Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2008

Department of the Treasury

SCANNED MAR 2 8 2011

| inten | nal Reve | nue Service | | ► The organi | zation may i | have to use a c | copy of | this return to | satisty state rep | orting i | requirem | ents. | ٥ | | Fudiic ins | pecuon |
|--------------------------------|-----------|--------------------------------|-------------------------|---|----------------|---|-------------|-------------------|-------------------|---------------|----------------|-----------------|----------------|----------------|-----------------------------|-----------------|
| | For th | e 2008 calend | lar year, o | r tax year be | ginning | 7/01 | | , 2 | 008, and end | ling | 6/3 | 30 | | , 20 | 09 | |
| В | Cneck if | applicable | | | | | | | | | | D Employ | yer ide | ntfication | n Number | |
| | | dress change | Please use IRS label | Northwes | stern (| Oklahom | a S | tate Un | iversity | | | 73- | 094 | 7945 | | |
| | Н | • | or print | Foundat | | - · · · · · · · · · · · · · · · · · · · | | | | | | E Teleph | _ | | | |
| | \vdash | me change | or type. See | 709 Okla | | Blvd. | | | | | | | | | 0104 | |
| | | al return | specific instruc- | Alva, O | K 7371 | 7 | | | | | | (58 | 0) | 327- | 8194 | |
| | Ter | mination | tions. | | | | | | | | | | | | | |
| | Am | ended return | | <u> </u> | | | | | | | | G Gross | receipt | ts \$ | 2,430, | 522. |
| | App | plication pending | F Name a | and address of pr | incipal office | r Allei | n E | . Bird | | | | a group retu | | | Yes | X No |
| | | | 709 0 | klahoma H | Blvd. | Alva, O | K 7 | 3717 | | HŒ | - | affiliates inc | | | Yes | No No |
| $\overline{\Box}$ | Tax- | exempt status | s X 501 | (c) (3 |) ◀ (inse | rt no.) | | 1947(a)(1) oı | r 527 | 7 | 11 140, | attach a list | (See | instruction | ns) | |
| <u></u> | | | | ww.nwfou | ndatio | n.com/ | | ,,,, | | \neg | Group | exemption n | number | . ▶ | | |
| ř | | of organization | X Corpora | | \neg | | ther► | | L Year of For | | | | | of legal do | micile OK | |
| Pa | | Summa | | adon Trust | 1 / //330 | ciauon O | uici | | TE Tear of For | 1120011 | 130. | | otale (| zi legal uc | miche OIC | |
| FR | | Briefly describ | | anization's n | olector or | most signi | ficant | · activities: | To mais | | - La | 22240 | ~~: | t.a | funda | +- |
| | | | | | | | | | | <u>e a</u> | i <u>na in</u> | <u>anage</u> . | br i | <u>vale</u> | Tunas | _ ro |
| Activities & Governance | - | <u>support</u> | MOTCIIM | estem c | KTATIO | الع علعد | <u>= 71</u> | Trerere | -¥ | | | | | | | |
| na. | - | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | |
| ô | | Check this bo | | if the organiz | | | | | isposea of it | iore t | nan 25 | % of its a | | | | 21 |
| -ಶ | | Number of vo Number of inc | | | | | | | lina 1h) | | | • | 3 | | | $\frac{21}{21}$ |
| es | | Total number | • | - | | ie governin | g boo | ay (i ait vi, | illie ib) | | | •• | 5 | | | 5 |
| Ξ | | Total number | | | | esarv) | | | | _ | | | 6 | | | $\frac{3}{0}$ |
| AG | 7. | Total gross un | or volunt arelated b | ucinace rava | nue from | Part VIII I | 5e 13 | 2 columb(f | W ICA | | | • | 1 | | | 0. |
| - | /a | Net unrelated | hueinee | tavahla inco | me from | Form 000.T | line | 34 EUE | SIACO | 10 | | | | | | 0. |
| - | | ivet uni erateu | Dusiness | taxable inco | ine iromi | 01111 990-1 | | | | ₩ | | | <u> </u> | | | |
| | | | | | | | ਨੈ | MAR 1 | 6 2011 | 191 | | rior Year | | | Current Yo | |
| Φ. | | Contributions | | | | | 1143 | MINU T | 0 2011 | S | 2 | ,529, | | | 1,952 | |
| Ĕ | | Program serv | | • | | | | | | 그때 | | | 215 | | | 891. |
| Revenue | 10 | Investment in Other revenue | come (Pa | art VIII, colum | ın (A), lin | es 3, 4, and | d 7d) | OGO | FW UT | Щ | | 469,2 | | | | <u>, 970 .</u> |
| • | 11 | Other revenue | e (Part VI | II, column (A |), lines 5, | 6d, 8c, 9c, | , []0c, | and He | | |) | 148,0 | | · | | ,304. |
| _ | 14 | TOTAL TEVELINE | – auu III | les o un ougi | i ii (mus | t equal i ai | t viii | , column (A) |), line 12) | _ | 1 | <u>, 931, 4</u> | 457 | - | 2,430 | |
| | 13 | Grants and si | mılar amo | ounts paid (P | art IX, co | lumn (A), lı | nes 1 | -3) | | L | | | | | 1,937 | <u>, 257.</u> |
| | 14 | Benefits paid | to or for | members (Pa | art IX, coli | umn (A), lir | ne 4) | | | L | | 866, | <u> 780</u> | | | |
| | 15 | Salaries, othe | er comper | nsation, empl | oyee ben | efits (Part I | X, co | lumn (A), lii | nes 5-10) | | | 243, | 137 | . | 280 | ,790. |
| Expenses | 16a | Professional 1 | fundraisin | g fees (Part | IX, colum | n (A), line | 11e) | | | | | | | | | |
| per | | Total fundrais | | - ' | | | - | | 29,248 | . | | | | | | |
| Ĕ | | | _ | - | | | | | 23,240 | <u></u> ∸ ⊦ | | 221 (| 007 | + | 240 | 051 |
| | | Other expens | - | | - | | - | | _ | ⊢ | | 331,8 | | | | ,051. |
| | | Total expense | | - | | | lumn | (A), line 25 |) | F | | ,441,8 | | | 2,458 | |
| | 19 | Revenue less | expense | s. Subtract III | ne 18 fron | n line 12 | | _ | | _ | | 489, | <u>643</u> | | -27 | <u>,576.</u> |
| Net Assets or Fund Balances | | | | | | | | | | L | Begir | ning of \ | Year | | End of Ye | ar |
| plan | 20 | Total assets (| (Part X, III | ne 16) | | | | | | | 13 | ,309,3 | 323 | | 11,077 | |
| A B | 21 | Total liabilities | s (Part X, | line 26) | | | | | | | | 618, | 655 | | 992 | ,709. |
| ž | 22 | Net assets or | fund bala | ances. Subtra | act line 21 | from line 2 | 20 | | | | 12 | , 690, | 668 | | 10,084 | .398. |
| Pa | rt II | | ure Blo | | | | | | | | | 1 | | | | |
| تستما | | | | | ava evamine | ed this return i | nekudur | 24 2440mp20v40 | a schodulos and | ctaton | nontr on | d to the bee | t of m | v knowlod | lae and helief | |
| | | true, correct, a | and complete | I declare that I he Declaration of p | preparer (oth | er than officer |) is bas | sed on all inform | nation of which p | repare | r has any | knowledge | | y Kilowicu | ige and benef | , 11 13 |
| Sig | sn. | ▶ | | S. // F | \sim | 2 / | | | | | آخ | 7/// | 5.0 | g// | | |
| He | j'' re | Signature | ot officer | 2.4 | <u> </u> | | | | | | | te | <u>~</u> | | | |
| | •• | ' ' | | د د | | | | | | | CEO. | | | | | |
| | | | n E.B. | | | | | | | ··········· | CEO | | | | | |
| | | турс стр. | | | | | | | Date | | | | | Preparer | 's identifying | number |
| Da | اد: | i | | | | | | | Date | | | neck if | 1 | (see inst | 's identifying ructions) | ridilibei |
| Pa Pro | | Preparer's | _ \ | | | | | | 2/28 | /4 | er | nployed 🏲 | · X | D 6 5 = | | |
| | er's | signature | | | <u>ن ماه</u> | | | | 7,00 | , | | | | P005 | 32558 | |
| Us | | Firm's name (| | kle and | | | <u> </u> | | | | | | | | | |
| On | | yours if self- employed), | ► <u>511</u> | 0 S. Yal | e Suit | e 100 | | | | | E | N ► 7 | 73-1 | <u> 15192</u> | 01 | |
| | | address, and ZIP + 4 | Tul | sa, OK 7 | 4135 | | | | | | PI | none no | - (9 | 18) 4 | 192-338 | 38 |
| May | the If | RS discuss th | ıs return v | with the prepa | arer show | n above? (| see II | nstructions) | | | | | | X | Yes | No |

