

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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.

OMB No 1545-0047 2011

ញ់ក្នុងការប្រជុំប្រជុំ ប្រកួតការប្រជុំប្រជាជាក្រុមប្រជុំប្រជាជ្រាក្រប់ប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជាជ្រាក្រប់ប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជាជ្រាក្រប់ប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជាជ្រាក្រប់ប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជាជ្រាក្រប់ប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជាជ្រាក្រប់ប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជាជ្រាក្រប់ប្រជុំប្រងប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រងប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រងប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រងប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រជុំប្រ

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В	Check if a	pplicable	C Name of organization	OKLAHOMA (	CITY BOA	THOUSE	FOUNDA'	TION	D Employ	er Identi	fication Number	
	Addre	ess change	Doing Business As						20-	18372	237	
	Name	e change	Number and street (or I	PO box if mail is not	delivered to stre	et addr)	Roo	m/suite	E Telepho	ne numb	er	
	H	l return	725 S. LINCOL	.N					(40)	5) 5'	52-4040	
	H	ınated	City, town or country			Stat	te ZIP code	+ 4	<del>,,</del>	<del>, , , , , , , , , , , , , , , , , , , </del>		
	$\vdash$	nded return	OKLAHOMA CITY	7		OF	7312	۵.	G		6,912,21	2
	Ħ		F Name and address of p			- OF	( /312.		a group return			
	Appil	cation pending	i ·	•			NT 7210		affiliates incl		rates? Ye:	_
-	-		MIKE KNOPP 72						attach a list		ructions)	, L
<u>.</u>		empt status	x 501(c)(3) 501(c)		(insert no.)	4947(a)(1)	or     527	-		_		
1	Webs	•	w.riversporto		_	1.			exemption nu		H/A	
K		organization	X Corporation Trust	t Association	Other ►		Year of Forn	nation 200	4 Ms	tate of le	gal domicile O	<u>K</u>
, ,		Summar										
	1 B	riefly descrit	be the organization's r	mission or most	significant ac	ctivities: <u>s</u>	SEE ATT	<u>M. 2</u>				
8												- <b></b> -
Activities & Governance	_											<b>-</b> -
E									. – – – .			
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8			ting members of the g				465			3		22
0	1		dependent voting men	_					٠ .	4		18
₹			of individuals employed		ear 2011 (Pa	irt V, line 2a	1)		-	5		155
₹			of volunteers (estimate							6		500
•			d business revenue fr	•				•	ļ	7a		0.
	DINE	et unrelated	business taxable inco	ome from Form S	990-1, line 34	<u></u>	· · · · · · · · · · · · · · · · · · ·			_7b		0.
	•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 113					rior Year		Current \	
•			and grants (Part VIII,	•				10	,005,2			876.
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ě			come (Part VIII, colum					ļ	47,7			390.
ш.			(Part VIII, column (A			-		-	-269,3			,202.
			<ul> <li>add lines 8 through</li> </ul>				ne 12)	9	,902,3			7,079.
			milar amounts paid (P			).			3,2	22.	10	,314.
	14 Be	enefits paid	to or for members (Pa	art IX, column (A	i), line 4)							
_	1 <b>5</b> Sa	alaries, othe	r compensation, empl	loyee benefits (P	art IX, colum	nn (A), lines	5-10)	1	,617,7	49.	2,132	2,396.
Expenses	<b>16a</b> Pr	ofessional f	undraising fees (Part	IX, column (A),	line 11e) .							
奏			ing expenses (Part IX			5	90,119					
ă			es (Part IX, column (A				,,,,,,		064 1	4.7	2 505	114
						· · · · ·			,064,1			,114.
	18 To	itai expense	s Add lines 13-17 (m	iust equal Part I	THE COLOR	),궫( 25)	į		,685,1			,824.
<del>-</del>	19 Re	evenue less	expenses. Subtract lii	ne 18 from line-1	2		<del>}                                    </del>		,217,2			,255.
5 5				. 844	_				g of Current		End of Y	
. 15			Part X, line 16)	·   👌	NOV 19	2012	5	11	,009,6	-	13,513	
4 5 E	<b>21</b> To	ital liabilities	(Part X, line 26)		<u> </u>				697,4	42.	1,522	7,072.
[ŽŽ		et assets or	fund balances. Subtra	ct line 2] from [	<u> 0€30,5M.</u>	[]]	1	10	,312,2	20.	11,991	.,475.
1	别!	Signature	e Block	<u> </u>	<u></u>		<u>ا</u>					
Unde	r penalties	of perjury, I dec	clare that I have examined the er (other than officer) is base	nis return, including a	ccompanying sch	edules and stat	ements, and t	to the best of m	y knowledge a	and belie	f, it is true, correc	at, and
<u>"                                    </u>	lete Decia	ration of prepar	er (other than officer) is base	ed on all information	of which prepare	r has any know	ledge					
2			nd will	1n//					(1/13	<u> 3/12-</u>		
Sig	n	Signature	e of officer (	1H	,			Da	te			
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-3		Type or i	print name and title	-	<u> </u>	<u> </u>	<u> </u>	<u> </u>				
		Print/Type pr	eparer's name	Preparer's sig	nature		Date		Check	if P	TIN	
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		<u> </u>	OKLAHOMA (			OK 731	12		Phone no	(405		
May	the IRS	discuss this	s return with the prepa	arer shown above	e? (see instri	uctions)					X Yes	No

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

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	990 (2011) OKLAHOMA CITY BOATHOUSE FOUNDATION	20-1837237	Page 2
Par	Statement of Program Service Accomplishments	· · · · · · · · · · · · · · · · · · ·	
	Check if Schedule O contains a response to any question in this Part III		$\Box$
1	Briefly describe the organization's mission:		
	SEE ATTM. 2		
			<b></b>
2	Did the organization undertake any significant program services during the year which were not listed on ti	ne prior	
	Form 990 or 990-EZ?	. ∏ Ye	s X No
	If 'Yes,' describe these new services on Schedule O		
	Did the organization cease conducting, or make significant changes in how it conducts, any program serving	nes?     V	es 🗓 No
	If 'Yes,' describe these changes on Schedule O		.3 [2] 110
	Describe the organization's program service accomplishments for each of its three largest program service	e as measured by	evnences
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported.	unt of grants and a	llocations to
	(Code:) (Expenses \$ 3,390,291. including grants of \$ 0.) (Ri		174,015.)
	CRR A TIME 2	evenue \$	1/4,015.
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	Other program services. (Describe in Schedule O.)		
(	Expenses \$ including grants of \$ ) (Revenue \$		
4e T	otal program service expenses ► 3,390,291.		

