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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

►The organization may have to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0047

pen to Public

Inspection calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 A For the 2009 D Employer identification number B Check if applicable OKLAHOMA CITY UNIVERSITY use IRS Address change 73-0579265 label or Doing Business As E Telephone number print or Name change type. See Specific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 82,969,769 2501 N BLACKWELDER Terminated tions. City or town, state or country, and ZIP + 4 OKLAHOMA CITY, OK 73106 Amended return Application pending Name and address of principal officer Is this a group return for ROBERT HENRY affiliates? 2501 N BLACKWELDER OKLAHOMA CITY, OK 73106 Γ Yes Γ No H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 Website: ► WWW OKCU EDU M State of legal domicile OK L Year of formation 1904 Part I Summary Briefly describe the organization's mission or most significant activities HIGHER EDUCATION Activities & Governance Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) $\,$. $\,$. 50 Number of independent voting members of the governing body (Part VI, line 1b) $\,$. $\,$. 50 1,844 Total number of employees (Part V. line 2a) . . . 250 Total number of volunteers (estimate if necessary) . Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 $\,$. **Prior Year Current Year** 18,941,703 8 Contributions and grants (Part VIII, line 1h) . 10,600,134 Program service revenue (Part VIII, line 2g) . 88,134,133 58,763,407 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . -13,559,964 3,286,240 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,142,873 1,949,467 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 86,317,176 82,940,817 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 27.053.185 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) \cdot \cdot Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 42.995.484 40.499.839 **Expenses** 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 3,945,237$ Ь **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 28,842,251 32,164,980 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 98,890,920 72,664,819 10,275,998 -12,573,744 19 Revenue less expenses Subtract line 18 from line 12 . t Assets or | nd Balances | **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 248,300,355 261,331,915 Total liabilities (Part X, line 26) . . 91,783,724 93,701,287 22 156,516,631 167,630,628 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign ***** 2011-05-03 Here Signature of officer BRIAN HOLLAND CHIEF FINANCIAL OFFICER
Type or print name and title Preparer's identifying number Check if Preparer's signature Date 2011-05-11 MARK R DYER Paid empolyed 🕨 🛘 Preparer's Firm's name (or yours COLE & REED PC EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 531 COUCH DRIVE SUITE 200 Phone no 🕨 (405) 239-7961 OKLAHOMA CITY, OK 731022251 May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

HIGHER EDUCATION

2	Did the organization und the prior Form 990 or 99				r which were not listed on	┌ Yes ┌ No	•
	If "Yes," describe these	new services on So	chedule O				
3	Did the organization ceaservices?			t changes in how it co	onducts, any program	┌ Yes ┌ No	o
	If "Yes," describe these	changes on Sched	ule O				
4		01(c)(4) organizat	ions and section	on 4947(a)(1) trusts	largest program services bare required to report the an service reported		and
	(Code) (Expenses \$	58.956.592	ıncludıng grants of \$) (Revenue \$)
	PRIVATE UNIVERSITY OFFER	, , ,		= = -	, (************************************		
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	Other program service:	s (Describe in Sch	nedule O)				
Tu	(Expenses \$,	luding grants of	f \$) (Revenue \$)	
	Total program service		58,956,59	·	/ (т		
	. c.a. program service (-xperiocor y	50,550,55	-			

Part TV	Checklist	of De	auired	Schadu	عمار
2 III T V	CHECKHS	. UI KE	uuneu	Scheut	He:

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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 similar funds or 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		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, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No	ļ	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
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 U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	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	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
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		Νo
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
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</i> "Yes," complete Schedule R, Part I	33		Νο
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		No
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		Νo
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		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2009)				
Part V	Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No	

			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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
_	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
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 this return (see instructions)	2b	Yes	
2-				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," 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	Yes	
Ь	If "Yes," enter the name of the foreign country ▶ <u>CA</u>			
	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?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	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			

2501 N BLACKWELDER OKLAHOMA CITY, OK 73106

(405) 208-5260

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	ction A. Governing Body and Management					
	etton A. Governing Body und Planagement				Yes	No
1a	Enter the number of voting members of the governing body	1a	50			
b	Enter the number of voting members that are independent	1b	50			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness •	relationship with any	2		Νο
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		Νo
4	Did the organization make any significant changes to its organizational documents sfiled?	ınce t	he prior Form 990 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization	anızatı	on's assets?	5		Νo
6	Does the organization have members or stockholders?			6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		r more members of the	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockhold		rother persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,					
	organization's mailing address? If "Yes," provide the names and addresses in Sched			9		Νo
	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal			
ке	venue Code.)				Yes	No
102	Does the organization have local chapters, branches, or affiliates?			10a	163	No
	If "Yes," does the organization have written policies and procedures governing the ac	• ctivitii	es of such chanters	100		110
	affiliates, and branches to ensure their operations are consistent with those of the o	rganız	ation?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governi	ng bod	y before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Fe	orm 9	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually	ıntere	sts that could give rise			
	to conflicts?			12b	Yes	
	describe in Schedule O how this is done			12c	Yes	
13	Does the organization have a written whistleblower policy?			13	Yes	
14	Does the organization have a written document retention and destruction policy? $\ \ .$			14		Νo
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the		• •			
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization	•		15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of			16a		No
b	taxable entity during the year?	anızat	ion to evaluate its	104		110
	participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?			16b		
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed ►OK					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing interest policy, and financial statements available to the public. See Additional Data					
20	State the name, physical address, and telephone number of the person who possess	es the	books and records of th	ie orga	ınızatıor	n 🕨
	OKLAHOMA CITY UNIVERSITY					

