						0	0	0
MEMBER (14) BRENDA ROLLS	1 00							0	0	0
MEMBER		Х						U	_	
										Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot rect	not box h ar or/ti	chenice Highest compensated	ss er	(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) CARL EDWARDS RESIDENT	15 00			х				73,600	0	0

1b	Sub-Total	Ŧ			
c	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	- ▶	73,600	0	0

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? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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		No
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 I 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

(B) Description of services	(C) Compensation

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 li	ne 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, Giffs, Grants and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b				312 311				
	c d	Fundraising events 1c Related organizations 1d								
utions, ner Sim	e f	All other contributions, gifts, grants, and similar amounts not included above 1e If								
Contrib and Oth	g h	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f								
evenue	2a b	MEMBERSHIP FEES Business Code 541900	872,505	872,505						
Program Serwice Revenue	c d									
Yogram	e f	All other program service revenue								
<u>~</u>	3	Investment income (including dividends, interest, and other similar amounts)	872,505 3,264			3,264				
	5	Royalties								
	6a b c	Gross rents Less rental expenses Rental income or (loss)								
	d _	Net rental income or (loss)								
	7a b c	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)								
Other Revenue	d 8a	Net gain or (loss)								
Other	b c	Less direct expenses b Net income or (loss) from fundraising events								
_		Gross income from gaming activities See Part IV, line 19								
		Less direct expenses b Net income or (loss) from gaming activities								
	10a b	Gross sales of inventory, less returns and allowances . a Less cost of goods sold b								
		Net income or (loss) from sales of inventory								
	11a b c									
	d e	All other revenue								
	12	Total revenue. See Instructions	875,769	872,505	0	3,264				

	IX Statement of Functional Expenses				
Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns All	other organizat	ions must comp	olete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			<u></u>
	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	73,600	73,600		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	80,260		80,260	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,044		3,044	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	15,800		15,800	
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				
13	Office expenses	10,228		10,228	
14	Information technology				
15	Royalties				
16	Occupancy	25,346		25,346	
17	Travel	1,627		1,627	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,937		4,937	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,123		2,123	
23	Insurance	2,754		2,754	
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)				
а		190,091	190,091		
b	GOV'S ECONOMIC DEVELOP	116,973	116,973		-
c	RECEPTIONS & MEETINGS	96,583	96,583		
d	HOSTING OF SITE SELECTI	69,960	69,960		
		109,396	104,199	5,197	
25	Total functional expenses. Add lines 1 through 24e	802,722	651,406	151,316	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 Friedrich Goldwing SOP 98-2 (ASC 958-720)	32,722	232,130	-32,320	