3

			res	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	х	
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5_		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		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		x
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? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
ā	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	x	
ı	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	11 b		<u>x</u>
(	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11c		x
	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	11 d		x
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	x	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u>x</u>
20 8	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		х
t	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20 b	7	<b>A</b>

Form 990 (2011) OKLAHOMA CITY BOATHOUSE FOUNDATION

Checklist of Required Schedules (continued)

			Yes	No
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	x	
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		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		x
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Н	A
,	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	H/	A
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	N	/A
25	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 I	25a		x
١	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		x
26	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		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27	<b>.</b>	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		!	
i	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		х
ı	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
(	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	<u> </u>
30	contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I .	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		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? <i>If 'Yes,' complete Schedule R, Part I</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		x
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	<b>Section 501(c)(3) organizations.</b> 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		x
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	_x	
BAA		Form	990	(2011)

-	Check if Schedule O contains a response to any question in this Part V					$\Box$
					Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	32	:		
1	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .	1 b	0			
(	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming		1 c	х	
2	a 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>2a</b> 3	L55			
i	of at least one is reported on line 2a, did the organization file all required federal employment	tax returns?		2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see ins				•	
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year	?		3a		X
ı	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		. [	3 b	N	A.
4:	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a ancial account)?		4a		ж
ı	o If 'Yes,' enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fir		4			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	=	-	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction? .	-	5b	- 41	X
•	of Yes,' to line 5a or 5b, did the organization file Form 8886-T?	•	-	5с	N	A_
	Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible?			6a		x
ı	If 'Yes,' did the organization include with every solicitation an express statement that such cornot tax deductible?	ntributions or gifts were		6b	N	4
7	Organizations that may receive deductible contributions under section 170(c).					
á	Did the organization receive a payment in excess of \$75 made partly as a contribution and pa services provided to the payor?	rtly for goods and		7a		X
ŧ	o If 'Yes,' did the organization notify the donor of the value of the goods or services provided? .		L	7b	1	A
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for white Form 8282?	1 11/4	,	7с		X
	If 'Yes,' indicate the number of Forms 8282 filed during the year .	7d NA				
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		-	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene			7f		X
	g If the organization received a contribution of qualified intellectual property, did the organization as required?			7 g	Ц	A
ŀ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the of Form 1098-C?	organization file a		7h		x
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, had holdings at any time during the year?	g organizations. Did the ve excess business		8		х
9	Sponsoring organizations maintaining donor advised funds.		ĺ			
á	Did the organization make any taxable distributions under section 4966?		. [	9a		X
ŀ	Did the organization make a distribution to a donor, donor advisor, or related person?	•	. L	9 b		X
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a H/A				
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b N/A				
11	Section 501(c)(12) organizations. Enter:			i.		
	Gross income from members or shareholders	11a <u>LL/A</u>				
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b HA				/A
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of			12a	7	<u>//</u>
	o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b WA				
	Section 501(c)(29) qualified nonprofit health insurance issuers.		ľ	13a	11	A
•	I is the organization licensed to issue qualified health plans in more than one state?	0		138		~
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule	J.	•			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  Enter the amount of reserves on hand	13b L/A				
	Explorer the amount of reserves on hand.  Did the organization receive any payments for indoor tanning services during the tax year?	130 14/14	-	14a		y
	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Sc</i>		ŀ	14a		×
	in res, has it lieu a rotti 720 to report these payments: If two, provide an explanation in Sc	incuule U		- 140	~*	<u> </u>

Form 990 (2011) OKLAHOMA CITY BOATHOUSE FOUNDATION 20-1837237 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 22 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 18 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 ¥ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a x X b Each committee with authority to act on behalf of the governing body? 8Ь Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 x Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a 10a Did the organization have local chapters, branches, or affiliates? X b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a X b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12h c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c 13 Did the organization have a written whistleblower policy? 13 x 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a b Other officers of key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► Oklahoma Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

GWEN LANG

725 S. LINCOLN

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

OKLAHOMA CITY OK 73129

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title  (B) Average per week.  (C) C(s) not clearly received in one box, unless serion in solid in a riflerer related surplus serion in the related organizations (W-2/1099-MiSC)  (C) CLAYTON I. BENNETT  SECRETARY  1.00 X X X X 175,000.  (A) MARK RNOPP  EXEC DIR/MEMBER  1.00 X X X X 175,000.  (B) PATRICK J. DOWNES  MEMBER  1.00 X X X 0.  (C) PATRICK J. DOWNES  MEMBER  1.00 X X X 0.  (C) PATRICK J. DOWNES  MEMBER  1.00 X X X 0.  (C) PATRICK J. DOWNES  MEMBER  1.00 X X X 0.  (D) PATRICK J. DOWNES  MEMBER  1.00 X X X 0.  (D) PATRICK J. DOWNES  MEMBER  1.00 X X X 0.  (E) PATRICK J. DOWNES  MEMBER  1.00 X X X 0.  (D) PATRICK J. DOWNES  MEMBER  1.00 X X X 0.  (D) PATRICK J. DOWNES  MEMBER  1.00 X X X 0.  (E) PATRICK J. DOWNES  MEMBER  1.00 X X X 0.  (D) PATRICK J. DOWNES  MEMBER  1.00 X X X 0.  (D) PATRICK J. DOWNES  MEMBER  1.00 X X X 0.  (D) PATRICK J. DOWNES  MEMBER  1.00 X X X 0.  (D) PATRICK J. DOWNES  MEMBER  1.00 X X X 0.  (D) PATRICK J. DOWNES  MEMBER  1.00 X X 0.  (D) PATRICK J. DOWNES  MEMBER  1.00 X X 0.  (D) PATRICK J. DOWNES  MEMBER  1.00 X X 0.  (D) PATRICK J. DOWNES  DOARD MEMBER  1.00 X 0.  (D) PATRICK J. DOWNES  DOARD MEMBER  1.00 X 0.  (D) PATRICK J. DOWNES  DOARD MEMBER  1.00 X 0.  (D) PATRICK J. DOWNES  DOARD MEMBER  1.00 X 0.  (D) PATRICK J. DOWNES  DOARD MEMBER  1.00 X 0.  (D) PATRICK J. DOWNES  DOARD MEMBER  1.00 X 0.  (D) PATRICK J. DOWNES  DOARD MEMBER  1.00 X 0.  (D) PATRICK J. DOWNES  DOARD MEMBER  1.00 X 0.  (D) PATRICK J. DOWNES  DOARD MEMBER  1.00 X 0.  (D) PATRICK J. DOWNES  DOARD MEMBER  1.00 X 0.  (D) PATRICK J. DOWNES  DOARD MEMBER  1.00 X 0.  (D) PATRICK J. DOWNES  DOARD MEMBER  1.00 X 0.  (D) PATRICK J. DOWNES	Check this box if neither the organization	nor any r	elated	org	anız	atio	n com	pen	sated any current office	er, director, or truste	e
Column   C											
Control of the state of the s	(A) Name and title	Average hours	unles	s per	ck mo son is	ore th s both	n an offi	box, cer	Reportable compensation from	Reportable compensation from	Estimated amount of other
PRESIDENT		(describe hours for related organiza- tions in Schedule	andividual frustee or director	anstitutional trast <del>ee</del>	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
C2 CLAYTON I. BENNETT   SECRETARY   1.00   X		1.00	x		x				0.	0.	0.
SECRETARY   1.00 x   0. 0. 0.		1		$\vdash$	<del></del> -						<del></del>
(3) MIKE ENOPP   EXEC DIR/MEMBER		1.00	x					-	٥.	0.	0.
MARTHA A. BURGER	(3) MIKE KNOPP										
MARTHA A. BURGER		40.00	x		x	x	X		175,000.	0.	0.
S   PATRICK J. DOWNES	(4) MARTHA A. BURGER										
MEMBER	MEMBER	1.00	х		x				0.	0.	0.
MEMBER	(5) PATRICK J. DOWNES				İ						
MEMBER	MEMBER	1.00	х		x			_	0.	0.	0.
COLUMN   C	(6) PETER DELANEY										
BOARD MEMBER   1.00   X	MEMBER	1.00	Х		X			<u> </u>	0.	0.	0.
BOARD MEMBER   1.00 X   0. 0. 0.											
BOARD MEMBER   1.00 X   0. 0. 0.		1.00	X					<u> </u>	0.	0.	0.
(9) RHONDA HOOPER											
BOARD MEMBER   1.00   X		1.00	X	<u> </u>		L_		_	0.	0.	0.
(10) DAVID CARPENTER       BOARD MEMBER     1.00 X       (11) BRANDON E. MARTIN, PHD       BOARD MEMBER     1.00 X       (12) LEE ALLAN SMITH       BOARD MEMBER     1.00 X       (13) JOHN MICHAEL WILLIAMS       BOARD MEMBER     1.00 X       (14) ROY WILLIAMS		.									
BOARD MEMBER 1.00 X 0. 0. 0. (11) BRANDON E. MARTIN, PHD BOARD MEMBER 1.00 X 0. 0. 0. 0. (12) LEE ALLAN SMITH BOARD MEMBER 1.00 X 0. 0. 0. 0. (13) JOHN MICHAEL WILLIAMS BOARD MEMBER 1.00 X 0. 0. 0. (14) ROY WILLIAMS		1.00	X	<u> </u>		ļ	-	_	0.	0.	<u> </u>
(11) BRANDON E. MARTIN, PHD  BOARD MEMBER 1.00 X 0. 0. 0.  (12) LEE ALLAN SMITH  BOARD MEMBER 1.00 X 0. 0. 0.  (13) JOHN MICHAEL WILLIAMS  BOARD MEMBER 1.00 X 0. 0. 0.  (14) ROY WILLIAMS								ŀ	_		_
BOARD MEMBER		1.00	<u>X</u>		<u> </u>			<u> </u>	0.	0.	0.
Column   C											•
BOARD MEMBER		1.00	X			H		_	0.	0.	0.
(13) JOHN MICHAEL WILLIAMS BOARD MEMBER 1.00 X 0. 0. 0. (14) ROY WILLIAMS		1 00								ا م	0
BOARD MEMBER 1.00 X 0. 0. 0. (14) ROY WILLIAMS		1.00	<u> </u>	-	$\vdash$	H		┢	0.	0.	<u> </u>
(14) ROY WILLIAMS		1.00	x					}	o.	0.	0.
		1									
		1.00	х						0.	0.	0.