Part VIII 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. 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 all of the organization's current key employees. 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 the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶48

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services	_		

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
TIMBERLAKE CONSTRUCTION CO INC PO BOX 18297 OKLAHOMA CITY, OK 731540297	CONSTRUCTION	2,589,075
SODEXHO CAMPUS DINING PO BOX 536922 ATLANTA, GA 303536922	EATERY	2,588,289
WYNN CONSTRUCTION CO INC 1312 S WALKER AVE OKLAHOMA CITY, OK 731091346	CONSTRUCTION	1,794,119
SOUTHEAST SERVICE CORP 1845 MIDPARK RD STE 201 PO BOX 53270 KNOXVILLE, TN 379215951	JANITORIAL	679,759
STILL WATER DESIGN INC 1 WINNISIMMET ST CHESSEA, MA 021502650	CONSTRUCTION	607,698
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►15) who received more than	

Form 99								Page 9
Part V	<u>/##1</u>	Statement o	of 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
में इंड	1a	Federated camp	paigns 1a					
g ji	ь	Membership du	es 1b					
چ. ∰	С	Fundraising eve	ents 1c					
<u>≅</u> ,ਰੋ	d		rations 1d					
ans,	e	Government grants		1,318,883				
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	butions included in	17,622,820				
a Co	h	Total. Add lines	3 1a-1f	▶	18,941,703			
				Business Code				
Program Service Revenue	2a	TUITION AND FEES	5	900,099	51,535,018	51,535,018		
Re K	ь	AUXILIARY		900,099	6,616,699	6,616,699		
- Ce	С	EDUCATIONAL		900,099	611,690	611,690		
Z.	d							
Ē	e							
್ಷ ಪ್ರಾ	f	All other progra	ım service revenue					
Š	g	Total. Add lines	s 2a – 2f		58,763,407			
	3	Investment inc	ome (ıncludıng dıvıdend	ds, interest				
			ar amounts)	⊢	1,046,871			1,046,871
	4		tment of tax-exempt bond p	· · · · · · · · · · · · · · · ·	233,374			233,374
	5	Royalties	(ı) Real	(II) Personal	233,37 1			255,571
	6a	Gross Rents	129,390	(II) I ersonar				
	ь	Less rental	475					
	c	expenses Rental income	128,915					
	d	or (loss) Net rental incor	me or (loss)		128,915			128,915
			(ı) Securities	(II) O ther				
	7a b	Gross amount from sales of assets other than inventory Less cost or	2,239,369					
		other basis and sales expenses						
	c	Gain or (loss)	2,239,369					
	d	Net gain or (los	s)	▶	2,239,369			2,239,369
Other Revenue	8a	Gross income fi events (not incl \$	luding reported on line 1c)					
<u>.</u>	١		a 	98,344				
듔	р С		penses b loss) from fundraising e	28,477 events •	69,867	69,867		
_	9a		rom gaming activities e 19			·		
	b c		apenses b	/ities				
	10a	Gross sales of returns and allo	inventory, less					
	b c		oods sold b	entory				
		Miscellaneous	s Revenue	Business Code				
	11a	INSTITUTION	AL REVENUE	900,099	1,517,311	1,517,311		
	ь							
	С							
	d	All other revenu	ı					
	e	Total. Add lines	3 11a-11d		1,517,311			
	12	Total revenue.	See Instructions	▶	82,940,817	60,350,585		3,648,529

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.								
	ll other organizations must complete column (A) but are not required to		(B), (C), and (B)	(D). (C)	(D)				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
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	1,436,025	502,609	718,012	215,404				
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	33,421,801	30,413,839	2,005,308	1,002,654				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	360,549	331,705	18,027	10,817				
9	Other employee benefits	2,962,267	2,725,286	148,113	88,868				
10	Payroll taxes	2,319,197	2,087,277	139,152	92,768				
11	Fees for services (non-employees)				_				
а	Management								
b	Legal	259,513		259,513					
c	Accounting								
d	Lobbying								
e	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other								
12	Advertising and promotion								
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy	675,506	641,731	27,020	6,755				
17	Travel	1,760,066	1,619,261	88,003	52,802				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	238,298	224,000	9,532	4,766				
20	Interest	2,197,104	2,065,278	131,826					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	6,363,622	6,363,622						
23	Insurance	324,582	308,353	12,983	3,246				
24	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)								
а	OTHER EDUCATION EXPENSES	5,831,549	1,107,994	4,431,978	291,577				
Ь	CONTRACT LABOR	3,921,823	3,137,458	352,964	431,401				
c	SUPPLIES	3,740,739	3,067,406	561,111	112,222				
d	STUDENT ACTIVITIES	3,117,139	1,683,255		1,433,884				
e	PRINTING & PUBLICATIONS	946,393	842,290	18,928	85,175				
f	All other expenses	2,788,646	1,835,228	840,520	112,898				
25	Total functional expenses. Add lines 1 through 24f	72,664,819	58,956,592	9,762,990	3,945,237				
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		-						