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

| <i>7</i> . Y | | | Yes | No |
|--------------|--|------------|-----|--|
| ٠. | 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| 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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | 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? If 'Yes,' complete Schedule C, Part II | 4 | | Х |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where 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 | | Х |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | х | |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9 | | x |
| 10 | | 10 | | Х |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | Х | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | 12 | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Х |
| | a Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | X |
| | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If 'Yes,' complete Schedule F, Part I</i> | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III | 16 | | Х |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | 19 | | Х |
| 20 | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H | 20 | | Х |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | Х |
| 22 | Did the organization report more than \$5,000 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, questions 3, 4, or 5? If 'Yes,' complete Schedule J | 23 | | Х |
| 24 | a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No, 'go to question 25 | 24a | | Х |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | | |
| | any tax-exempt bonds? Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24c 24d | ļ | |
| | 3 , 3 , | | | \vdash |
| | a 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 L | 25a | | Х |
| 1 | b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II | 26 | | Х |
| 27 | contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III | 27 | 000 | X |
| BA/ | l e e e e e e e e e e e e e e e e e e e | Form | 990 | (2008) |

Part IV

| | | | Yes | No |
|----|---|------|-------|--------|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | | |
| i | a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| ı | b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i> | 28b | Х | |
| • | c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV. | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 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 | | Х |
| 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 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Х | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35 | | Х |
| 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 | | Х |
| 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 | | Х |
| BA | 4 | Form | 990 (| (2008) |

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Form 990 (2008)

12b

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 3 1a **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1ь 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1 c 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 5 2b 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 this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a Х b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3Ь 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)? X 4a **b** If 'Yes,' enter the name of the foreign country: **>** See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?. 58 **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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Did the organization solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6Ь 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any guid pro guo contribution of more than \$75? X 7a 7b **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Form 8282? Х d If 'Yes,' indicate the number of Forms 8282 filed during the year • Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. 71 X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 a X h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? R 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? **b** Did the organization make any distribution to a donor, donor advisor, or related person? Х 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 other members or shareholders 11 a **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?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