	(C)								<u></u>	3				
					رہ ition									
(A)	(B) Average			heck	more	than o		(D) Reportable	<b>(E)</b> Reportable	(F) Estimate	d			
Name and title	hours	offic	er an	d a d	irecto	r/truste	ee)	compensation from	compensation from	amount of c	ther			
	week (describ	or o	Ins	Off	Кеу	High	Fo	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organizati	;			
	e hours	Individual trustee or director	nstitutional	Officer	err	ployee	Former			and relat	ed			
	for	ᅘ	റും		employee	8 8	•			organizatio	JIIS			
	organi- zations	uste	trustee		8	룡								
	In Sch O)	, e	tee			Highest compensated employee								
	30110)					٦		,						
(15) WILLIAM CANFIELD, MD														
BOARD MEMBER	1.00	x						0.	0.		0.			
(16) CHRISTOPHER REEN														
BOARD MEMBER	1.00	X			Ш			0.	0.		0.			
(17) ROGER WEBB														
BOARD MEMBER	1.00	X						0.	0.		0.			
(18) JOHN RICHELS	]													
BOARD MEMBER														
(19) TOM MCDANIEL														
BOARD MEMBER	0.		0.											
(20) ELIZABETH LAURENT														
SR DIRECTOR OF MARKETING & EVENTS	0.		0.											
(21) ART COTTON														
SR. DIRECTOR OF DEVELOPMENT	0.		0.											
(22) BILL ANOATUBBY														
BOARD MEMBER	1.00	X				$\Box$		0.	0.		0.			
(23) ANN LACY	1					1								
BOARD MEMBER	1.00	X						0.	0.		<u> </u>			
(24) TRENT WARD														
BOARD MEMBER	1.00	X			<u> </u>			0.	0.		0.			
(25)														
di Cultural	_						<u> </u>	404 577						
1 b Sub-total						•		424,577.	0.		0.			
c Total from continuation sheets to Part VII, Section A	`		•					404 577						
d Total (add lines 1b and 1c)	40.4600							424,577.	0.		0.			
2 Total number of individuals (including but not limited	เด เกอร	se iis	tea	abov	ve) v	vno r	ece	eived more than \$	100,000 of reportable	e compensar	ЮП			
from the organization > 3									·	Yes	No			
										res	NO			
3 Did the organization list any former officer, director of on line 1a? If 'Yes,' complete Schedule J for such inc	or trust dividua	ee, k I	еу е	empl	loyee	e, or	hig	hest compensated	employee	. 3	х			
·			-	٠,					•					
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	ortable an \$15	con 0.00	nper 0? <i>I</i>	ısatı f 'Ye	on a	na oi omole	ther ete	r compensation fro Schedule J for	om					
such individual .		-,				<b>,</b>				4 X				
5 Did any person listed on line 1a receive or accrue co	mpens	ation	า fro	m a	ny u	nrela	ted	organization or in	dıvıdual	5				
for services rendered to the organization? If 'Yes,' complete Schedule J for such person											<u> </u>			
Section B. Independent Contractors  1 Complete this table for your five highest compensate	d indo	2000	ont.			4b		rosawad mara tha	n \$100 000 of					
compensation from the organization. Report compen	sation	for t	he c	alen	dar y	year	enc	ding with or within	the organization's t	ax year				
(A) (B) (C)														
Name and business address Description of services														
CORY'S AUDIO-VISUAL SER 2014 SOUTH NICKLAS AVE OK	STALLATION	213,	226.											
ELLIOT AND ASSOC 35 HARRISON AVE OK	LAHOM	IA C	ITY	OK	. 7	310	)4	ARCHITECTU	RE	142,	790.			
TOTAL ENVIRONMENT, INC 16301 NORTH ROCKWELL AVE ED	MOND			OK	. 7	301	.3	LANDSCAPING	3	238,	642.			
								l						
2 Total number of independent contractors (including b	out not	lımıt	ed to	tho	se I	isted	ab	ove) who received	more than					