Part X Balance Sheet (A) (B) End of vear Beginning of year -4.627 45.125 1 1 Cash—non-interest-bearing 3.103.274 2 3.597.272 2 8,139,353 12,939,262 3 3 4 3.570.232 3.094.456 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 5,829,855 5,525,189 8 1,098,879 1,190,253 Land, buildings, and equipment cost or other basis Complete 223.175.405 10a 10a Part VI of Schedule D 158,360,648 **10c** 10b 59.734.352 163.441.053 b Less accumulated depreciation 42,294,556 11 42.473.203 11 526.364 12 3,241,470 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 25.381.821 15 25.784.632 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 248,300,355 16 261,331,915 7,188,393 17 7.981.690 17 Accounts payable and accrued expenses . 18 18 3,381,733 19 1,938,046 19 60,799,974 20 20 59,599,736 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 20.413.624 25 Other liabilities Complete Part X of Schedule D 25 24,181,815 26 **Total liabilities.** Add lines 17 through 25 91,783,724 93,701,287 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. Unrestricted net assets 71,490,239 72,128,947 27 27 28 18.796.238 28 24.771.411 Temporarily restricted net assets Fund 66.230.154 29 70.730.270 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 156,516,631 33 167,630,628 34 Total liabilities and net assets/fund balances 248,300,355 261,331,915 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

		ne organiz							Employer id	dent if icat ion	number
UKLAF	IOMA C	CITY UNIVE	KSIIY						73-05792	65	
Pa	rt I	Reas	on for Pul	olic Charity Stat	us (All ord	anızatıon	s must comp	lete this p			
The	rganı	zation is	not a private	foundation because	itis (Forl	ines 1 thro	ugh 11, check	only one bo	x)		
1	Г	A churc	h, conventio	on of churches, or as	sociation of	churches	section 170(b)	(1)(A)(i).			
2	~	A scho	ol described	ın section 170(b)(1)	(A)(ii). (At	tach Sched	ule E)				
3	\sqcap	A hosp	tal or a coop	erative hospital ser	vice organiz	atıon desci	rıbed ın sectior	170(b)(1)	(A)(iii).		
4	Γ			organization operato y, and state	ed in conjun	ction with a	n hospital desc	rıbed ın sec i	tion 170(b)(1	L)(A)(iii). Ent	ter the
5	Γ	-	•	rated for the benefit	-	or univers	ıty owned or op	erated by a	governmenta	al unit descri	bed in
6	Г			local government or	-	al unit des	cribed in sectio	on 170(b)(1)(A)(v).		
7	Γ	describ	ed ın	t normally receives a		l part of its	support from a	a governme	ntal unit or fro	om the gener	al public
	_	section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)									
8 9	<u>'</u>		•	t normally receives			•	•	uitions maml	harchin faac	and aross
9	,			ties related to its ex							
		-		ss investment incon	-	-					
			_	anızatıon after June :				•		ax, nom basi	1103303
10	Г			anized and operated							
11	Ė	-	_	anized and operated	•					carry out the	e purposes of
	•	one or i	more publicly	supported organizates the type of supported by Type II	tions descri orting organi	bed in sect zation and	tion 509(a)(1)	or section 5 11e throug	509(a)(2) Se gh 11h	e section 50 9	•
e	Г		• •	x, I certify that the o							
	·	other th section	nan foundatio 509(a)(2)	on managers and oth	er than one	or more pu	blicly supporte	d organizati	ions describe	d in section !	509(a)(1) or
		check t	his box	eceived a written de 006, has the organiz						II supporting	organization,
9			g persons?	ooo, nas the organiz	ation accep	rted any gn	t or contributio	ii ii oiii aiiy	or the		
				ectly or indirectly co	ntrols, eithe	er alone or	together with p	ersons des	crıbed ın (ıı)		Yes No
		and (III)	below, the g	overning body of the	the suppor	ted organız	ation?			11g(i)
		(ii) a fa	mıly membe	r of a person describ	ed ın (ı) abo	ve?				11g(ii)
		(iii) a 3	5% controll	ed entity of a person	described i	n (ı) or (ıı)	above?			11g(ii	i)
h 		Provide	the followin	g information about t	the supporte	ed organiza	tion(s)				
11	e of rted	tion Innes 1 - 9 above your governing document?		(v) Did you no organizat col (i) or	tify the tion in f your	(vi Is t organiza col (i) or in the l	he ation in ganized	(vii) A mount of support?			
				(see instructions))	Yes	No	Yes	No	Yes	No	
_											

Total

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493136065571

OMB No 1545-0047

Supplemental Financial Statements

Department of the Treasury Internal Rev

SCHEDULE D (Form 990)

> ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

mai Re	venue Service	orm 990. F See separate instructions.			Tillsher	uon
	of the organization OMA CITY UNIVERSITY			loyer identifica	tion numbe	er
				0579265		
art			unds	or Accounts.	. Comple	te if th
	organization answered "Yes" to Form 99	(a) Donor advised funds		(b) Funds and of	her accou	ınts
т	otal number at end of year	(a) Bollot davised lands	'	(b) I alias alia ol	iner accou	111113
	ggregate contributions to (during year)					
	ggregate contributions to (during year)					
	ggregate value at end of year					
	old the organization inform all donors and donor advi- unds are the organization's property, subject to the		ior adv	ısed	☐ Yes	ר No
ι	old the organization inform all grantees, donors, and sed only for charitable purposes and not for the ben onferring impermissible private benefit				☐ Yes	√ No
art	II Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forr	n 990, Part IV	, lıne 7.	
Γ Γ (urpose(s) of conservation easements held by the oi Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualicasement on the last day of the tax year	on or pleasure) Preservation of ar Preservation of a	certıfıe	d historic struct	•	a
	,			Held at the	End of the	Year
. т	otal number of conservation easements		2a			
, 7	otal acreage restricted by conservation easements		2b			
N	lumber of conservation easements on a certified his	toric structure included in (a)	2c			
	lumber of conservation easements included in (c) a	courred after 8/17/06	2d			
t	lumber of conservation easements modified, transfe he taxable year !		ea by tr 	ne organization (iuring	
	oes the organization have a written policy regarding inforcement of the conservation easements it holds?		dling of	violations, and	┌ Yes	√ No
	taff and volunteer hours devoted to monitoring, insp	-			-	
F	mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s durın	g the year 🟲 \$ _		
	oes each conservation easement reported on line 2 70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		☐ Yes	ן No
b	n Part XIV, describe how the organization reports co alance sheet, and include, if applicable, the text of t he organization's accounting for conservation easen	he footnote to the organization's financia		•		
rt	Organizations Maintaining Collection Complete if the organization answered '		or Ot	her Similar <i>I</i>	Assets.	
ā	f the organization elected, as permitted under SFAS rt, historical treasures, or other similar assets held rovide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch ın fu			e,
ŀ	f the organization elected, as permitted under SFAS istorical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research i				
(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	ii) Assets included in Form 990, Part X			► \$		
	f the organization received or held works of art, histo	orical treasures or other similar assets fo	ar finan	·		
f	ollowing amounts required to be reported under SFA		or miali	ciai gani, provid	C tile	
a E	evenues included in Form 990, Part VIII, line 1			▶ \$		

b Assets included in Form 990, Part X

3	Using the organization's accession and othe						•					<u>ontinuea)</u>
	items (check all that apply)			_	_		_					
а	Public exhibition		d	ı	Loan or	exc	hange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w they	further	the	organızatıon	's ex	xempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to								nılar	Г	Yes	√ No
Pai	Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the o	organiza	atıoı			'es" to Fori	n 99	0,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ıan or other ınterme	diary	force	ontributi	ons	or other ass	ets	not	Г	Yes	✓ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ving ta	able		Г		<u> </u>	A mo	unt	
c	Beginning balance							1c		711110		
d	Additions during the year						<u> </u>	1d				
e	Distributions during the year						—	1e				
f	Ending balance						<u> </u>	16 1f				
7-	Did the organization include an amount on Fo	orm 000 Dart V I					L	-1			Yes	✓ No
2a	-	· · ·	e 21,							,	res	IA NO
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete		2 200	word	d "Voc!	" to	Form 000	Dai	rt IV Juno 1	0		
Pa	Endowment Funds. Complete	(a)Current Year		b)Prior			TOTTI 990, Two Years Back				e) Four \	/ears Back
1a	Beginning of year balance	54,746,822			5,455,296	(-)		1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/	
ь	Contributions	3,399,922		3	3,158,439			+				
c	Investment earnings or losses	6,046,410		-9	,011,435					\perp		
d	Grants or scholarships							+				
e	Other expenditures for facilities and programs	-3,232,668		-4	,855,478							
f	Administrative expenses											
g	End of year balance	60,960,486		54	,746,822							
2	Provide the estimated percentage of the yea	r end balance held a										
a	Board designated or quasi-endowment	. cha balance nela e										
_												
Ь	remailent endowment F											
C n-	Term endowment ►								AL			
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation	tnat a	re nela a	and a	administered	tor	tne		Yes	No
	(i) unrelated organizations									3a(i)	+	No
	(ii) related organizations								[3a(ii))	Νο
b	If "Yes" to 3a(II), are the related organizatio	ns listed as required	d on S	Sched	ule R?					3b		No
4	Describe in Part XIV the intended uses of th	e organization's end	dowm	ent fu	nds				_			
Par	t VI Investments—Land, Building:	s, and Equipme	nt. S	ee F	orm 99	0, P	art X, lıne	10.	1			
	Description of investment			(a) (basis	Cost or oth (investme	her ent)	(b) Cost or other basis (other		(c) Accumula depreciatio		(d) Bo	ook value
1a	Land				644,	617	6,661,	240				7,305,857
ь	Buildings					\neg	140,737,	099	24,649	,395	1:	16,087,704
	Leasehold improvements					1	20,377,					, 15,457,623
	Equipment					_	47,486,		30,164	_		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Other					\dashv	7,268,					7,268,727
	I. Add lines 1a-1e (Column (d) should equal Fo		nn (B.), line	10(c).)				▶	\dashv	16	53,441,053
	, , , , , , ,	. ,		*	. , ,		<u> </u>			le D (90) 2009