BAA

Form 990 (2008) Northwestern Oklahoma State University 73-0947945 Page 6

Part-VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

| <u>5e</u> | | Governing | | | | | | | | |
|------------------------|--|---|--|--|--|---|--|--------------------------|--------|---------------|
| | For each processe | 'Yes' response t es, or changes in | o lines 2-7b below, Schedule O See ir | and for a 'No' instructions | response to lines 8 oi | 9b below, descri | be the circumstances, | \Box | Yes | No |
| 1 | a Enter the | number of votin | g members of the g | overning body | | 1a | 21 | | | |
| | b Enter the | number of votin | g members that are | ndependent | • | 1 <u>1</u> | 21 | | | |
| 2 | | officer, director, t lirector, trustee o | | oyee have a fa | mily relationship or a | business relation | ship with any other | 2 | | X_ |
| 3 | Did the o | organization deleg s, directors or tri | ate control over ma | anagement dut oyees to a mar | es customarily perfor | med by or under other person? | the direct supervision | 3 | | |
| 4 | | | | = | anizational document | • | | 4 | | X |
| | since the | prior Form 990 v | was filed? | | | | | | | _ |
| 5 | | • | • | • | terial diversion of the | • | sets? . | 5 | | <u>X</u> |
| 6 | Does the | organization hav | e members or stoc | kholders? . 🕻 | See Schedule (| · . | | 6 | Х | |
| 7 | 7a Does the governin | e organization hav g body? | e members, stockt | nolders, or othe | r persons who may e | lect one or more | members of the | 7a | | <u> </u> |
| | b Are any | decisions of the o | joverning body subj | ect to approva | by members, stockh | olders, or other p | ersons? | 7b | Х | ·········· |
| 8 | B Did the co the follow | organization conte wing: | mporaneously docu | ument the mee | tings held or written a | actions undertaker | n during the year by | | | |
| | - | erning body? | • | | | | | 8a | | |
| | b Each cor | mmittee with auth | ority to act on beha | alf of the gover | ning body? | | | 8ь | X | |
| 9 | a Does the | organization hav | ve local chapters, b | ranches, or affi | liates? | • | •• | 9a | | <u>X</u> _ |
| | b If 'Yes,' of and bran | does the organizations to ensure the | ation have written parenter operations are | olicies and proc consistent with | cedures governing the those of the organization | e activities of such ation? | ı chapters, affiliates, | 9ь | | |
| 10 | Was a co describe | opy of the Form 9 in Schedule O th | 90 provided to the elepton process, if any, the | organization's q he organization | governing body before uses to review the F | e it was filed? All orm 990 See | organizations must Schedule 0 | 10 | | <u>x</u> _ |
| | | | or or trustee, or ke lress? <i>If 'Yes,' pro</i> v | y employee list vide the names | ed in Part VII, Section and addresses in Sc | n A, who cannot b hedule O | e reached at the | 11 | | X |
| <u>Se</u> | ction B. | <u>Policies</u> | | | | <u> </u> | | | | |
| 12 | 2a Does the | organization hav | ve a written conflict | of interest poli | cy? If 'No,' go to line | 13 | . 1 | 12a | Yes | No X |
| | b Are office to conflic | | rustees, and key er | mployees requi | red to disclose annua | ally interests that o | ould give rise | 12b | | х |
| | c Does the | organization reg o O how this is do | ularly and consister | ntly monitor an | d enforce compliance | with the policy? | !f 'Yes,' describe in | 12c | | Х |
| 15 | 3 Does the | organization hav | | | | | , | | | X |
| 14 | Does the | | /e a written whistlet | plower policy? | | • | | 13 | | |
| 15 | | organization hav | | | d destruction policy? | • | | 13 14 | | Χ |
| | Did the p persons, | process for deterr | ve a written docume nining compensatio | ent retention an | d destruction policy? ng persons include a tiation of the delibera | review and appro | val by independent | | | Х |
| | persons, a The orga | process for deterr comparability da anization's CEO, I | ve a written docume nining compensatio ta, and contempora Executive Director, | ent retention and n of the following neous substant or top manage | ng persons include a tiation of the delibera | review and appro ition and decision | val by independent | 14 15a | - | Х |
| | persons, a The orga b Other off | orocess for deterr comparability da anization's CEO, l ficers of key emp | ve a written docume mining compensatio ita, and contempora Executive Director, loyees of the organi | ent retention and not the following aneous substantion top managerization? | ng persons include a tiation of the delibera | review and appro ition and decision | val by independent : | 14 | | |
| | persons, a The orga b Other off | orocess for deterr comparability da anization's CEO, l ficers of key emp | ve a written docume nining compensatio ta, and contempora Executive Director, | ent retention and not the following aneous substantion top managerization? | ng persons include a tiation of the delibera | review and appro ition and decision | | 14 15a | | Х |
| 16 | persons, a The orga b Other off Describe a Did the off | process for deterr comparability da inization's CEO, l ficers of key emp the process in S | ve a written docume nining compensatio ta, and contempora Executive Director, loyees of the organi chedule O. (see ins | ent retention and not the following aneous substantion top manager ization? | ng persons include a tration of the deliberament official? | ition and decision | | 14 15a | | X |
| 16 | persons, a The orga b Other off Describe a Did the centity du b if 'Yes,' in joint v | process for deterring comparability data inization's CEO, lifeers of key emporthe process in Surganization investing the year? | ve a written docume inining compensatio ita, and contempora Executive Director, loyees of the organichedule O. (see institut, contribute assittin, contribute a writtents under applicable | ent retention and not the following aneous substantion top managerization? Structions) ets to, or particen policy or pro | ng persons include a tration of the deliberament official?. Ipate in a joint ventur cedure requiring the | ition and decision: e or similar arrane organization to ev | : | 14 15a 15b | | X |
| | persons, a The orga b Other off Describe ia Did the centity du b if 'Yes,' i in joint vi status wi | rocess for deterr comparability da anization's CEO, lifeers of key emp the process in Sorganization investing the year? | ve a written docume inining compensation ita, and contempora Executive Director, loyees of the organichedule O. (see institut, contribute assist in, contribute a writtents under applicable arrangements? | ent retention and not the following aneous substantion top managerization? Structions) ets to, or particen policy or pro | ng persons include a tration of the deliberament official?. Ipate in a joint ventur cedure requiring the | ition and decision: e or similar arrane organization to ev | : gement with a taxable valuate its participation | 15a 15b 16a | | X |
| Se | b Other off Describe a Did the centity du b If 'Yes,' I in joint vistatus wi | process for deterr comparability da anization's CEO, lifeers of key emp the process in S organization investing the year? has the organization the respect to suc Disclosures | ve a written docume inining compensation ita, and contempora Executive Director, loyees of the organichedule O. (see institut, contribute assist in, contribute a writtents under applicable arrangements? | ent retention and not the following aneous substantion top managerization? Structions) ets to, or particen policy or prole federal tax la | ng persons include a tration of the deliberament official?. Ipate in a joint ventured cedure requiring the law, and taken steps to | e or similar arrandorganization to evo | : gement with a taxable valuate its participation | 15a 15b 16a | | X |
| Se 17 | b Other off Describe a Did the centity du b If 'Yes,' In joint vistatus wi ction C. List the s Section 6 inspection | process for deterr comparability da anization's CEO, I ficers of key emp the process in Sorganization investing the year? That the organization the respect to such that the states with which in the states and in Indicate how year? | re a written docume inining compensatio ta, and contempora Executive Director, loyees of the organichedule O. (see institution adopted a writtents under applicable arrangements? The acopy of this Form organization to make these available in the see available i | ent retention and not the following aneous substantion or top manager ization? Structions) ets to, or particular policy or professed for the following professed its Forms 10 illable. Check a | ng persons include a stration of the deliberal ment official?. Ipate in a joint ventur cedure requiring the aw, and taken steps to d to be filed OF 23 (or 1024 if application of the polication of the policat | e or similar arrandorganization to evo | : gement with a taxable valuate its participation | 15a 15b 16a 16b | or pub | <u>х</u> х |
| Se 17 | b Other off Describe a Did the centity du b If 'Yes,' in joint v status wi ction C. List the s Section 6 inspection | process for deterr comparability da anization's CEO, I ficers of key emp the process in S organization investing the year? has the organization enture arrangementary earture arrangementary espect to suc Disclosures states with which | nining compensation ta, and contempora Executive Director, loyees of the organic chedule O. (see institution adopted a writtents under applicable arrangements? | ent retention and not the following aneous substantion or top manager ization? Structions) ets to, or particular policy or professed for the following professed its Forms 10 illable. Check a | ng persons include a stration of the deliberament official?. Ipate in a joint ventur cedure requiring the aw, and taken steps to did to be filed Official 23 (or 1024 if applical | e or similar arrandorganization to evo | gement with a taxable valuate its participation rganization's exempt | 15a 15b 16a 16b | or pub | <u>х</u> х |
| Se 17 | b Other off Describe a Did the centry du b If 'Yes,' I in joint vistatus wi ction C. List the s Section 6 inspection X Own | process for deterr comparability da anization's CEO, I ficers of key emp the process in Surganization investing the year? The state organization the respect to suc Disclosures states with which 5104 requires an in. Indicate how y website | ve a written docume inining compensation ita, and contempora Executive Director, loyees of the organichedule O. (see institution adopted a writtents under applicable harrangements? The copy of this Form organization to make these available in a Another's wet. | ent retention and not the following aneous substantion or top managerization? Structions) ets to, or particle federal tax is 1990 is required the test of the federal tax is 1990 is required the test forms 10 in the federal tax is 1990 is required the test forms 10 in the federal tax is 1990 is required the test forms 10 in the federal tax is 1990 is required the test forms 10 in the federal tax is 1990 is required the federal tax is 1990 is 1 | ng persons include a stration of the deliberament official?. Ipate in a joint ventur cedure requiring the aw, and taken steps to did to be filed 23 (or 1024 if application that apply. | e or similar arrandorganization to evo safeguard the o | gement with a taxable valuate its participation rganization's exempt | 15a 15b 16a 16b | | X X |
| 5 e 17 18 | b Other off Describe a Did the centry du b If 'Yes,' I in joint v status wi ction C. List the s Section 6 inspection X Own Describe statemer State the | process for deterr comparability da anization's CEO, I ficers of key emp the process in Surganization investing the year? The state organization the respect to suc Disclosures states with which 5104 requires an in. Indicate how you website in Schedule O with available to the name, physical | re a written docume inining compensation ita, and contempora Executive Director, loyees of the organichedule O. (see inset in, contribute asset in, contribute asset in, contribute asset in adopted a writtents under applicable harrangements? The copy of this Form organization to make these available and if so, he public See address, and telepting its properties of the control of | ent retention and not the following aneous substantion or top managerization? Structions) ets to, or particle federal tax is 1990 is required to the federal tax is 1990 is | ng persons include a stration of the deliberament official?. Ipate in a joint ventur cedure requiring the aw, and taken steps to did to be filed 23 (or 1024 if applicated that apply. It was a possible to the control of the cont | e or similar arrandorganization to evo safeguard the oble), 990, and 990 erning documents, sesses the books | gement with a taxable valuate its participation rganization's exempt | 15a 15b 16a 16b | financ | XXX |

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. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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.

X Check this box if the organization did not compensate any officer, director, trustee, or key employee.