الراق	Statement of Revenue					
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S Z	1a Federated campaigns 1a					
AND	b Membership dues 1b 7	03,473.				
200	c Fundraising events 1c					
AR/	d Related organizations 1d					•
S, G	e Government grants (contributions)					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f 5 , 8	340,403.				
15 C		30,671.				
N N	h Total. Add lines 1a-1f	,30,0,1.	6,543,876.			
<del>-</del>		iness Code	0,343,670.			* ***
PROGRAM SERVICE REVENUE	2a MEETING ROOM RENTAL 7139		122,314.	122,314.	0.	0.
Ē	b BOAT & RACK RENTAL 7139		51,701.	51,701.	0.	0.
S S	c		31,701.	31,701.		<u> </u>
- €	d					
S	<u> </u>				<del></del>	
SR.	f All other program service revenue					
Š	g Total. Add lines 2a-2f	<b>•</b>	174,015.		* *	
-71	3 Investment income (including dividends, intere	oct and	27,27025.			
	other similar amounts)	st and	10,561.	0.	0.	10,561.
	4 Income from investment of tax-exempt bond p	roceeds ►				
	5 Royalties	<b>&gt;</b>				
		ıı) Personal				
	6a Gross rents					
	<b>b</b> Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
	7a Gross amount from sales of (i) Securities	(ii) Other		· · · · · · · · · · · · · · · · · · ·	<del></del>	
- 1	assets other than inventory	20,200.				
	b Less: cost or other basis					
	and sales expenses	14,371.				
	c Gain or (loss)	5,829.				
	d Net gain or (loss)	<b>•</b>	5,829.	5,829.	0.	0.
별	8a Gross income from fundraising events (not including \$ 0.		·	· · · · · · · · · · · · · · · · · · ·		
N.	of contributions reported on line 1c).					
	See Part IV, line 18 . a	93,721.				
OTHER REVENUE		48,457.				
5	c Net income or (loss) from fundraising events	▶	-354,736.		0.	-354,736.
	9a Gross income from gaming activities.					302,700
- {	b Less: direct expenses  c Net income or (loss) from gaming activities					
	` ` ` <u> </u>					
	10a Gross sales of inventory, less returns and allowances . a	69,840.				
	b Less: cost of goods sold b	42,306.				
	c Net income or (loss) from sales of inventory	<del>42,300.</del> ▶	27,534.	27,534.	0.	
		iness Code	21,331.	21,331.	0.	0.
	11a					
ļ	ь					
ı						
	d All other revenue					
	e Total. Add lines 11a-11d	<b>-</b>				
ĺ	12 Total revenue. See instructions		6,407,079.	207,378.	0.	-344,175.
			V / 4 V / / V / J 4	~01,310.		<u> </u>