Part X Balance Sheet

1	Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			_
1 Caph-non-interest-bearing 988,786 1 902,751			eneck if Senedate 6 contains a response of note to any line in this rate X			(B)
2 Savings and temporary cash investments 200,000 2 300,000 3 Pledges and grants receivable, net 3 3 4 Accounts receivable from Current and former officers, directors, trustees, key employees, and sponsoring organizations of section 501 (c)(9) voluntary employers and sponsoring organizations of section 501 (c)(9) voluntary employers beneficiary organizations (see an structures) Complete Part II of Schedule L Complete Part II of Sche						• •
3 Pledges and grants receivable, net 1.20 4 1.000		1	Cash-non-interest-bearing	886,786	1	902,751
4		2	Savings and temporary cash investments	200,000	2	300,000
Solution and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Solution		3	Pledges and grants receivable, net		3	
September Sep	s	4	Accounts receivable, net	1,250	4	1,000
1		5	employees, and highest compensated employees Complete Part II of		1	
8 Inventores for sale or use 8 9 9 2,103		6	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			
8 Inventores for sale or use 8 9 9 2,103	<u>@</u>					
8 Inventores for sale or use 8 9 9 2,103	<u>ن</u> ح	7			7	
10a	_	8	Inventories for sale or use			
Part VI of Schedule D 100 17,003 100 9,007		9	Prepaid expenses and deferred charges	4,270	9	2,103
11 Investments—publicly traded securities 11 12 12 13 14 19 13 19 14 15 13 19 14 15 15 14 15 15 16 16 16 16 16 16		10a				
12 Investments—other securities See Part IV, line 11 13 13 14 14 15 15 15 15 15 15		b	Less accumulated depreciation 10b 8,076	11,130	10 c	9,007
13		11	Investments—publicly traded securities		11	
14		12	Investments—other securities See Part IV, line 11		12	
15		13	Investments—program-related See Part IV, line 11		13	
16		14	Intangible assets		14	
17 Accounts payable and accrued expenses 26,290 17 47,397 18 Grants payable 18 19 19 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 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 24 23 Secured mortgages and notes payable to unrelated third parties 23 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 161,375 25 178,646 26 Total liabilities. Add lines 17 through 25 187,665 26 226,043 27 Unrestricted net assets 915,771 27 988,818 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 30 30 31 Paid-in or capital surplus, or land, building or equipment fund 31 Paid-in or capital surplus, or land, building or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 915,771 33 988,818		15	Other assets See Part IV, line 11		15	
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34)	1,103,436	16	1,214,861
19 Deferred revenue		17	Accounts payable and accrued expenses	26,290	17	47,397
20 Tax-exempt bond liabilities		18	Grants payable		18	
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue		19	
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		20	Tax-exempt bond liabilities		20	
Unsecured notes and loans payable to unrelated third parties	Ø	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Unsecured notes and loans payable to unrelated third parties	ilitie	22				
Unsecured notes and loans payable to unrelated third parties	qе		persons Complete Part II of Schedule L		22	
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		23	Secured mortgages and notes payable to unrelated third parties		23	_
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	_
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule			
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets				· ·		<u>.</u>
Ilines 27 through 29, and lines 33 and 34. 915,771 27 988,818		26		187,665	26	226,043
30 Capital stock or trust principal, or current funds	ي. ط					
30 Capital stock or trust principal, or current funds	ဋ	27	- 1	015 771	27	088 818
30 Capital stock or trust principal, or current funds	<u>ନ</u>			313,771		300,010
30 Capital stock or trust principal, or current funds	<u> </u>					
30 Capital stock or trust principal, or current funds	Ĭ	29	,		29	
30 Capital stock or trust principal, or current funds	正		- · · · · · · · · · · · · · · · · · · ·			
31 Paid-in or capital surplus, or land, building or equipment fund		30			30	
33 Total net assets or fund balances	Ą.					
33 Total net assets or fund balances	4 S.					
Z 34 Total liabilities and net assets/fund balances				915,771	33	988,818
	Ż			1.103.436	34	1.214.861

Form	990	(2014)
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Page 12	Page 12	2
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Par	t XI	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
		eneck in Schedule & contains a response of note to any line in this fare XI	·			
1	Total	revenue (must equal Part VIII, column (A), line 12)				
•	i otai	revenue (must equal rait viii, column (A), me iz)	1		8	375,769
2	Total	expenses (must equal Part IX, column (A), line 25)			,	
2	Dovor	ous loss expanses. Subtract line 2 from line 1	2			302,722
3	Revei	nue less expenses Subtract line 2 from line 1	3			73,047
4	Netas	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_			
_			4		ç	915,771
5	Netui	nrealized gains (losses) on investments	5			
6	Donat	red services and use of facilities				
			6			
7	Inves	tment expenses	7			
8	Priori	period adjustments	-			
	•		8			
9	Other	changes in net assets or fund balances (explain in Schedule O)	9			0
10	Neta	ssets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	-			
10	column (B))				9	88,818
Par	t XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				<u>. Г</u>
					Yes	No
1		unting method used to prepare the Form 990				
	Sched					
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		s,' check a box below to indicate whether the financial statements for the year were compiled or revie arate basis, consolidated basis, or both	wed on			
		eparate basis				
ь	•	the organization's financial statements audited by an independent accountant?		2b	Yes	
		s,' check a box below to indicate whether the financial statements for the year were audited on a sepa	rate			
		, consolidated basis, or both				
		eparate basis				
C		s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the Sched	organization changed either its oversight process or selection process during the tax year, explain i fule O	n			
За		result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	е	3a		No
b	If "Y e	s," did the organization undergo the required audit or audits? If the organization did not undergo the red audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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DLN: 93493025006186

OMB No 1545-0047

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.