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(D)Book Value	Cost or end-of-	year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	3,241,470		
Part VIII Investments—Program Related. See	Form 990, Part X. line	13.	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (h) should equal Form 990. Part X. col (B) line 13.)			
Total (Colain (2) Should equal term 330) rately cor (2) mic 13)			
Part IX Other Assets. See Form 990, Part X, lin			(I) D
(a) Descrip	tion		(b) Book value
BENEFICIAL INTERESTS IN TRUSTS			24,955,757
OTHER			620,977
DEFERRED COSTS			207,898
DEFERRED COSTS			207,090
Total (Column (h) should equal Form 000 Park V cal (P) lime 1	<u> </u>	_	25 704 622
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.			25,784,632
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
INTEREST SWAP AGREEMENT	10 102 075		
	10,193,075		
ANNUITIES PAYABLE	4,128,693		
ADVANCES FROM FEDERAL GOVT FOR PERKI	3,821,000		
NOTES PAYABLE	3,192,956		
DEPOSITS HELD IN CUSTODY FOR OTHERS			
	1,582,511		
CONSTRUCTION COSTS	1,236,201		
CAPITAL LEASE OBLIGATIONS	27,379		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	24,181,815		

- (:	Reconcination of change in Net Assets from Form 990 to Financial Statemen	113	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	82,940,817
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	72,664,819
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,275,998
4	Net unrealized gains (losses) on investments	4	3,282,877
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,444,878
9	Total adjustments (net) Add lines 4 - 8	9	837,999
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	11,113,997
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	83,778,816
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	837,999
3	Subtract line 2e from line 1	3	82,940,817
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	82,940,817
	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	72,664,819
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	72,664,819
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	72,664,819
Par	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	LINE 8	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 37,155 CHANGE IN FAIR MARKET VALUE BOND SWAP - 2,482,033
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	LINE 2D	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 37,155 CHANGE IN FAIR MARKET VALUE BOND SWAP - 2,482,033

Employer identification number

73-0579265

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

OKLAHOMA CITY UNIVERSITY

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes OKLAHOMA CITY UNIVERSITY, IN COMPLIANCE WITH FEDERAL LAWS, DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, RELIGION, DISABILITY, OR STATUS AS A VETERAN IN ANY OF ITS POLICIES OR PROCEDURES, INCLUDING, BUT NOT LIMITED TO ADMISSION, EMPLOYMENT, FINANCIAL AID, AND EDUCATION SERVICES Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🍠 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes 990)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136065571

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Internal Revenue Service Name of the organization OKLAHOMA CITY UNIVERSITY

Employer identification number

							73-0579265	
Pa		ctivities. Comple ers are not require				d "Yes"	to Form 990, Part IV	, line 17.
1	Indicate whether the orga	anızatıon raısed fund	s through	any of the	following activ	ıtıes Ch	eck all that apply	
а	Mail solicitations		_				n-government grants	
b	Internet and e-mail s	olicitations		f	┌ Solicitati	on of go	vernment grants	
c	Phone solicitations			g	□ Special f	undraisir	ng events	
d	In-person solicitation	ns						
2a	Did the organization have or key employees listed i							Г _{Yes} Г _{No}
b	If "Yes," list the ten higher to be compensated at lea							
	Phone solicitations In-person solicitat Did the organization ha or key employees lister If "Yes," list the ten high	I (III) A ctivity		Did ser have ody or rol of utions?		Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes No					
Tota	al			-				

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Expenses Reven	1 2 3	Gross receipts Less Charitable contributions	(event type) 98,344	(event type)	1		l (c))	rough
Expenses	2 3	Less Charitable	98 344		(total number)			
Expenses		contributions	30,31	1			98	8,344
sesuedxa	4	Gross income (line 1 minus line 2)	98,344	1			9 {	8,344
Expenses		Cash prizes						
	5	Non-cash prizes						
	6	Rent/facility costs						
	7	Food and beverages						
တ္ ၂ ႏ	8	Entertainment						
ਨlred :	9	Other direct expenses .	28,477	7			28	8,477
1	LO	Direct expense summary Add lin	es 4 through 9 in column	(d)			28	8,477
1	L1	Net income summary Combine li	nes 3, column d, and line	10			6:	9,867
Part	1441	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mor		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
	1 (Gross revenue						
မ္က	2 (Cash prizes						
Expenses	3 1	Non-cash prizes						
	4 F	Rent/facility costs						
기 기 기	5 (Other direct expenses						
	6 \	Volunteer labor	Г Yes <u>%</u> Г No					
		Direct expense summary Add line						
:	8	Net gaming income summary Com	bine lines 1, column d, a	nd line 7	<u> </u>		Yes	No
		er the state(s) in which the organiza ne organization licensed to operate				· 9a	Tes	
ь :	If"N	lo," Explain						
		e any of the organization's gaming es," Explain	licenses revoked, susper	nded or terminated during	the tax year?	10a		
1 l	Does	s the organization operate gaming	activities with nonmembe	ers?				