### Pant X 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   Cab. 26. 50. 50 and 180 of Part Vill.		Check if Schedule O contains a res	sponse to any question	in this Part IX		<u> </u>
and organizations in the United States. See Part IV, line 22 miles to Individuals in the United States. See Part IV, line 22 miles to Individuals of Indivi	Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service	Management and	Fundraising
2 Grants and other assistance to individuals in the United States, See Part IV, line 27 and 16 and		and organizations in the United States See Part IV, line 21	10,314.	10,314.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits pad to or for members of training the Company of the Compa	2	Grants and other assistance to individuals in the United States. See Part IV, line 22				•
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 495(f)(1)) and persons described in section 401(k) and section 403(b) and section	3	Grants and other assistance to governments, organizations, and individuals outside the		_	erni runn uuun meum	mers en skristies
6 Compensation not included above, to disqualified persons (as defined under section 4958(n)(1)) and persons described in section 4958(n)(1)) and section 403(b) employer contributions (include section 401(k) and section 403(b) employer contributions (include section		Compensation of current officers, directors,	409.073.	261.807.	69.542	77.724.
8 Penson plan accruals and contributions (include section 401 (k) and section 403(b) employer contributions) 9 Other employee benefits 15,926, 3,793, 1,007, 1,126, 10 Payroll taxes 153,215, 98,058, 26,046, 29,111, 11 Fees for services (non-employees): a Management b Legal c Accounting q Professional fundrating services, See Part IV, line I7 f Investment management fees g Other 12 Advertising and promotion 139,685, 100,573, 4,191, 34,921, 13 Office expenses 18,793, 11,276, 5,638, 1,879, 14 Information technology 15 Royalties 16 Occupancy 104,567, 63,786, 30,324, 10,457, 17 Travel 18 Payments of travel or entertainment public officials 19 Conferences, conventions, and meetings 10 Interest: 21 Payments to affiliates 22 Depreciation, depletion, and amortization 15 Insurance 16 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e, If Iline 24e around exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule C), a PROPERTY TAXES 15 Total functional expenses (18,828, 119,087, 0, 7,590, 0, 7,590, 1) 15 UTILITIES 17,5897, 68,307, 0, 7,590, 1,590, 119, 936 15 Total functional expenses. Namice 24e expenses on Schedule C), a PROPERTY TAXES 27,438, 11,933, 21,933, 0, 0, 7,590, 168, 828, 119,087, 29,805, 19,936.  16 BOUTPHENTY RENTAL & MAINTENANCE 555,961, 489,245, 33,358, 33,358, 33,358, 61,9605, 274,267, 93,663, 19,605.  25 Total functional expenses. Add lines 1 through 24 4,727,824, 3,390,291, 747,414, 590,119, 19, 19, 19, 19, 19, 19, 19, 19, 19	6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described				
8 Pension plan accruals and contributions (include section 401 (k) and section 403 (k	7	Other salaries and wages	1,560,982.	999,028.	265,367.	296,587.
9 Other employee benefits 10 Payroli taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investiment management fees g Other 2 Advertising and promotion 139,685. 100,573. 4,191. 34,921. 35,800. 0. 35,800. 0. 35,800. 0. 35,800. 0. 0. 35,800. 0. 0. 35,800. 0. 0. 36,800. 0. 0. 37,800. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	8	(include section 401(k) and section 403(b)	3 200	2 048	544	
10   Payroll taxes   153,215.   98,058.   26,046.   29,111.     11   Fees for services (non-employees): a Management   b. Legal	9	· · · · · · · · · · · · · · · · · · ·				
11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundratising services. See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 139, 685. 100, 573. 4, 191. 34, 921. 13 Office expenses 18, 793. 11, 276. 5, 638. 1, 879. 14 Information technology 15 Royaltes 16 Occupancy 104, 567. 63, 786. 30, 324. 10, 457. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in the 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 14 PROPERTY TAXES 15 A GROWN SERVICES 16 A GROWN SERVICES 17 A GROWN SERVICES 18 A GROWN SERVICES 28 A GROWN SERVICES 39 A GROYN SERVICES 30 A GROYN SERVICES 30 A GROYN SERVICES 4 GROWN SERVICES 30 A GROYN SERVICES 30 A GROYN SERVICES 30 A GROYN SERVICES 30 A GROYN SERVICES 4 GROWN SERVICES 30 A GROYN SERVICES 30 A G		· · · · ·				
a Management b Legal  c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 139,685. 100,573. 4,191. 34,921. 13 Office expenses 18,793. 11,276. 5,638. 1,879. 14 Information technology 15 Royalties 16 Occupancy 104,567. 63,786. 30,324. 10,457. 17 Travel 27,438. 11,524. 5,762. 10,152. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 21,933. 21,933. 0. 0. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a PROPERTY TAXES 53,006. 47,705. 0. 5,301. b UTILITIES 75,897. 68,307. 0. 7,590. c PROGRAM SERVICES 300,372. 300,372. 0. 0. 0. d EQUIPMENT RENTAL & MAINTENANCE 555,961. 489,245. 33,358. 33,358. e All other expenses PARM. 387,555. 274,267. 93,683. 19,605. 10 Interosts. Complete this line only if the organization reported in column (B) joint costs for flooling of the organization reported in column (B) joint costs for flooling appeass solications. Check here ► if following				50,030.	20,010.	47,111.
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d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 139,685. 100,573. 4,191. 34,921. 13 Office expenses 18,793. 11,276. 5,638. 1,879. 14 Information technology 15 Royalties 2 Advertising and promotion 139,685. 100,573. 4,191. 34,921. 17 Travel 2 104,567. 63,786. 30,324. 10,457. 17 Travel 2 27,438. 11,524. 5,762. 10,152. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2 1,933. 21,933. 0. 0. 0. 19 Payments to affiliates 2 2 Depreciation, depletion, and amortization 23 Insurance 2 Covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule C) a PROPRITY TAKES 53,006. 47,705. 0. 5,301. 597,168. 145,898. 33,358. 30,372. 300,372. 300,372. 0. 0. 7,590. 19,936. 19,605		· · · · · · · · · · · · · · · · · · ·				
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e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other  12 Advertising and promotion 139,685. 100,573. 4,191. 34,921. 13 Office expenses 18,793. 11,276. 5,638. 1,879. 14 Information technology 15 Royalties 16 Occupancy 104,567. 63,786. 30,324. 10,457. 17 Travel 27,438. 11,524. 5,762. 10,152. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule C.) 2 PROPRETY TAXES 53,006. 47,705. 0. 5,301. 4 EQUIPMENT RENTAL & MAINTENANCE 555,961. 489,245. 33,358. 33,358. 281,016 Costs, Complete this line only if the organization reported in column (B) introducing compangin and fundraising solicitation. Check here ▶ if following			33,000.		33,000.	<del>.</del>
Investment management fees   g Other						
3 Office expenses   139,685.   100,573.   4,191.   34,921.		· · · · · · · · · · · · · · · · · · ·		<u> </u>	e <u>mangian nere</u> sem <u>ana de semente en estado</u>	
13 Advertising and promotion 139,685. 100,573. 4,191. 34,921. 13 Office expenses 1 Information technology 15 Royaltes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and amortization 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2 PROPERTY TAXES 53,006. 47,705. 0. 5,301. 3 PROPERTY TAXES 553,006. 47,705. 0. 5,301. 5 UTILITIES 75,897. 68,307. 0. 7,590. 4 EQUIPMENT RENTAL & MAINTENANCE 555,961. 489,245. 33,358. 33,358. 25 Total functional expenses. Add lines 1 through 24e (A) print costs. Complete this line only if the organization reported in column (B) point costs. Complete this line only if the organization reported in column (B) point costs. Complete this line only if the organization reported in column (B) point costs. Complete this line only if the organization reported in column (B) point costs. Complete this line only if the organization reported in column (B) point costs. Complete this line only if the organization reported in column (B) point costs. Complete this line only if the organization reported in column (B) point costs. Complete this line only if the organization reported in column (B) point costs. Complete this line only if the organization reported in column (B) point costs. Complete this line only if the organization reported in column (B) point costs. Complete this line only if the organization reported in column (B) point costs. Complete this line only if the organization reported in column (B) point costs. Complete this line only if the organization reported in column (B) point costs. Complete this line only if the organization reported in column (B) to the organization reported in column (B) to the organization repo						
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17 Travel   27,438.   11,524.   5,762.   10,152.     18 Payments of travel or entertainment expenses for any federal, state, or local public officials			104,567.	63.786.	30.324.	10.457.
Payments of travel or entertainment expenses for any federal, state, or local public officials	17	· · · · ·				
20 Interest .	18	expenses for any federal, state, or local				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a PROPERTY TAXES  53,006. 47,705. 0. 5,301.  b UTILITIES  75,897. 68,307. 0. 7,590.  c PROGRAM SERVICES  300,372. 300,372. 0. 0.  d EQUIPMENT RENTAL & MAINTENANCE  64I other expenses. Add lines 1 through 24e  A 1,727,824. 3,390,291. 747,414. 590,119.  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ If following	19	Conferences, conventions, and meetings .	528.	0.	449.	79.
Depreciation, depletion, and amortization   1694,751.   507,168.   145,898.   41,685.	20	Interest .	21,933.	21,933.	0.	0.
168,828.   119,087.   29,805.   19,936.	21	Payments to affiliates .				
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a PROPERTY TAXES  53,006. 47,705. 0. 5,301.  b UTILITIES  75,897. 68,307. 0. 7,590. c PROGRAM SERVICES  300,372. 300,372. 0. 0.  d EQUIPMENT RENTAL & MAINTENANCE  555,961. 489,245. 33,358. 33,358. e All other expenses  ANN. 387,555. 274,267. 93,683. 19,605.  Total functional expenses. Add lines 1 through 24e  4,727,824. 3,390,291. 747,414. 590,119.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following	22	Depreciation, depletion, and amortization			145,898.	41,685.
covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25e, column (A) amount, list line 24e expenses on Schedule O.)  a PROPERTY TAXES  53,006. 47,705. 0. 5,301.  b UTILITIES  75,897. 68,307. 0. 7,590.  c PROGRAM SERVICES  300,372. 300,372. 0. 0.  d EQUIPMENT RENTAL & MAINTENANCE  555,961. 489,245. 33,358. 33,358.  e All other expenses  ANM. 387,555. 274,267. 93,683. 19,605.  Total functional expenses. Add lines 1 through 24e  4,727,824. 3,390,291. 747,414. 590,119.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here □ if following			168,828.	119,087.	29,805.	19,936.
b UTILITIES 75,897. 68,307. 0. 7,590.  c PROGRAM SERVICES 300,372. 300,372. 0. 0.  d EQUIPMENT RENTAL & MAINTENANCE 555,961. 489,245. 33,358. 33,358.  e All other expenses . Att M. 387,555. 274,267. 93,683. 19,605.  25 Total functional expenses. Add lines 1 through 24e 4,727,824. 3,390,291. 747,414. 590,119.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here □ If following	24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e		:		
b UTILITIES 75,897. 68,307. 0. 7,590.  c PROGRAM SERVICES 300,372. 300,372. 0. 0.  d EQUIPMENT RENTAL & MAINTENANCE 555,961. 489,245. 33,358. 33,358.  e All other expenses . Att M. 387,555. 274,267. 93,683. 19,605.  25 Total functional expenses. Add lines 1 through 24e 4,727,824. 3,390,291. 747,414. 590,119.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following	a	PROPERTY TAXES	53,006.	47,705.	0.	5,301.
d EQUIPMENT RENTAL & MAINTENANCE e All other expenses	t	UTILITIES	75,897.	68,307.	0.	7,590.
e All other expenses Atm	c	PROGRAM SERVICES	300,372.	300,372.	0.	
Total functional expenses. Add lines 1 through 24e  4,727,824. 3,390,291. 747,414. 590,119.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following	C	EQUIPMENT RENTAL & MAINTENANCE	555,961.	489,245.	33,358.	33,358.
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following			387,555.	274,267.	93,683.	19,605.
the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following	25	Total functional expenses. Add lines 1 through 24e	4,727,824.	3,390,291.	747,414.	590,119.
	26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
SOP 98-2 (ASC 958-720) .		1				
		SOP 98-2 (ASC 958-720)				<del></del>