| (A) | (B) | | | (4 | c) | | | (D) | (E) | (F) |
|-----------------------|--|--|-----------------------|----------|--------------|------------------------------|----------|---|--|--|
| Name and Title | Average hours per week | | _ | _ | | hat app | _ | Reportable compensation from the organization | Reportable compensation from related organizations | Estimated amount of other compensation |
| | ļ . | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | | 5 d s | nai | | ploye | e comp | | | | and related organizations |
| | | stee | ruste | | ď | oensa | | | | |
| Allen E. Bird | <u> </u> | | L | _ | | ed. | L | | | |
| Executive Direc | 1 0 | | | X | | | Ì | 0. | 0. | 0. |
| J. Stewart Arthurs | | | | ┝ | | | - | · · · · · · · · · · · · · · · · · · · | | <u> </u> |
| Trustee | 1 0 | l x | | ļ | | | | 0. | 0. | 0. |
| John Barton | | | | | | | _ | | | <u></u> |
| Trustee | 1 0 | l x | | | | | | 0. | 0. | 0. |
| Wanda Campbell | | | | | | | | | | <u>v.</u> |
| Trustee | 1 0 | Х | | 1 | | | | 0. | 0. | 0. |
| Jason Claborn | | | | | | | | | | |
| Trustee | 1 o | Х | | Ι΄ | • | | | o. | 0. | 0. |
| Jim Claflin | | | | | | | | - "." | | |
| Trustee |] 0 | Х | | | | | | 0. | 0. | 0. |
| Larry Claflin | | | | | | | | | | · |
| Trustee | 0 | Х | | | | | | 0. | 0. | 0. |
| Don Dauphin | | | | | | | | | | |
| Trustee | 0 | X | | | | | | 0. | 0. | 0. |
| Ruth Ann Erdner |] | | | | | | | | | |
| Trustee | 0 | X | | | L_ | | | 0. | 0. | 0. |
| Todd Ging | 1 | | | | ŀ | | | | | |
| Trustee | 0 | Х | | | 匚 | | <u> </u> | 0. | 0. | 0. |
| Stan Kline | _ | | | | | | | | | |
| Trustee | 0 | X | | | L | | | 0. | 0. | 0. |
| Bert Mackie | 1 | | | | | | | | | |
| Trustee | 0 | Х | <u> </u> | | _ | | | 0. | 0. | 0. |
| Mike Meier | 4 | | | | | | | | | |
| Trustee | 0 | Х | _ | | L | | | 0. | 0. | 0. |
| John Ryerson | 1 . | | | | | | | | | |
| Trustee | 0 | Х | | | | | | 0. | 0. | 0. |
| <u>Deanna Steffen</u> | - | | | | | | | | | |
| Trustee | 0 | Х | | \vdash | \sqcup | | <u> </u> | 0. | 0. | <u>0.</u> |
| Dean Wymer | ↓ | l | | | | | İ | _ | | |
| Trustee | 0 | X | <u> </u> | _ | <u> </u> | | | 0. | 0. | <u> </u> |
| Sharon Yeager | ↓ | ۱ | | | | | | | | _ |
| Trustee | 0 | Х | | L | L | | | 0. | 0. | 0. |

| Part VII Secuon A. Officers, Directors, Trus | | ney | | | | 862 | , an | | | proye | BS (C) |)Nt) |
|---|------------------------------|-----------------------------------|-----------------------|-------------|--------------|-------|-------|---|--|------------------------------|---|----------------|
| (A) | (B) | L | | | c) | | | (D) | (E) | | (F) | |
| • Name and Title | Average hours per week | individual trustee or director | Institutional trustee | Officer | | | | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | amo con f org ar | stimated unt of oth pensation rom the panization of related anization | her on n |
| Patricia Headlee Trustee | 0 | х | | | | | | 0. | 0. | | | 0. |
| | | | | | | | | " - | | _ | | |
| | | | | | | | | | | | | |
| | | | | | | | | `` | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1 b Total | | | | | | | • | 0. | 0. | | | 0. |
| Total number of individuals (including those in 1a) worganization ► 0 | ho rece | ıved | moi | re th | nan : | \$100 | 0,000 |) in reportable cor | npensation from the | | | |
| | | | | | | | | | | | Yes | No |
| Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in For any individual listed on line 1a. is the sum of red | idividual | | | • | - | | • | · | | 3 | | Х |
| For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual | nan \$150 | 0,000 |)? If | 'Ye | s' c | omp | lete | Schedule J for su | ich | 4 | | Х |
| 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch | ompensa ledule J | ation for s | froi such | n ar per | ny u rson | nrel | ated | organization for | services . | 5 | | Х |
| Section B. Independent Contractors | | | | | | | | | 4100.000 | | | |
| 1 Complete this table for your five highest compensate compensation from the organization. | ea inaep | ena | ent | cont | ract | ors | that | received more tha | an \$100,000 of | | | |
| (A) Name and business addres | <u>s</u> | | | | | | | Description o | of Services | Compe | c) nsatio | <u>1</u> |
| | | | | | | | | <u>-,-</u> | | | | |
| | | | | _ | | | | | | | | |
| | | | | | | | | *** | | | | |
| 2 Total number of independent contractors (including to compensation from the organization ► 0 | nose in | 1) W | /ho i | rece | ivec | i mo | re th | nan \$100,000 in | | | | |

| | tt vitti Statement er Revenue | | | | |
|--|--|--|--|---|---|
| • | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in lns 1a-1f: 5 Total Add lines 1a-1f | 1 052 257 | | | |
| | h Total. Add lines 1a-1f | 1,952,357. | | | |
| S | 2a Rental Income | 32,475. | 32,475. | | 1 |
| <u>ā</u> | b Administration Fees | 26,416. | 26, 416. | | <u>. </u> |
| PROGRAM SERVICE REVENUE | b Administration rees | 20,410. | 20,410. | | <u> </u> |
| 2 | | | | | |
| S | | 1 | | | |
| ξ. | f All other program service revenue | | | _ | |
| Š | g Total. Add lines 2a-2f | 58,891. | | | |
| - | | 30,051. | | | |
| | 3 Investment income (including dividends, interest and other similar amounts). | 401,970. | 401,970. | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | |
| | 5 Royalties. | | ··· | | |
| | (i) Real (ii) Personal | | | | |
| | 6a Gross Rents | 1 | | | |
| | b Less: rental expenses | 1 | | | |
| | c Rental income or (loss) | 1 | | | |
| | d Net rental income or (loss) | 1 | | | |
| | 7a Gross amount from sales of (i) Securities (ii) Other | | | | |
| | assets other than inventory | 1 | | | |
| | b Less; cost or other basis | 1 | | | |
| | and sales expenses | | | | |
| | € Gain or (loss) | 1 | | | |
| | d Net gain or (loss) | 1 | | | |
| IUE | 8a Gross income from fundraising events (not including \$ | | | | |
| OTHER REVEN | of contributions reported on line 1c). | | | | |
| 2 | See Part IV, line 18 | | | | |
| Ŧ | b Less: direct expenses b |] | | | |
| ۰ | c Net income or (loss) from fundraising events ▶ | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | | | |
| | b Less: direct expenses b | j | | | |
| | c Net income or (loss) from gaming activities ▶ | | | *************************************** | |
| | 10a Gross sales of inventory, less returns and allowances | | | | |
| | b Less: cost of goods sold b | 1 | | | |
| | c Net income or (loss) from sales of inventory ▶ | | | | |
| | Miscellaneous Revenue Business Code | J | | | |
| | 11a Other Revenue | 17,304. | 17,304. | | |
| | b | ļ | | | |
| | c | | | | |
| | d All other revenue | | | | |
| | e Total. Add lines 11a-11d | 17,304. | | | |
| | 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | 2.430.522 | 478 165 | n | n |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| 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 |
|--|-----------------------|------------------------------|-------------------------------------|---|
| Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | general expenses | oxponuses |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22. | 1,937,257. | 1,937,257. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | - | | | |
| 4 Benefits paid to or for members | | | | *************************************** |
| 5 Compensation of current officers, directors, trustees, and key employees | 0. | 0. | 0. | 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. | 0. | 0. | 0. |
| 7 Other salaries and wages | 178,055. | | 178,055. | |
| Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | - | | |
| 9 Other employee benefits | 41,783. | | 12,535. | 29,248. |
| 10 Payroll taxes | 60,952. | | 60,952. | |
| 11 Fees for services (non-employees) . | | | , | |
| a Management | | | | |
| b Legal . | | | | |
| c Accounting | 14,227. | | 14,227. | |
| d Lobbying . | | | = -1 | |
| e Prof fundraising svcs See Part IV, In 17 | | | | : |
| f Investment management fees | 57,970. | | 57,970. | |
| q Other | 3,73,61 | | 0,73.0. | |
| 12 Advertising and promotion | 16,282. | | 16,282. | |
| 13 Office expenses | 5,685. | *** | 5,685. | |
| 14 Information technology | - 3,003. | | 3,003. | |
| 15 Royalties | | | ··· | * - |
| 16 Occupancy | | | | , |
| 17 Travel | 13,491. | | 13,491. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 13, 431. | | 13,431. | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest. | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 16,521. | | 16,521. | |
| 23 Insurance | 14,372. | | 14,372. | |
| Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a Event Expense | 31,044. | | 31,044. | |
| b Trust Payments | 22,560. | | 22,560. | |
| c Repairs & Maintenance | 12,859. | | 12,859. | |
| d Small equipment | 8,376. | | 8,376. | |
| Uncollected promises to give | 7,931. | | 7,931. | |
| f All other expenses | 18,733. | | 18,733. | |
| 25 Total functional expenses. Add lines 1 through 24f | 2,458,098. | 1,937,257. | 491,593. | 29,248. |
| 26 Joint Costs. Check here ► | | | | |
| BAA | | | <u>.</u> . | Form 990 (2008) |