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

Compensation Information

DLN: 93493136065571

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization OKLAHOMA CITY UNIVERSITY

Employer identification number

73-0579265

Pa	rt I Questions Regarding Compensation				
				Yes	Νo
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to p				
	First-class or charter travel	Housing allowance or residence for personal use			
	▼ Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organiz reimbursement orprovision of all the expenses described		1b	Yes	
2	Did the organization require substantiation prior to reimb	,			
	officers, directors, trustees, and the CEO/Executive Dire	ctor, regarding the items checked in line 1a?	2		Νο
3	Indicate which, if any, of the following the organization us organization's CEO/Executive Director Check all that ap				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part vor a related organization	II, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control paym	ent?	4a		Νo
b	Participate in, or receive payment from, a supplemental n	onqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based	compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must co	mplete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line : compensation contingent on the revenues of	a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 3 compensation contingent on the net earnings of	.a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				_
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," descr		7		Νο
8	Were any amounts reported in Form 990, Part VII, paid of subject to the initial contract exception described in Reg				
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the rebusection 53 4958-6(c)?	ittable presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name (B) Breakdown of W-2 and/or 1099-MISC compensation (I) Base compensation (I) Davis compensation (II) Davis compensation (III) Other comp								
(i) Base incentive reportable compensation reportable compensation compensation reportable	(A) Name	(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns	
See Additional Data Table		(i) Base compensation	ıncentive	(iii) Other reportable compensation		benefits	(B)(ı)-(D)	Form 990 or
	See Additional Data Table							

Part III Supplemental Information

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

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

(F) Compensation

reported in prior Form

990 or Form 990-EZ

Return to Form

(A) Name

TOM MCDANIEL

BERNIE PATTERSON

LAWRENCE HELLMAN

MAHMOOD SHANDIZ

ARTHUR LEFRANCOIS

DENNIS ARROW

Α

Α

Α

Α

Α

Α

Α

Α

Α

Α

Α

Α

Α

Α

Α

Α

WILLIAM F SHDEED

RONALD J NORICK

JOSEPHINE FREEDE

ROY W CHANDLER

ROBERT E HAYES JR

RAY BACKERMAN

ANN ALSPAUGH

BRIAN BAKEMAN

JAMES C BASS

LOUISE BASS

DENNIS J

DOUGHERTY

HENRY W BROWNE JR

MARTHA A BURGER

EMMANUEL E EDEM

TRICIA L EVEREST

GERALD L GAMBLE

MICHAEL GARDNER

STEPHEN P GARRETT

JACK E GOLSEN

MO GROTJOHN

GARY B HOMSEY

JOER HOMSEY JR

ANN JOHNSTONE

BILL JUNK

LOU KERR

ANN LACY

JUDY LOVE

CLARA LUPER

HERMAN MEINDERS

CAMAL PENNINGTON

MORRIS PREMENTER

TERRY PHELPS

DAN W PULVER

GEORGE R RANDALL

PATRICK T ROONEY

ROBERT J ROSS

JEANNETTE SIAS

JEANNE HOFFMAN

B CRAIG STINSON

PAUL B STRASBAUGH

JERRY B VANNATTA

GEORGE T WARREN

DAVID M WILSON

SANFORD W WYLIE JR

JAMES L WADE

SMITH

MARIAN P OPALA

KURT LEICHTER

JANE JAYROE

GAMBLE

ARTHUR COTTON

RICHARD HALL

ERIC LAITY

Software Version: EIN: 73-0579265 Name: OKLAHOMA CITY UNIVERSITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(iii) Other

compensation

(C) Deferred

compensation

(D) Nontaxable

benefits

29,236

23,436

14,615

28,364

30,323

25,258

15,800

21,993

24,896

(E) Total of columns

(B)(ı)-(D)

409,347

247,876

200,631

152,381

247,412

197,452

173,630

178,599

163,600

(B) Breakdown of W-2 and/or 1099-MISC compensation

(ii) Bonus &

ıncentıve

compensation

Software ID:

(i) Base

Compensation

380,111

224,440

186,016

124,017

217,089

172,194

157,830

156,606

138,704

(1)

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DLN: 93493136065571

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public Inspect ion

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

OKLAHOMA CITY UNIVERSITY

Employer identification number

73-0579265

Pa	rtI Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Desc	cription of	Purpose	(g) De	feased	Bel) O n nalf of suer
											Yes	No	Yes	No
A	OKC INDUST & CULTURAL FACILITIES TR	73-0579265		08-15-	2005	41,6	50,000	CONSTRUC ⁻	TION IN P	ROG		x		×
В	OKC INDUST & CULTURAL FACILITIES TR	73-0579265	678556AA9	08-15-	2006	22,8	70,000	CENTENNIA	LHALL			×		х
Pa	rt III Proceeds			I	I		ı					l	I	ı
					A		В		С	ı	D		E	
1	Total proceeds of issue			3	38,160,163	1 2	21,439,5	75						
2	Gross proceeds in reserve funds													
3	Proceeds in refunding or defeasar	nce escrows												
4	Other unspent proceeds													
5	Issuance costs from proceeds													
6	Working capital expenditures fron	n proceeds												
7	Capital expenditures from procee	eds												
8	Year of substantial completion							l		<u> </u>		<u> </u>		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding is	ssue?		х		х							
10	Were the bonds issued as part of	an advance refunding	g issue?		×		Х							
11	Has the final allocation of proceed	ds been made?		Х		Х								
12	Does the organization maintain at the final allocation of proceeds?	dequate books and re	ecords to support	х		Х								
Pai	t IIII Private Business Use	<u> </u>					· ·							
					Α	B						-	E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No

Χ

Х

which owned property financed by tax-exempt bonds?

which may result in private business use?