عرا	IL! 📉	Balance Sheet		· · · · · · · · · · · · · · · · · · ·		
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing .			1	
	2	Savings and temporary cash investments .		89,542.	2	747,876.
	3	Pledges and grants receivable, net .		3,790,760.	3	123,531.
	4	Accounts receivable, net		43,663.	4	9,233.
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part	s, trustees, key employees, Il of Schedule L		5	
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrisponsoring organizations of section 501(c)(9) voluntar organizations (see instructions)	ed under section 4958(f)(1)), buting employers and y employees' beneficiary		6	
A	7	Notes and loans receivable, net		0.	7	0.
A S E T S	8	Inventories for sale or use		5,867.	8	14,232.
Ī	9	Prepaid expenses and deferred charges		4,316.	9	14,971.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,783,427.			
	<sub>E</sub>	Less: accumulated depreciation .	10b 2,224,831.	7,022,880.	10 c	12,558,596.
	11	Investments — publicly traded securities		7,7522,7553	11	
	12	Investments – other securities See Part IV. line 11			12	
	13	Investments – program-related. See Part IV, line 11			13	<del></del>
	14	Intangible assets .			14	
	15	Other assets. See Part IV, line 11 .	52,634.	15	45,108.	
	16	Total assets. Add lines 1 through 15 (must equal line	34)	11,009,662.	16	13,513,547.
	17	Accounts payable and accrued expenses		410,694.	17	167,919.
	18	Grants payable			18	
	19	Deferred revenue .		41,613.	19	37,132.
Ļ	20	Tax-exempt bond liabilities			20	
Á	21	Escrow or custodial account liability. Complete Part IV		and the second of the second of the second of	21	a ta cada " i a agregativa (a a a a a a
Ĺ	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified persof Schedule L	tees, key employees, sons. Complete Part II		22	900,000.
Ţ	23	Secured mortgages and notes payable to unrelated the	ird parties		23	20,0001
Š	24	Unsecured notes and loans payable to unrelated third		209,833.	24	200,144.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Comp	•	35,302.		216,877.
	26	Total liabilities. Add lines 17 through 25		697,442.		1,522,072.
N		Organizations that follow SFAS 117, check here ▶	X and complete lines			<u>.</u>
N E T		27 through 29 and lines 33 and 34.	_			
Ą	27	Unrestricted net assets		3,939,134.	27	11,196,812.
≪いいますい	28	Temporarily restricted net assets		6,327,415.	28	748,992.
	29	Permanently restricted net assets .	·	45,671.	29	45,671.
Q R		Organizations that do not follow SFAS 117, check he	re ► and complete			
E		lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
В	31	Paid-in or capital surplus, or land, building, or equipm	ent fund		31	
Î,	32	Retained earnings, endowment, accumulated income,	or other funds .		32	
B女 レイズいいか	33	Total net assets or fund balances .		10,312,220.	33	11,991,475.
Ŝ	34	Total liabilities and net assets/fund balances .		11,009,662.	34	13,513,547.

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Form **990** (2011)

		<u> 20-1837237</u>	Page <b>12</b>
Pa	Reconciliation of Net Assets		
	Check if Schedule O contains a response to any question in this Part XI .		x
_	<b>-</b>	1 . 1	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,407,079.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,727,824.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,679,255.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		10,312,220.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,991,475.
Pa	हिंसी Financial Statements and Reporting		
	Check if Schedule O contains a response to any question in this Part XII		x
			Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		e e
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	b Were the organization's financial statements audited by an independent accountant?		2b X
,	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or review, or compilation of its financial statements and selection of an independent accountant? .	of the audit,	2c X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is separate basis, consolidated basis, or both:    X   Separate basis	sued on a	
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	ne Single	3a X
i	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired audit	3b N/A

Form **990** (2011)

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## SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

OMB No 1545-0047

विद्यान्य क्षित्र । जिल्लाम्य

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

	_					FOUNDAT								33723	<u> </u>		
Par	<u> </u>	Re	ason f	<u>or Pub</u>	lic Cha	arity Status	s (All org	anizations	must o	comple	ete this	part.)	See i	nstru <u>ct</u>	ions.		
The o	r <u>ga</u>	nızatı	on is no	t a priva	ite found	ation because	e it is: (For	lines 1 throu	ıgh 11, c	heck on	ly one b	ox.)					
1	Ш					ches or assoc				section	170(b)(1	χΑχί).					
2		A sc	hool des	scribed ii	n <b>sectio</b> i	n <b>170(b)(1)(A</b> )	<b>)(ii).</b> (Attac	h Schedule E	E.)								
3		A ho	spital or	а сооре	erative h	ospital servic	e organiza	tion describe	d ın sect	ion 170	(b)(1)(A)	(iii).					
4		A m	edical re	search o	organiza	tion operated	ın conjunc	tion with a ho	ospital de	escribed	ın <b>secti</b>	ion 170(	b)(1)(A)	iii). Ente	er the hosp	ıtal's	
	_			and state													
5		An c <b>170(</b>	rganızat <b>b)(1)(A)</b>	tion oper ( <b>iv).</b> (Co	rated for Implete F	the benefit of Part II.)	f a college	or university	owned o	r operat	ted by a	governr	nental u	nıt desci	ribed in sec	tion	
6	Ц				-	ernment or go											
7		ın se	ection 17	70(Ь)(1)(	<b>A)(</b> vi). (	receives a s Complete Pa	rt II.)			•	ernment	tal unit d	or from t	he gene	ral public d	escrib	ed
8	닏		-			ın section 17				•							
9	Ц	from	activitie stment ii	es relate ncome a	d to its e ind unrel	y receives: (1 exempt function ated busines: 509(a)(2). (Co	ons – subje s taxable ir	ect to certain ncome (less s	exception	ins. and	(2) no r	nore tha	ın 33-1/	3% of its	support fr	om arc	ÖSS
10		An o	rganızat	ion orga	ınızed ar	nd operated e	xclusively	to test for put	blic safet	y. See s	section 5	509(a)(4	).				
11		more	e publich	v suppor	rted orga	nd operated e inizations des ing organizat	scribed in s	ection 509(a)	(1) or se	ection 50	09(a)(2).	ions of, See <b>se</b>	or carry ction 50	out the <b>9(a)(3).</b>	purposes of Check the	of one box th	or nat
		a [	Туре І		b	Type II		c Type il	I - Fund	tionally	integrate	ed		d 🔲	Type III -	- Othe	r
е		othe	hecking r than fo on 509(a	undation	, I certify n manag	that the organics that the organics that the organics and other	anization is than one o	not controlle or more publi	ed directl cly supp	y or ind orted or	rectly by ganization	y one or ons desc	more d cribed in	squalifie section	ed persons 509(a)(1)	or	
f		If the	e organiz k this bo	zation re ox	ceived a	written deter	rmination fi	rom the IRS t	hat is a	Type I,	Гуре II о	r Type I	II suppo	rtıng org	janization,		
g		Sinc	e Augus	t 17, 200	06, has t	he organizati	on accepte	d any gift or	contribu	tion froi	n any of	the foll	owing p	ersons?			
																Yes	No
		<b>(i)</b>				or indirectly co ody of the sup			ogether	with per	sons des	scribed	ın (ıı) ar	d (III)	11 g (i)		
		(ii)	A famil	ly memb	er of a p	erson descri	bed in (i) a	bove?							11 g (ii)	<u> </u>	<u> </u>
		(iii)	A 35%	controlle	ed entity	of a person	described i	n (i) or (ii) at	oove? .						11 g (iii)	<u></u>	
<u>h</u>		Prov	ide the f	ollowing	ınforma	tion about the	e supported	d organization	n(s)								
		(i) Na	me of supp organizatio	oorted n		(ii) EIN	(describe	of organization ed on lines 1-9 or IRC section structions))	column (	is the zation in	the organ	ou notify lization in n (i) of upport?	(vi) I organiz colur organize U S	ation in	(vii) Amou	nt of sup	oport
									Yes	No	Yes	No	Yes	No No			
(A)														]			
				-						-							
<u>(B)</u>					<del>                                      </del>		<del>                                     </del>		<del>                                     </del>	_	<del> </del>	<u> </u>			<del></del>		
(C)				_													
<u>(D)</u>			<u>,                                      </u>					<u></u>									
<u>(E)</u>																	
							<u> </u>	<u> </u>	:			· · · · · · · · · · · · · · · · · · ·					
Total							ــــال										