| 4 | LEV | Dalance Sheet | | | | | |
|----------|---------------|---|------------------------|------------------------------|---------------------------------|----------|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash – non-interest-bearing | | | 2,116,161. | 1 | 859,581. |
| | 2 | Savings and temporary cash investments | | , | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 150,000. | 3 | 925,000. |
| | 4 | Accounts receivable, net | | | 7,930. | 4 | |
| | 5 | Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule | s, trustee L | s, key employees, | | 5 | |
| | 6 | Receivables from other disqualified persons (as define | | | | | |
| | | and persons described in section 4958(c)(3)(B). Comp | lete Part | II of Schedule L | | 6 | |
| A S | 7 | Notes and loans receivable, net | | . [| 2,453. | 7 | 24,439. |
| ASSETS | 8 | Inventories for sale or use . | | [| | 8 | |
| 5 | 9 | Prepaid expenses and deferred charges | | . [| | 9 | |
| | 10 a | Land, buildings, and equipment: cost basis | 10 a | 912,035. | | | |
| | b | Less: accumulated depreciation. Complete Part VI of | | | | | |
| | | Schedule D | 10 ь | 124,837. | 797,748. | 10 c | 787,198. |
| | 11 | Investments – publicly-traded securities . | • | | 8,077,163. | 11 | 8,333,005. |
| | 12 | Investments – other securities. See Part IV, line 11 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 2,157,868. | 15 | 147,884. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | 34). | | 13,309,323. | 16 | 11,077,107. |
| | 17 | Accounts payable and accrued expenses | • • | | 24,546. | 17 | 5,625. |
| | 18 | Grants payable . | | | | 18 | |
| | 19 | Deferred revenue | | ٠ . | 222,834. | 19 | |
| į | 20 | Tax-exempt bond liabilities . | | | | 20 | |
| Ŗ | 21 | Escrow account liability. Complete Part IV of Schedule | | | | 21 | |
| | 22 | Payables to current and former officers, directors, trus highest compensated employees, and disqualified per | stees, key sons. Co | employees, mplete Part II | | | |
| | | of Schedule L . | | | | 22 | |
| E S | 23 | Secured mortgages and notes payable to unrelated th | ırd partie | s | 1,305. | 23 | 637,656. |
| | 24 | Unsecured notes and loans payable | | | 262 272 | 24 | 240 400 |
| | 25 | Other liabilities. Complete Part X of Schedule D | | - | 369,970. | 25 | 349,428. |
| | 26 | Total liabilities. Add lines 17 through 25 | [V] . ı | | 618,655. | 26 | 992,709. |
| ¥ | | Organizations that follow SFAS 117, check here | X and | complete lines | | | |
| | ", | 27 through 29 and lines 33 and 34. | | | 116,034. | 27 | -3,157,309. |
| ĄSSŁ | 27 28 | Unrestricted net assets Temporarily restricted net assets | | ŀ | 1,258,557. | 27 28 | 1,575,909. |
| Š | 29 | | | ŀ | 11,316,077. | 29 | 11,665,798. |
| Q | " | Permanently restricted net assets Organizations that do not follow SFAS 117, check her | n > | and complete | 11,010,011. | اسا | 11,000,198. |
| | | lines 30 through 34. | - | Talle complete | | | |
| G2C. | 30 | Capital stock or trust principal, or current funds | | | : | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, and equip | ment fun | _ч , , , | | 31 | |
| のイーベングルン | 32 | Retained earnings, endowment, accumulated income, | | r | | 32 | |
| Ñ | 33 | Total net assets or fund balances. | | | 12,690,668. | 33 | 10,084,398. |
| Ē | 34 | Total liabilities and net assets/fund balances. | | ľ | 13,309,323. | 34 | 11,077,107. |
| Pa | ırt X | | | <u>'</u> | | | |
| | | | | | | | Yes No |
| 1 | Ac | counting method used to prepare the Form 990: | Cash | X Accrual | Other | | |
| 2 | a We | ere the organization's financial statements compiled or r | eviewed | by an independent a | ccountant? | | 2a X |
| | b We | ere the organization's financial statements audited by ar | n indeper | dent accountant? | • | | 2b X |
| | rev | Yes' to 2a or 2b, does the organization have a committence, or compilation of its financial statements and select | ction of a | n independent accour | ntant? | | . 2c X |
| | Au | a result of a federal award, was the organization requir dit Act and OMB Circular A-133? | | dergo an audit or aud | lits as set forth in the S | ingle | 3a X |
| | b If " | Yes,' did the organization undergo the required audit or | audits? | | . <u>-</u> | | 3b (2008) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ ► See separate instructions.

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Northwestern Oklahoma State University Foundation

Employer identification number

73-0947945

| Part | I | Reason for Pu | blic Charity Statu | is (All organizations | must | compl | ete thi | s part | .) (see | ınstru | ctions) | | |
|--------|--------|---|---|--|---------------------------------|---|---------------------------------|------------------------------|------------------------------|-------------------------------|--------------------------|------------------|-----------|
| he o | rga | nization is not a priv | ate foundation becaus | se it is: (Please check on | ly one o | rganızat | ion.) | | | | | | |
| 1 | \Box | A church, convention | on of churches or asso | ociation of churches desc | ribed in | section | 170(b)(1 | XAXI). | | | | | |
| 2 | П | A school described | in section 170(b)(1)(A | I)(ii). (Attach Schedule E | .) | | | | | | | | |
| 3 | П | A hospital or coope | rative hospital service | e organization described i | n sectio | n 170(b) | (1)(A)(ii) | i). (Atta | ch Sche | dule H.) | • | | |
| 4 | | A medical research | organization operate | d in conjunction with a ho | ospital d | escribed | ın secti | on 170 | (ъ)(1)(А) | (iii). Ent | er the hosp | ıtal's | |
| | | name, city, and sta | | | | | | | | | | | |
| 5 | X | An organization open 170(b)(1)(A)(iv). (C | erated for the benefit of the second in the | of a college or university | owned o | or opera | ted by a | govern | mental | unit desc | cribed in se | ction | |
| 6 7 | | An organization tha | | governmental unit describ substantial part of its sup art II.) | | | | | or from | the gene | eral public o | describ | ed |
| 8 | Ш | A community trust of | described in section 1 | 70(b)(1)(A)(vi). (Complete | e Part II. | .) | | | | | | | |
| 9 | | from activities relate investment income | ed to its exempt funct | more than 33-1/3 % of ions – subject to certain ss taxable income (less somplete Part III.) | exception | ons, and | (2) no r | nore th | an 33-1/ | 3 % of it | s support f | rom gr | oss |
| 10 | П | An organization org | ganized and operated | exclusively to test for put | blic safe | ty. See s | section ! | 509(a)(4 |). (see | instruction | ons) | | |
| 11 | | more publicly suppo | orted organizations d | exclusively for the beneficescribed in section 509(a ation and complete lines |)(1) or s | ection 5 | 09(a)(2) | tions of . See s e | , or carr ection 5 | y out the 09(a)(3). | purposes Check the | of one box th | or nat |
| | | a Type I | b Type II | c ☐ Type III | I – Fund | tionally | ıntegrat | ed | | d \square | Type III- | Other | |
| • | | By checking this bo than foundation ma 509(a)(2). | ex, I certify that the organized in agers and other than | ganization is not controlle n one or more publicly su | ed direct ipported | ly or ind organiz | irectly by ations d | y one o escribed | r more o d in sect | disqualifi ion 509(| ed person a)(1) or se | s other ction | r |
| f | | If the organization r | received a written dete | ermination from the IRS t | that is a | Type I, | Type II o | or Type | III supp | orting or | ganızatıon, | | |
| g | | Since August 17, 20 | 006, has the organiza | tion accepted any gift or | contribu | ition fror | m any of | f the fol | lowing p | ersons? | | | |
| | | | | | | | | | | | | Yes | No |
| | | a person who below, the go | directly or indirectly overning body of the su | controls, either alone or to upported organization? | ogether | with per | sons de | scribed | ın (II) ar | nd (III) | 11g() | | |
| | | (ii) a family memi | ber of a person desc | ribed in (i) above? | | | | | | | 11 g (ii) | | |
| | | (iii) a 35% control | lled entity of a person | described in (i) or (ii) abo | ove? | | | | | | 11 g (iii) | | |
| h | | Provide the following | ng information about th | he organizations the orga | anızatıon | support | s. | | | | | | |
| | (1) | Name of Supported Organization | (II) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) organizat (i) listed | s the tion in cold in your erning ment? | (v) Did ye the organ | ızatıon in (I) of | organizat | zed in the | (vii) Amour | nt of Sup | port |
| | | | | | Yes | No | Yes | No | Yes | No | | | |
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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 - 2007. 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 BAA Schedule A (Form 990 or 990-EZ) 2008 TEEA0402L 12/17/08