Open to Public Inspection

	me of the organization AHOMA BUSINESS ROUNDTABLE INC		Employer identification number
OKL	ARIOMA DUSINESS ROUNDTABLE INC		73-1377268
Pa	rt I Organizations Maintaining Donor Adv		Funds or Accounts. Complete if th
	organization answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds	(h) Finds and other accounts
	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
!			
	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	,		
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	ganization's exclusive legal control?	☐ Yes ☐ No
ı	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?	it of the donor or donor advisor, or for	any other purpose Yes No
a	rt III Conservation Easements. Complete if	the organization answered "Yes"	' to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of Preservation of	a certified historic structure
	easement on the last day of the tax year		
	Total number of conservation easements		Held at the End of the Year
a L			2a
b	Total acreage restricted by conservation easements Number of conservation easements on a certified histo	ric structure included in (a)	2b
C		• •	2c
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	uned after 6/17/06, and not on a	2d
ŀ	Number of conservation easements modified, transferrenthe tax year ▶	ed, released, extinguished, or termina	ated by the organization during
	Number of states where property subject to conservati	on easement is located 🛌	<u></u>
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	he periodic monitoring, inspection, ha	andling of violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation eas	ements during the year
	A mount of expenses incurred in monitoring, inspecting \$\blue{\pi}\$, and enforcing conservation easeme	nts during the year
	Does each conservation easement reported on line 2(c) and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financ	·
ar	Complete if the organization answered "Y	s of Art, Historical Treasures	s, or Other Similar Assets.
а	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its rev ts held for public exhibition, education	n, or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	ts held for public exhibition, education	
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
	If the organization received or held works of art, historic following amounts required to be reported under SFAS		
a	Revenue included in Form 990, Part VIII, line 1		► \$

b Assets included in Form 990, Part X

Part	111 Organizations Maintaining Co	llections of Art,	<u>, Hist</u>	<u>ori</u>	<u>cal T</u>	<u>reasur</u>	es, or	<u>Othe</u>	r Similar As	sets	<u>(continued)</u>
	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other record	ds, che	eck a	any of	the follo	wing that	are a	significant us	e of its	
а	Public exhibition		d	Γ	Loan	or exch	ange pro	grams			
b	Scholarly research		e	\sqcap	Othe	r					
c	Preservation for future generations										
	Provide a description of the organization's co Part XIII	llections and explai	ın how	they	/ furth	er the or	ganızatıc	n's ex	empt purpose	ın	
	During the year, did the organization solicit on assets to be sold to raise funds rather than t								ılar	┌ Yes	□ No
	IV Escrow and Custodial Arrang		-						es" to Form	•	1 140
	Part IV, line 9, or reported an an										
	Is the organization an agent, trustee, custod included on Form 990, Part X?		-			utions oi	other as	sets	not	┌ Yes	⊢ No
Ь	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ng t	able				Α.		
c	Beginning balance							1c	AI	nount	
	Additions during the year							1d			
	Distributions during the year							1e			
f	Ending balance							1f			
	Did the organization include an amount on Fo	ırm 990 Part Y line	21 fo	or ec	c row	or custo.	dial acco		hility?	┌ Yes	
_											
Par	If "Yes," explain the arrangement in Part XII Endowment Funds. Complete i										<u>'</u>
Fai	Endowment Funds. Complete i	(a)Current year	(b) P						Three years back	(e) Fou	r years back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships							+			
e	Other expenditures for facilities										
	and programs							4			
	Administrative expenses							_			
_	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line	1g,	colun	nn (a)) h	eld as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shou	uld equal 100%									
	Are there endowment funds not in the posses organization by	_	ation th	nat a	re hel	d and ad	lmınıster	ed for		Ye	es No
	(i) unrelated organizations (ii) related organizations			•					3a 3a	•	
	If "Yes" to 3a(II), are the related organization								3		
4	Describe in Part XIII the intended uses of th	e organization's end	dowme	nt fu	ınds						
Part	VI Land, Buildings, and Equipme		he org	gan	ızatıo	n answ	ered 'Ye	es' to	Form 990, P	art IV,	line
	11a. See Form 990, Part X, line 1 Description of property					or other	(b)Cost) Book value
				ba	sıs (ınv	estment)	basis (d	other)	depreciation	'	
1 a L	and		•								
b B	uıldıngs		•								
c L	easehold improvements										
d E	quipment							17,083	8	,076	9,007
Total.	Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X	(, colun	nn (E	3), line	10(c).)		•	<u> ►</u>		9,007

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to Forr	n 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b) Book value	(c) Method of va	
(including name of security)		Cost or end-of-year r	narket value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Co	mplete if the organizatio	n answered 'Yes' to Fo	rm 990, Part IV, lıne 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of va	luation
(a) Description of investment	(b) Book value	Cost or end-of-year r	
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		orm 990, Part X, line 15
(a) Descri			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)		
Part X Other Liabilities. Complete if the orga	nızatıon answered 'Yes' t	o Form 990, Part IV, li	ne 11e or 11f. See
Form 990, Part X, line 25. 1 (a) Description of liability	(b) Book value		
Federal income taxes	(3) Sook value		
UNEARNED REVENUE	25,000		
AMOUNTS HELD FOR OTHERS	153,646		
	,- · · -		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	178,646		
2 Liability for uncertain tay needling. In Bart VIII, provide		L	-1-11-11-1