### Partil Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support				<u>-</u> .	<del></del>					
Cale	endar year (or fiscal year	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total				
begi 1	nning in) > Gifts, grants, contributions, and	(4) 2007	(5) 2000	(6) 2009	(4) 2010	(6) 2011	(i) Total				
•	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')	1,813,816.	2.773.653.	3.368.833.	10.005.279.	6.543.876.	24,505,457.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0,010,010	21,303,137.				
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4	Total. Add lines 1 through 3	1,813,816.	2,773,653.	3,368,833.	10,005,279.	6,543,876.	24,505,457.				
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)		: • •			: : :	18,518,816.				
6	Public support. Subtract line 5 from line 4										
Sec	tion B. Total Support						5,986,641.				
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total				
7	Amounts from line 4	1,813,816.	2,773,653.	3,368,833.	10,005,279.	6,543,876.	24,505,457.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,966.	3,950.	2,160.	2,100.	10,561.	22,737.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		· ·								
11	Total support. Add lines 7 through 10					;	24,528,194.				
12	Gross receipts from related activi	ities, etc (see insti	ructions) .		•	. 12	-793,708.				
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	. ▶∏				
	tion C. Computation of Pu				<del></del>						
	Public support percentage for 20 Public support percentage from 2		•	e 11, column (f))		14	24.41%				
		•	,			15	25.19%				
	33-1/3% support test — 2011. If the and stop here. The organization	qualifies as a publ	licly supported org	ganization .	• •		▶ ∐				
ь	33-1/3% support test — 2010. If the and stop here. The organization of	he organization di qualifies as a publ	d not check a box icly supported org	on line 13 or 16a panization	, and line 15 is 33	-1/3% or more, ch	neck this box				
17 a	10%-facts-and-circumstances te or more, and if the organization rethe organization meets the 'facts-	neets the 'facts-ar	nd-cırcumstances'	test, check this b	ox and stop here.	Explain in Part IV	10% ⁄ how ► 🗓				
	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ar I-circumstances' te	nd-circumstances' est. The organizat	test, check this b ion qualifies as a	ox and <b>stop here.</b> publicly supported	Explain in Part IV Lorganization	/ how the ► □				
18 BAA	Private foundation. If the organiz	ation did not chec	k a box on line 13	3, 16a, 16b, 17a, o			uctions . ►   90 or 990-EZ) 2011				

### Partill Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sac	to quality under the tests is	sted below, pieds	c complete rait ii.	) 11/A			
	tion A. Public Support	4 > 0007	43.0000	4 > 0000	T		
Caler 1	ndar year (or fiscal yr beginning in)  Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants ')	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
	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						
3	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge .						
	Total. Add lines 1 through 5 3 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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 .						
(	: Add lines 7a and 7b .					-	_
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		:				
13	Total support. (Add Ins 9, 10c, 11, and 12)						
	First five years. If the Form 990 is organization, check this box and			l, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶□
	tion C. Computation of Pub						
15	Public support percentage for 201	1 (line 8, column	(f) divided by line	13, column (f))		15	8
	Public support percentage from 2	-	•		-	16	%
	tion D. Computation of Inv					ا تا اسبب بین	
	Investment income percentage for				nn (f))	17	%
18	Investment income percentage fro			•		18	<u> </u>
			•		d line 15 is more t		
	33-1/3% support tests — 2011. If is not more than 33-1/3%, check a 33-1/3% support tests — 2010. If						
	line 18 is not more than 33-1/3%,	check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation . ►
20	Private foundation. If the organize						<u> </u>

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

ीत्रका १५ ट्रेसचीहर स्टब्स्वरक्षण

Employer identification number

OKLAHOMA CITY BOATHOUSE FOUNDATION 20-1837237 Parkles 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? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part December 2015 Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes 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 conservation easements Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . ►\$ (ii) Assets included in Form 990, Part X . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenues included in Form 990, Part VIII, line 1 .

b Assets included in Form 990, Part X

	or the organization of the orition	, , , , , , , , , , , , , , , , , , , ,		
Part VI Land, Buildings, and Equip	oment. See Form 990, Pa	irt X, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .		290,000.		290,000
<b>b</b> Buildings		12,052,717.	957,729.	11,094,988
c Leasehold improvements				
<b>d</b> Equipment .		2,155,259.	1,066,330.	1,088,929
e Other .		285,451.	200,772.	84,679
Total Add lines 1a through 1e (Column (d) n	nust equal Form 990 Part Y co	Jump (B) June 10(c)	<b>•</b>	12 558 596

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Schedule **D** (Form 990) 2011

	Addit Visit 330, 2011 Oktabiotal CITT Box 11000 1000 1000	20-1	<u>.07/2</u> 3	1 age 4
Pai	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	•		6,407,079.
2	Total expenses (Form 990, Part IX, column (A), line 25)			4,727,824.
3	Excess or (deficit) for the year. Subtract line 2 from line 1.		-	1,679,255.
4	Net unrealized gains (losses) on investments			339.
5	Donated services and use of facilities			
6	Investment expenses			<del></del>
7	Prior period adjustments	•		
8	Other (Describe in Part XIV.)		-	
9	Total adjustments (net). Add lines 4 through 8		-	339.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	•	-	<del></del>
	Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Potu	<u></u>	1,679,594.
				7 000 641
	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	7,088,641.
		39.		
	Donated services and use of facilities 2b 232,7	56.		
	Recoveries of prior year grants			
	Other (Describe in Part XIV.)	57.		
е	Add lines 2a through 2d	Li	2e	681,562.
3	Subtract line 2e from line 1		3	6,407,079.
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			
b	Other (Describe in Part XIV.) . 4b			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	_	5	6,407,079.
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	eturn	0,20,,0,0
	Total expenses and losses per audited financial statements		1	5,409,047.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			3,103,017.
	Donated services and use of facilities	56		
	Prior year adjustments 2b	, 6.		
	Other losses 2c			
	Other (Describe in Part XIV.)			
	Add lines 2a through 2d		2e	681,223.
	Subtract line 2e from line 1		3	4,727,824.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV.)  Add large 4 and 4b		_	
	Add lines 4a and 4b		4 C	4 505 004
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,727,824.
	Supplemental Information			
Part \	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complidditional information.	V, lines ete this j	1b and part to p	2b; rovide
Pt_	V Line 4 PERMANENTLY RESTRICTED NET ASSETS OF \$35,285 ARE H	ELD I	3Y THI	B
	OKLAHOMA CITY COMMUNITY FOUNDATION.			
Pt_	XII Line 2d SPECIAL EVENTS EXPENSES OF \$448,457			
Pt_	XIII Line 2d SPECIAL EVENTS EXPENSES OF \$448,457.			