Schedule A (Form 990 or 990-EZ) 2008 Northwestern Oklahoma State University 73-0947945 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal yr beginning in)> (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1. 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11 and 12 for the year or \$5,000 c Add lines 7a and 7b. 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add ins 9, 10c, 11, and 12) 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 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f). 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33-1/3 support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

| Schedule A | (Form 9 | 90 or 99 | 90-EZ) 2 | 2008 | Nor | thwes | ster | n 0 | klah | oma | Stat | e | Universi | ity | 73-09 | 47945 | | Page 4 |
|------------|---------|----------|----------|-------|--------|----------|--------|-------|-----------|-------|-------|-----|-----------------------|----------|-----------|----------|-----------|----------|
| Part IV | Suppl | ement | al Info | ormat | ion. (| Comp | lete t | his i | part t | o pro | vide | the | explanat | ion red | guired by | Part I | I, line 1 | 0; |
| | Part II | , line 1 | 17a or | 17b; | or Pa | art IIÌ, | line | 12. | Prov | ide a | ny ot | her | explanat additiona | ıl ınfor | mation. | (see in: | struction | าร์) |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization Employer Identification number Northwestern Oklahoma State University 73-0947945 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 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year **2**a a Total number of conservation easements. 2b **b** Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06. 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part 🚻 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

See Part XIV the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, 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 the following amounts relating to these items: Revenues 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

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

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990. Part X

Schedule **D** (Form 990) 2008

| | hwestern Okla | | | 73-094 | | | Page 2 |
|---|---|--|---|-------------------------------|---|-----------|--------------|
| Part·III Organizations Mainta | aining Collection | ıs of Art, Histo | rical Treasures, | or Other Similar As | ssets (| contin | ıued) |
| 3 Using the organization's accessing that apply): | on and other records | | - | | ction iter | ns (che | ck all |
| a X Public exhibition | | d Loan or | r exchange programs | | | | |
| b Scholarly research | | e Other | | | | | |
| c Preservation for future gene | | | | | | | |
| Provide a description of the organ Part XIV. See Part XIV | | | | | e in | | |
| 5 During the year, did the organiza assets to be sold to raise funds in | ation solicit or receive rather than to be mai | e donations of art, i intained as part of | nistorical treasures, o the organization's col | or other similar llection? | Yes | [2 | X No |
| Part IV Trust, Escrow and C IV, line 9, or reported | ustodial Arrange | ements Comple | ete if organization | | Form | 990, F | ⊃art |
| 1a Is the organization an agent, true included on Form 990, Part X? | stee, custodian, or of | ther intermediary fo | or contributions or ott | ner assets not | Yes | | No |
| b If 'Yes,' explain the arrangement | t in Part XIV and com | nplete the following | table: | | | | |
| | | | | | Amoun | t | |
| c Beginning balance . | | | | 1c | | | |
| d Additions during the year | | | | 1d | | | |
| Distributions during the year | | | | 1e | | | |
| f Ending balance | | | | . 1f | | _ | _ |
| 2a Did the organization include an a | amount on Form 990, | Part X, line 21? | | | Yes | | No |
| b If 'Yes,' explain the arrangement | | | | | | | |
| Part V Endowment Funds Co | omplete if organi | <u>ization answere</u> | ed 'Yes' to Form | 990, Part IV, line 10 | <u>). </u> | | |
| | (a) Current year | (b) Prior year | (c) Two years ba | ck (d) Three years back | (e) | our year: | s back |
| 1 a Beginning of year balance | | | | | <u> </u> | | |
| b Contributions | | | | | | | |
| c Investment earnings or losses | | | | | | | |
| d Grants or scholarships | | | | | | | |
| Other expenditures for facilities and programs | | | | | | | |
| f Administrative expenses | | | | | _ | | |
| g End of year balance | | | | | | | |
| 2 Provide the estimated percentag | • | lance held as: | | | | | |
| a Board designated or quasi-endo | * | * | | | | | |
| b Permanent endowment ► | | | | | | | |
| c Term endowment ► | {% | | | | | | |
| 3a Are there endowment funds not organization by: | in the possession of | the organization th | at are held and admi | nistered for the | Γ | Yes | No |
| (i) unrelated organizations | | | | | 3a(i) | | |
| (ii) related organizations | | | | | 3a(ii) | | |
| b If 'Yes' to 3a(II), are the related | organizations listed a | s required on Sch | edule R? | | 3b | | |
| 4 Describe in Part XIV the intende | d uses of the organiz | zation's endowmen | t funds. | | | | |
| Part VI Investments—Land, I | Buildings, and E | quipment. See | Form 990, Part | X, line 10. | | | |
| Description of investmen | | est or other basis investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) E | Book Va | alue |
| 1 a Land | | 630,374. | | | | | ,374. |
| b Buildings | | 198,255. | | 124,837. | | 73, | <u>,418.</u> |
| c Leasehold improvements | 1 | | | 1 | | | |
| d Equipment | | | | · | | | |
| | | | | | | | |
| e Other | | 83,406. | | | | | ,406. |

| Schedule D (Form 990) 2008 Northwestern Oklah | oma State Unive | ersity | 73-094794 | 15 Page 3 |
|--|---------------------------------------|----------------|---|--|
| Part VII Investments—Other Securities See Fo | orm 990, Part X, lin | e 12. | N/A | |
| (a) Description of security or category (including name of security) | (b) Book value | | (c) Method of valuation Cost or end-of-year market value | alue |
| Financial derivatives and other financial products . | | | | |
| Closely-held equity interests | | | | |
| Other | | | | |
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| Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) | | | | |
| Part VIII Investments-Program Related (See | Form 990, Part X, I | ne 13) | N/A | |
| (a) Description of investment type | (b) Book value | | (c) Method of valuation | |
| | | | Cost or end-of-year market va | alue |
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| Table Oding (EV-build and France) | | | | ······································ |
| Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.) Part IX Other Assets (See Form 990, Part X, | lino 15) N/3 | | | |
| | | | | MAD I. |
| (a) Des | scription | | | b) Book value |
| | · · · · · · · · · · · · · · · · · · · | | - | |
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| Total. Column (b) Total (should equal Form 990, Part X, col | (R) line 15) | _ | | |
| Part X Other Liabilities (See Form 990, Part | | | | |
| (a) Description of Liability | (b) Amount | | | |
| Federal Income Taxes | (w) Amount | \dashv | | |
| Accrued Compensated Absences | 15, 257 | , | | |
| Accrued Salaries Payable | 4,160 | | | |
| Charitable Remainder Trust | 64, 425 | | | |
| Liability for Funds Held | 265,586 | | | |
| | 203,380 | 쒸 | | |
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| | | \dashv | | |
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| Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25) | 349,428 | 렀 | | |
| In Part XIV, provide the text of the footnote to the organization | | | te the organization's lightly for | incortoin to: |
| positions under FIN 48. | on a mancial statements | u at repor | to the organization's liability for t | ancertain tax |