Was the organization a partner in a partnership, or a member of an LLC,

Are there any lease arrangements with respect to the financed property

Χ

Χ

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

		, <i>I</i>	A	1	В		С		D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		х		х						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		х		х						
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		х		х						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		•								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		Х		х						

			4	E	3		2)		E
		Yes	No								
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x		х						
2	Is the bond issue a variable rate issue?		Х		Х						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х		Х						
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х		Х						
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		×		х						
6	Did the bond issue qualify for an exception to rebate?		Х		х						

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization OKLAHOMA CITY UNIVERSITY

Employer identification number

73-0579265

(a) (b) Revenues reported on Form 990, Part VIII, line applicable Art—Horner Ireasures Art—Fractional interests Art—Fractional interest Art—Fractional		
Art—Works of art	nıng	
1 Art—Works of art		
2 Art—Historical treasures		
3 Art—Fractional interests		
4 Books and publications . 5 Clothing and household goods		
S Clothing and household goods X 7,451 FMV		
6 Cars and other vehicles		
8 Intellectual property		
8 Intellectual property		
10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous 13 Qualified conservation contribution—Uniterest 14 Qualified conservation contribution—Other 15 Real estate—Residential . 16 Real estate—Commercial 17 Real estate—Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (BRICKS)		
10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous 13 Qualified conservation contribution—Uniterest 14 Qualified conservation contribution—Other 15 Real estate—Residential . 16 Real estate—Commercial 17 Real estate—Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (BRICKS)		
or trust interests		
13 Qualified conservation contribution—Historic structures		
Contribution—Historic Structures		
contribution—Other		
16 Real estate—Commercial		
17 Real estate—Other		
18 Collectibles		
19 Food inventory		
Drugs and medical supplies . 1 Taxidermy		
21 Taxidermy		
22 Historical artifacts		
23 Scientific specimens		
24 Archeological artifacts		
25 Other ► (BRICKS) X 1 5,551 FMV COKE 26 Other ► (MACHINE) X 1 750 FMV TRIP & 7,450 FMV 27 Other ► (MBRSHIP) X 1 10,030 FMV 28 Other ► (TREES) X 1 10,030 FMV 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		
COKE 26 Other ► (MACHINE) X 1 750 FMV TRIP & 7,450 FMV 27 Other ► (MBRSHIP) X 1 7,450 FMV 28 Other ► (TREES) X 1 10,030 FMV 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		
Other \(\begin{array}{c cccc} \text{MACHINE} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Other (MBRSHIP) X 1 7,450 FMV 28 Other (TREES) X 1 10,030 FMV 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		
VARIOUS 28 Other ► (TREES) X 1 10,030 FMV 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		
Other (TREES) X 1 1 10,030 FMV Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		
for which the organization completed Form 8283, Part IV, Donee Acknowledgement		
must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		
must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
for exempt purposes for the entire holding period?		
h If "Vee " describe the arrangement in Dort II		No
Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	<u> </u>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 73-0579265

Name: OKLAHOMA CITY UNIVERSITY

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136065571

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection
Employer identification number

Name of the organization OKLAHOMA CITY UNIVERSITY

73-0579265

Identifier	Return Reference	Explanation
FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B	CANADA

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	A COPY IS PRESENTED TO THE BOARD PRIOR TO FILING

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS AND OTHER APPLICABLE MEMBERS OR EMPLOYEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS AND ANNUALLY ATTEST TO THEIR ADHERENCE TO THE POLICY

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	EXECUTIVE COMMITTEE AND/OR BOARD OF TRUSTEES REVIEW NATIONAL SALARY AND BENEFIT DATA RELATED TO PRESIDENTS OF REGIONAL UNIVERSITIES AND PRIVATE MASTER'S LEVEL UNIVERSITIES EMPLOYMENT CONTRACT REFLECTS THE OUTCOME OF THEIR DELIBERATION AND DECISIONS

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	PART VI, LINE 15B	PRESIDENT MAKES DECISIONS IN CONSULTATION WITH PROVOST AND VP HUMAN RESOURCES, WHO HAVE ACCESS TO MARKET COMPARABILITY DATA DECISIONS ARE DOCUMENTED VIA CONTRACTS WITH OFFICERS AND KEY EMPLOYEES

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST

ldentifier	Return Reference	Explanation
FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION	SCHEDULE E, LINE 6	THE UNIVERSITY'S MAJOR PROGRAMS ARE FEDERAL PELL GRANT PROGRAM, FEDERAL FAMILY EDUCATION LOAN PROGRAM, FEDERAL WORK STUDY PROGRAM, FEDERAL PERKINS LOAN PROGRAM, FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY, AND SCHOLARSHIPS FOR DISADVANTAGED STUDENTS

Software ID: Software Version:

EIN: 73-0579265

Name: OKLAHOMA CITY UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

	Independent Contractors									[
(A) Name and Title	(B) Average hours	Average Position (check all hours that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
TOM MCDANIEL PRESIDENT	40 00			х				380,111	0	29,236	
BERNIE PATTERSON VP OF ACADEM	40 00			х				224,440	0	23,436	
ARTHUR COTTON VP OF ADVANC	40 00			х				186,016	0	14,615	
RICHARD HALL VP OF ST AFF	40 00			х				124,017	0	28,364	
JOHN CONGER GENERAL COUN	40 00			х				123,993	0	15,306	
BRIAN HOLLAND CFO	40 00			х				117,416	0	21,390	
MARGARET BALL VP OF CHURCH	40 00			х				62,943	0	0	
LAWRENCE HELLMAN DEAN OF LAW	40 00				х			217,089	0	30,323	
ERIC LAITY ASSOC DEAN	40 00					х		172,194	0	25,258	
MAHMOOD SHANDIZ SR ASSOC DEA	40 00					х		157,830	0	15,800	
ARTHUR LEFRANCOIS PROF OF LAW	40 00					х		156,606	0	21,993	
EDUARDO PRIETO DEAN OF ADM	40 00					х		139,115	0	10,255	
DENNIS ARROW	40 00					х		138,704	0	24,896	
A							Х	0	0	0	
A							х	0	0	0	
A							Х	0	0	0	
A							х	0	0	0	
A							Х	0	0	0	
A							Х	0	0	0	
A							Х	0	0	0	
A							Х	0	0	0	
A							Х	0	0	0	
А							Х	0	0	0	
A							Х	0	0	0	
A							Х	0	0	0	
<u> </u>											