Par		Revenue per Audited Financial Stat wered 'Yes' to Form 990, Part IV, line 1		ts With Revenue	per R	eturn Complete If
1		er support per audited financial statements			1	875,769
2	Amounts included on line 1 bi	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of t	facilities	2b			
c	Recoveries of prior year grant	······································	2c			
d	Other (Describe in Part XIII))	2d			
e	Add lines 2a through 2d		· · ·		2e	0
3	Subtract line 2e from line 1 .				3	875,769
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not inc	luded 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 an	d 4c. (This must equal Form 990, Part I, line	12)		5	875,769
Part		xpenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line			s per	Return. Complete
1		raudited financial statements			1	802,722
2	·	ut not on Form 990, Part IX, line 25				, , , , , , , , , , , , , , , , , , ,
а		acılıtıes	2a			
b			2b			
c	Other losses		2c			
d			2d			
e	Add lines 2a through 2d		-		2e	0
3	Subtract line 2e from line 1 .				3	802,722
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а		uded 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 a	nd 4c. (This must equal Form 990, Part I, lin	e 18)		5	802,722
Part	XIII Supplemental In	formation			_	
Part	ide the descriptions required foi V , line 4 , Part X, line 2 , Part XI mation	r Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and	and 4, 4b Als	Part IV , lines 1b and 2 so complete this part t	b, o provi	de any additional
	Return Reference	Explanation				
PART	X, LINE 2	THE ROUNDTABLE FOLLOWS ASC 740, UNCERTAINTY IN INCOME TAXES MAN POSITIONS AND CONCLUDED THAT THE POSITIONS THAT REQUIRE ADJUSTME STATEMENTS TO COMPLY WITH THE PREXCEPTIONS, THE ROUNDTABLE IS NO JURISDICTION FOR YEARS PRIOR TO 2	AGEM EROU NTTO ROVIS TSUB	ENT HAS EVALUATE NDTABLE HAS TAKE , OR DISCLOSURE IN IONS OF THIS GUIDA	D THE N NO U , THE F	ROUNDTABLES TAX JNCERTAIN TAX FINANCIAL WITH FEW

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2014

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493025006186

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

FAttach to Form 990 or 990-EZ.

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

Name of the organization
OKLAHOMA BUSINESS ROUNDTABLE INC
73-1377268

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	ORGANIZATION'S PROCESS TO REVIEW FORM 990 IT IS PREVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST
FORM 990, PART IX, LINE 24E	BIO ASSOCIATION PROGRAM SERVICE EXPENSES 30,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDR AISING EXPENSES 0 TOTAL EXPENSES 30,000 MARKETING & MEMBER SERVICE EXPENSE PROGRAM SERV ICE EXPENSES 29,419 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPE NSES 29,419 PROMO ITEMS & GIFTS PROGRAM SERVICE EXPENSES 25,965 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 25,965 LT GOV FUND PROGRAM SERVICE E XPENSES 14,775 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 14,775 WEBSITE HOSTING & IT SUPPORT PROGRAM SERVICE EXPENSES 4,040 MANAGEMENT AND GENER AL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,040 TELEPHONE PROGRAM SERVICE EX PENSES 0 MANAGEMENT AND GENERAL EXPENSES 2,954 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2, 954 HEALTH BENEFITS PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 1,800 F UNDRAISING EXPENSES 0 TOTAL EXPENSES 1,800 MISCELLANEOUS EXPENSE PROGRAM SERVICE EXPENS ES 0 MANAGEMENT AND GENERAL EXPENSES 443 FUNDRAISING EXPENSES 0 TOTAL EXPENSES ES 0 MANAGEMENT AND GENERAL EXPENSES 10 MANAGEMENT EXPENSES ES 0 MANAGEMENT AND GENERAL EXPENSES 1,800 MISCELLANEOUS EXPENSES 0 TOTAL EXPENSES ES 0 MANAGEMENT AND GENERAL EXPENSES 443 FUNDRAISING EXPENSES 0 TOTAL EXPENSES ES 0 MANAGEMENT AND GENERAL EXPENSES 6443 FUNDRAISING EXPENSES 0 TOTAL EXPENSES