| Sche | edule D (Form 990) 2008 Northwestern Oklahoma State University | 73-0947945 | Page 4 |
|------|---|----------------------|--------------------|
| Par | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement | | |
| 1 | Total revenue (Form 990, Part VIII,column (A), line 12) | 2 | <u>, 430, 522.</u> |
| · 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | <u>,458,098.</u> |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | -27,576 <u>.</u> |
| 4 | Net unrealized gains (losses) on investments | | |
| 5 | Donated services and use of facilities | | |
| 6 | Investment expenses | | |
| 7 | Prior period adjustments | | |
| 8 | Other (Describe in Part XIV) | | |
| 9 | Total adjustments (net). Add lines 4-8 | | |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | | -27,576. |
| | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe | r Return | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | -148,172. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| 8 | a Net unrealized gains on investments 2a -2,578,69 | 4. | |
| t | Donated services and use of facilities 2b | | |
| • | Recoveries of prior year grants. | | |
| | Other (Describe in Part XIV) | \Box | |
| • | Add lines 2a through 2d | 2e -2 | ,578,694. |
| | Subtract line 2e from line 1 | | ,430,522. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| | Investments expenses not included on Form 990, Part VIII, line 7b | | |
| | Other (Describe in Part XIV). | | |
| | Add lines 4a and 4b | . 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | 5 2 | ,430,522. |
| | t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R | | |
| | Total expenses and losses per audited financial statements | | ,458,098. |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| | a Donated services and use of facilities | | |
| i | Prior year adjustments 2b | 7 | |
| | Losses reported on Form 990, Part IX, line 25 | -1 | |
| | d Other (Describe in Part XIV) | - | |
| | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | | ,458,098. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| | a Investments expenses not included on Form 990, Part VIII, line 7b | | |
| | b Other (Describe in Part XIV) | - | |
| | c Add lines 4a and 4b | 4c) | |
| | Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.) | 5 2 | ,458,098. |
| | rt XIV Supplemental Information | | |
| | | IV lines 1b and 2b | · Part V |
| line | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. | iv, illies ib and 20 | , rait v, |
| | | | |
| | Part III, Line 1a - F/S Ecotnote Eor Art, Treasures, Etc. | | |
| | | | |
| | The Foundation has received donated gifts of Native American artwo | rks and an | |
| | | | |
| | extensive collection of wildlife artifacts. These gifts are being | <u>carried in 1</u> | t <u>he</u> |
| | | | |
| | <u>statement of financial position at the appraised amount at the dat</u> | <u>e_of_the_or:</u> | <u>iginal</u> |
| | | | |
| | <u>gift. Management does not believe the value of these collections h</u> | <u>ave changed</u> | |
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| | <u>materially since that date.</u> | | |
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| | TEEA3304L 12/23/08 | Schedule D (I | UIII 2207 2000 |

| Part-XIV Supplemental Information (continued) |
|--|
| Part III, Line 4 - Description Of Organization's Collections And How Furthers Exempt Purpose |
| The artwork and artifacts have been retained by the Foundation to add to the beauty |
| and historical significance of a University campus. It is the intent of the |
| Foundation to retain and/or transfer these items to the Northwestern Oklahoma State |
| University in the future to assist in the growing emphasis on preserving and |
| enhancing the beauty and history of this campus. |
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Schedule **D** (Form 990) 2008

Page 5

| Schedule D | (Form 990) 2008 | Page 5 |
|-------------------|--|---------------|
| Part XIV | (Form 990) 2008 Supplemental Information (continued) | |
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SCHEDULE I

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered Yes, on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

OMB No 1545-0047

2008

울 ___

Open to Public Inspection □ Yes Employer identification number 73-0947945 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part I General Information on Grants and Assistance Oklahoma State University Department of the Treasury Internal Revenue Service Northwestern Name of the organization

× A Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV and Schedule I-1 (Form 990) if additional space is needed Part II

the selection criteria used to award the grants or assistance?

| 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 | (Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|-------------------------|-------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
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| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations |) and government orgons | ganizations | : | | | A ' A _ | |
| BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. | ction Act Notice, see | the Instructions for | Form 990. | TEEA3901L 12/19/08 | 12/19/08 | Sched | Schedule I (Form 990) 2008 |

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 73-0947945 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Northwestern Oklahoma State University (c) Amount of cash grant (a) Type of grant or assistance Schedule | (Form 990) 2008 Part III

BAA

Schedule | (Form 990) 2008

SCHEDULE L (Form-990 or 990-EZ)

Transactions with Interested Persons

➤ Attach to Form 990 or Form 990-EZ.

➤ To be completed by organizations that answered

Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

Open to Public Inspection

| Name of the organization Northwestern Okla | homa | State | Unive | rsity | | I | ployer i | | | mber | | |
|--|----------------------|--|--------------------------|---------------------------------------|-------------------------|--|------------------|-------------------|---------------------------|----------|-----------------------------|-------------------------------|
| Foundation | | | | | | | 3-094 | | | | | |
| Part Excess Benefit Transaction To be completed by organizations | s (sec | tion 50 vered Ye | 1(c)(3) a es' on Forn | and sectior n 990, Part IV | n 501(c) /, line 25a | (4) organiz or 25b, or Fo | zation orm 99 | is on! 0-EZ, I | ly). Part V | , line | 40b. | |
| 1 (a) Name of disqualified person | | | | | (b) Descripto | n of transaction | | | | | (c) Con | rected? |
| - Cynamo el diagramico person | | | | | (b) Description | ar or darisacdorr | | | | | Yes | No |
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| 2 Enter the amount of tax imposed on the of section 4958 | organizat | ion mana | agers or d | isqualified pe | rsons duri | ng the year ι | ınder | ▶ \$ | | | | |
| 3 Enter the amount of tax, if any, on line 2, | ahove i | eimhiirs | ed by the | organization | | | | ► Ś | | | | |
| Part II Loans to and/or From Inter | | | | organization: | | | | - y | | | | |
| To be completed by organiz Part V, line 38a. | | | | 'Yes' on F | orm 990 |), Part IV, | line 2 | 26 or | Forn | n 990 |)-EZ, | , |
| (a) Name of interested person and purpose | (b) Loan the orga | to or from anization? | (c) princi | Onginal pal amount | (d) B | alance due | (e) In (| default? | (7) App by box comm | ard or | (g) W agree | ritten ment? |
| | То | From | | | | | Yes | No | Yes | No | Yes | No |
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| Total | | | | ▶ \$ | | | | , | | | | |
| Part III Grants or Assistance Bene To be completed by organize | fitting ations | Interes that ar | ted Per | sons. 'Yes' on F | orm 990 |). Part IV. | line 2 | 27. | | | | |
| (a) Name of interested person | T | | | interested persor | | . | mount of | | r type o | f assist | ance | |
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| Part IV Business Transactions Inv. To be completed by organize | olving ations | Interes that ar | sted Per | sons. 'Yes' on F | orm 990 |), Part IV, | line 2 | 28a, 2 | 28b, | or 28 | Bc. | |
| (a) Name of interested person | | elationship sted persoi organizati | n and the | (c) Amou transacti | int of ion \$ | (d) Des | cnption | of transa | action | | (e) Sha organiz rever | aring of zation's nues? |
| | | | | | | | | | | | Yes | No |
| Madison Bird | CEO' | s dau | ghter | | 510. | Lawn ma: | inte | nanc | е | | | Х |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