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, as								(D)	(E)	(F)
Name and Title	(B) Average hours per		tion (that a	che	')	_		Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
А							х	0	0	0
A							х	0	0	0
A							х	0	0	0
A							х	0	0	0
A							х	0	0	0
WILLIAM F SHDEED CHAIRMAN	1 00						х	0	0	0
RONALD J NORICK V CHAIRMAN	1 00						х	0	0	0
JOSEPHINE FREEDE SECRETARY	1 00						х	0	0	0
ROY W CHANDLER TREASURER	1 00						х	0	0	0
ROBERT E HAYES JR BISHOP	1 00						х	0	0	0
RAY BACKERMAN TRUSTEE	1 00						х	0	0	0
ANN ALSPAUGH TRUSTEE	1 00						х	0	0	0
BRIAN BAKEMAN TRUSTEE	1 00						х	0	0	0
JAMES C BASS TRUSTEE	1 00						х	0	0	0
LOUISE BASS TRUSTEE	1 00						х	0	0	0
HENRY W BROWNE JR TRUSTEE	1 00						х	0	0	0
MARTHA A BURGER TRUSTEE	1 00						х	0	0	0
DENNIS J DOUGHERTY TRUSTEE	1 00						х	0	0	0
EMMANUEL E EDEM TRUSTEE	1 00						х	0	0	0
TRICIA L EVEREST TRUSTEE	1 00						х	0	0	0
GERALD L GAMBLE TRUSTEE	1 00						х	0	0	0
JANE JAYROE GAMBLE TRUSTEE	1 00						х	0	0	0
MICHAEL GARDNER TRUSTEE	1 00						х	0	0	0
STEPHEN P GARRETT TRUSTEE	1 00						х	0	0	0
JACK E GOLSEN TRUSTEE	1 00						х	0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	Posi t	tion (hat a	che)	_	ı	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
MO GROTJOHN TRUSTEE	1 00						х	0	0	0	
GARY B HOMSEY TRUSTEE	1 00						Х	0	0	0	
JOE R HOMSEY JR	1 00						Х	0	0	0	
TRUSTEE ANN JOHNSTONE											
TRUSTEE	1 00						Х	0	0	0	
BILL JUNK TRUSTEE	1 00						Х	0	0	0	
LOU KERR TRUSTEE	1 00						Х	0	0	0	
ANN LACY	1 00						Х	0	0	0	
TRUSTEE KURT LEICHTER	1 00						X	0	0		
TRUSTEE JUDY LOVE											
TRUSTEE	1 00						Х	0	0	0	
CLARA LUPER TRUSTEE	1 00						Х	0	0	0	
HERMAN MEINDERS TRUSTEE	1 00						Х	0	0	0	
MARIAN P OPALA TRUSTEE	1 00						Х	0	0	0	
CAMAL PENNINGTON TRUSTEE	1 00						х	0	0	0	
MORRIS PREMENTER TRUSTEE	1 00						Х	0	0	0	
TERRY PHELPS	1 00						Х	0	0	0	
TRUSTEE DAN W PULVER	1 00						Х	0	0	0	
TRUSTEE GEORGE R RANDALL	1 00						X	0	0	0	
TRUSTEE JOHN RICHELS								0			
TRUSTEE PATRICK T ROONEY	1 00						Х				
TRUSTEE	1 00						Х	0	0	0	
ROBERT J ROSS TRUSTEE	1 00						Х	0	0	0	
JEANNETTE SIAS TRUSTEE	1 00						Х	0	0	0	
JEANNE HOFFMAN SMITH TRUSTEE	1 00						х	0	0	0	
B CRAIG STINSON TRUSTEE	1 00						х	0	0	0	
PAUL B STRASBAUGH TRUSTEE	1 00						х	0	0	0	
JERRY B VANNATTA TRUSTEE	1 00						х	0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week	Po Individual trustee or director	tion a Institutional Trustee	ched)	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JAMES L WADE TRUSTEE	1 00						х	0	0	0
GEORGE T WARREN TRUSTEE	1 00						х	0	0	0
DAVID M WILSON TRUSTEE	1 00						х	0	0	0
SANFORD W WYLIE JR TRUSTEE	1 00						х	0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
OTHER EDUCATION EXPENSES	5,831,549	1,107,994	4,431,978	291,577
CONTRACT LABOR	3,921,823	3,137,458	352,964	431,401
SUPPLIES	3,740,739	3,067,406	561,111	112,222
STUDENT ACTIVITIES	3,117,139	1,683,255		1,433,884
PRINTING & PUBLICATIONS	946,393	842,290	18,928	85,175