| Name of the organization Northwestern Oklahoma State University | Employer identification number |
|---|--------------------------------|
| Foundation | 73-0947945 |
| Part VI, Section B, Line 15-Compensation | |
| Compensation is compared to like positions within the Foundatio | n's immediate |
| organization, the University. The comparison is done by the Exe | cutive Committee of |
| the Board of Trustees without outside assistance. | |
| <u>Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder</u> | |
| The members, who are present at the annual meeting, confirm the | recommendations |
| provided by the governing committee for the current and new mem | bers of the Board of |
| Trustees, as well as those individuals who will serve as commit | tee members. The |
| entire Board of Trustees is sought for approval of highly signi | ficant decisions for |
| the Foundation. The members receive no monetary gain for their | service as members. |
| Their only perk is the receipt of annual and semi-annual public | ations. |
| Form 990, Part VI, Line 10 - Form 990 Review Process | |
| No review was or will be conducted. | |
| Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available | |
| The Foundation's Policies and Procedures manual is republished | as administrative |
| changes require, which is about every five years. This publicat | ion is given out to |
| all members at the annual meeting when a new publication is ren | dered and given to |
| all new board members at their time of appointment. This public | ation contains all of |
| the Foundation's policies for operation. The last two publicati | ons were July 2004 |
| and then again in August 2010. | |
| | |
| The Foundation maintains at least the three most recent annual | reports on the |
| Foundation website for public review. Additionally, the Foundat | ion maintains at |
| least the most recent Form 990 on the organization's website, a | s well as non-profit |
| industry websites, such as GuideStar. | |

SCHEDULE R

OMB No 1545-0047

| (Form 990) | Related Org | Organizations and Unrelated Partnerships | Unrelated Partn | erships | | 2008 |
|--|---|---|---|-----------------------------|--|-------------------------------------|
| Department of the Treasury Internal Revenue Service | Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions. | ted by organizations that ans | swered 'Yes' to Form 99 istructions. | 0, Part IV, lines 33, 34, 3 | 5, 36, or 37. | Open to Public Inspection |
| Name of the organization | | | | | Employer ident | Employer identification number |
| Northwestern Okl | Oklahoma State University Found | Foundation | | | 73-0947945 | 945 |
| Part I Identification | Identification of Disregarded Entities | | | | | |
| Name, addre | (A) Name, address, and EIN of disregarded entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Total income | (E) End-of-year assets | Direct controlling entity |
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| Part II Identification | Part II Identification of Related Tax-Exempt Organizations | ons | | | | |
| Name, addres | (A) Name, address, and ElN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity |
| Northwestern Oklah 709 Oklahoma Blvd | Oklahoma State UniversityBlvd. | | | | | |
| $\frac{\text{Alva}_2 - 0\text{K}}{73 - 6017987}$ | | Higher Education | OK | 115(1) | | State of Oklahoma |
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| BAA For Privacy Act and | BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | structions for Form 990. | 迅 | TEEA5001L 12/23/08 | Schec | Schedule R (Form 990) (2008) |

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| Schedule R (Form 990) 2008 Northwestern Oklahoma State University Foundation | tification of Related Organizations Taxable as a Partner |
| 2008 No | tion of |
| (Form 990) | dentifica |
| Schedule R | Part III |

| (A) Name, address, and EIN of related organization | (B) Primary Activity | Legal domicile (state or foreign | Legal Direct Direct domicile controlling entity (state or foreign | Predominant income (related, investment, unrelated) | Share of total income | Share of total income Share of end-of-year assets | Disproportonate allocations? | Code V-UBI amount in Box 20 of Schedule K-1 | General or managing partner? |
|--|-------------------------|---|---|---|-----------------------|---|------------------------------|--|------------------------------------|
| | | country) | | | | | Yes No | (Form 1065) | Yes No |
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| (A) Name, address, and EiN of related organization | (B) Primary Activity | (C) Legal domicile (state or foreign country) | (b) Direct controlling entity | Type of entity (C corp, S corp, or trust) | (C) (D) (D) (E) Share of total income Share of end-of-year (state or foreign controlling entity (C corp, S corp, country) (C was ets) | (G) Share of end-of-year assets | (H) Percentage ownership |
|--|-------------------------|--|---|---|---|---|--------------------------------|
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| ВАА | | TEEA5002 12/23/08 | 723/08 | | | Schedule R (Form 990) (2008) | (2008) |

| Note Complete line 1 if any entity is listed in Parts II III or IV | | | Yes No | <u>و</u> ا |
|--|----------------------------|------------------------------------|--------------|------------|
| During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV: | | + | | |
| a Receipt of (I) interest (II) annuities (III) royalties (IV) rent from a controlled entity | | - a | | ×I |
| b Gift, grant, or capital contribution to other organization(s) | • | 1 b | X | |
| c Gift, grant, or capital contribution from other organization(s) | | 10 | 7 | × |
| d loans or loan quarantees to or for other organization(s) | • | PL | 7 | × |
| Loans or loan quarantees by other organization(s) | | - | | l× |
| | | <u></u> | <u> </u> | |
| Sale of assets to other organization(s) | : | <u></u> | _ | × |
| | | 10 | ^ | l× |
| Figure of sects. | - | - | | :l× |
| | • | 7 | <u> </u> | : > |
| I Lease of facilities, equipment, or other assets to other organization(s) | | - | 1 | 4 |
| 1 eace of facilities an imment or other accept from other organization(s) | | F | - | × |
| Lease of facilities, equipment, of other assets from other organization (s) • Deformance of convices or membership or fundrations for other organization(s) | : | = | <u>'</u> | ٠l× |
| | : | = | | ıl> |
| Performance of services of membership of further assisting solicitations by other organization(s) | | | ` } | ا: |
| m Sharing of facilities, equipment, mailing lists, or other assets | | E , | ╁ | ۱۶ |
| n Sharing of paid employees | | 2 | 7 | ⋖ |
| • Reimbursement haid to other organization for expenses | | | | × |
| | • | | | > |
| p Keimbursement paid by other organization for expenses | : | | | ۲ |
| - Other transfer of and an arranged to other arrangements | | | | > |
| d'une transier or casi or property to ourer organization (s) | | | | : > |
| Other transfer of cash or property from other organization(s) | | - | ` | ⊲I |
| 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | and transaction thresho | olds. | | |
| (A) Name of other organization | (B) Transaction type (a-r) | (C) Amount involved |) nvolved | _ |
| (1) Northwestern Oklahoma State University | q | 1, 93 | 937, 257 | 7. |
| (2) Northwestern Oklahoma State University | æ | es | 34,000 | 0 |
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| (4) | | | | |
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| (b) TEEA5003L 07/02/08 | Sched | Schedule R (Form 990) (2008 | 990) (200 | 18 |

Schedule R (Form 990) 2008 Northwestern Oklahoma State University Foundation

Part VI Unrelated Organizations Taxable as a Partnership

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

| revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships. | ding exclusion for c | ertain investment part | nerships. | | | | | | |
|---|-------------------------|------------------------|-----------------------|---------------|-----------------------------|-------------------------|-------------------------------|--------------------|---------------|
| (A) Name, address, and EIN of entity | (B) Primary activity | (C) Legal Domicile | Are all partners | ners | (E) Share of end-of-year | 6 Dispropor- | Code V-UB! amount | G eneral or | ral or |
| | | | 501(c)(organizati | 3) ons? | assets | tionate allocations? | Schedule K-1 Form (1065) | part | aging ner? |
| | | | Yes | S N | | Yes No | () | Yes | ş |
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Schedule A, Part IV - Supplemental Information Northwestern Oklahoma State University Foundation

Page 5

73-0947945

| Part II. | Line | 10 - | Other | Income |
|----------|------|------|-------|--------|
|----------|------|------|-------|--------|

| Nature and Source | 2008 | 2007 | 2006 | 2005 | 2004 |
|-------------------|---------------------------|------|-------------------------|----------------------|----------------------------|
| Other Income | 17,304. tal \$ 17,304. | | 807,589. \$ 807,589. | 658,937. 658,937. | \$ 620,054. \$ 620,054. |