TEEA3304 05/25/11

Schedule **D** (Form 990) 2011

BAA

Schedule D	(Form 990) 2011	OKLAHOMA	CITY	BOATHOUSE	FOUNDATION	20-1837237	Page 5
PartXIV	Supplementa	I Information	ı (cont	ınued)	FOUNDATION		
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TEEA3305 05/25/11

20-1837237

Schedule **D** (Form 990) 2011

Schedule D (Form 990) 2011 OKLAHOMA CITY BOATHOUSE FOUNDATION

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## SCHEDULE G (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2011

Oper to Public Trapperior

Department of the Treasury Internal Revenue Service

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.

						ation number
OKLAHOMA CITY BOATHOUSE FOUNDA	TION				20-183723	7
Fundraising Activities. Complete if the Form 990-EZ filers are not required to complete in the second secon	organization an complete this pa	swered 'Ye rt.	es' to Form 990, Part IV	, line 17.		· · · · · · · · · · · · · · · · · · ·
1 Indicate whether the organization raised fun-	ds through any o	of the follo	wing activities. Check a	II that ap	ply.	
a Mail solicitations		е	Solicitation of non-	governm	ent grants	
<b>b</b> Internet and email solicitations		f	Solicitation of gove	rnment o	rants	
c Phone solicitations		a	Special fundraising	_		
d In-person solicitations		•				
2a Did the organization have a written or oral a employees listed in Form 990, Part VII) or e	greement with a ntity in connecti	iny individi on with pro	ual (including officers, d ofessional fundraising s	irectors, ervices?	trustees or key	Yes No
b If 'Yes,' list the ten highest paid individuals of compensated at least \$5,000 by the organization.	or entities (fundr ation.	aisers) pu	rsuant to agreements ur	nder whi	ch the fundraise	er is to be
(i) Name and address of individual (ii) Act	ivity (iii) Did	fundraiser	(iv) Gross receipts	(v) An	nount paid to	(vi) Amount paid to
or entity (fundraiser)		dy or control ibutions?	from activity	fundra	etained by) aiser listed in olumn (i)	(or retained by) organization
	Yes	No				
1						
2						
3						
4						
5						
6					·	
7						
8						
9						
10						
Total .						
3 List all states in which the organization is regor licensing.	gistered or licens	sed to soli	cit contributions or has	been not	ified it is exemp	ot from registration
						<b>-</b>
					<b>-</b>	

Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) HEAD OF OK **VARIOUS** CENTRAL YOUTH CHAMP through column (c) REVENUE (event type) (event type) (total number) 1 Gross receipts 33,579 12,885. 47,257. 93,721. 2 Less: Charitable contributions 3 Gross income (line 1 minus line 2) 33,579 12,885. 47,257. 93,721. 4 Cash prizes . 5 Noncash prizes DIRECT 6 Rent/facility costs 7 Food and beverages 22,225 1,742. 7,659. 31,626. EXPENSES 8 Entertainment 9 Other direct expenses 356,799. 9,313. 50,719. 416,831. 10 Direct expense summary. Add lines 4 through 9 in column (d) 448,457. 11 Net income summary. Combine line 3, column (d), and line 10 -354,736. Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. MIA (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming REVENUE (add column (a) bingo/progressive bingo through column (c) 1 Gross revenue 2 Cash prizes DIRECT 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1, column (d) and line 7 **9** Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? Yes b If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain:

	nedule G (Form 990 or 990-EZ) 2011 OKLAHOMA CITY BOATHOUS		20-1837237	Page 3
11	Does the organization operate gaming activities with nonmembers? .	•	∐ Yes	∐ No
12	! Is the organization a grantor, beneficiary or trustee of a trust or a membradminister charitable gaming? .	er of a partnership or other entity f	ormed to Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	a The organization's facility	•	13 a	%
	<b>b</b> An outside facility .		. 13b	ૠ
14	Enter the name and address of the person who prepares the organization	n's gaming/special events books a	nd records:	
	Name •			
	Address ►			
b	<ul> <li>a Does the organization have a contact with a third party from whom the o</li> <li>b If 'Yes,' enter the amount of gaming revenue received by the organizatio of gaming revenue retained by the third party</li> <li>c If 'Yes,' enter name and address of the third party:</li> </ul>	n <b>► \$</b> an		No
C	c if res, enter name and address of the third party:			
	Name >		<b>-</b>	
	Address ►			i
16	Gaming manager information:			
	Name ►			<del>-</del>
	Gaming manager compensation ► \$			
	Description of services provided			<del>-</del>
	Director/officer Employee Inc	dependent contractor		
17	Mandatory distributions			
	a is the organization required under state law to make charitable distribution state gaming license?	•••	🔛 Yes	No
b	<b>b</b> Enter the amount of distributions required under state law to be distribute	ed to other exempt organizations of	r spent in the	
Par	organization's own exempt activities during the tax year ► \$  Supplemental Information. Complete this part to proceed columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15 this part to provide any additional information (see in	ob, 15c, 16, and 1/b, as app	red by Part I, line 2 blicable. Also comp	2b, olete
				<del></del>
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	······································			

# SCHEDULE (Form 990)

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

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

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2011

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Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization	Employer identification number
OKLAHOMA CITY BOATHOUSE FOUNDATION	20-1837237
हेबद्धा General Information on Grants and Assistance	
I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants of the organization maintain records to substantiate the amount of the grants or assistance.	

grants or assistance, the grantees eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

ê □

X Yes

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. Part II can be duplicated if additional space is needed 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part I Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to

Part II can be duplicated if additional space is needed	additional space	s is needed					<b>A</b>
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) U.S. ROWING	23-6275472	501(c)3	10,239.	o	e/x.	4/x	GENERAL, GRANT
(2)							
(3)							
(4)							
59							
(a)							
ල 							
<u></u>							
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	) and government or	ganizations listed in table	the line 1 table				
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990	see the Instructions	for Form 990.		TEEA3901	06/01/11	Schedul	Schedule I (Form 990) (2011)

Page 2 Schedule I (Form 990) (2011) OKLAHOMA CITY BOATHOUSE FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance								ier additional information.						 	[	 	!	
(e) Method of valuation (book, FMV, appraisal, other)								rt I, line 2, and any other	ROWING.			                     	 	[ 	; 1 1 1 1 1 1 1 1 1	 	 	· · · · · · · · · · · · · · · · · · ·
(d) Amount of non-cash assistance								tion required in Par	SPORT OF	             	                 	 	; ; ; ; ; ; ; ; ;	 	 		                     	               
(c) Amount of cash grant								provide the informa	THE EDUCATION AND	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	1 1 1 1 1 1 1 1	 	! 		 		 	] ] [             
(b) Number of recipients								plete this part to	51		l	 			:	 	l	 
(a) Type of grant or assistance	1	2	R	4	5	9	7	Paritive Supplemental Information. Complete this part to provide the information required in Part I, line 2,	Pt I Line 2 GRANTS ARE MADE TO SUPPOR	Pt_I_Line_2SER_ATTM2.								

BAA

Schedule I (Form 990) (2011)

### SCHEDULE J (Form 990)

### **Compensation Information**

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

(C) s

2011
Open to Public Proposition

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

Name of the organization

OKLAHOMA CITY BOATHOUSE FOUNDATION

Questions Regarding Compensation

Employer identification number
20-1837237

			Yes	No
1	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			-
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b	N	A
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	И	A
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations   Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization.		i,	
	a Receive a severance payment or change-of-control payment?	4a		х
١	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
(	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	•		
ä	The organization?	5a		x
ı	b Any related organization?	. 5b		x
	If 'Yes' to line 5a or 5b, describe in Part III.	-		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
á	a The organization?	6a		х
i	Any related organization?	6b		х
	If 'Yes' to line 6a or 6b, describe in Part III.		,	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8		x
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	N/	A

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

Schedule J (Form 990) 2011

20-1837237 OKLAHOMA CITY BOATHOUSE FOUNDATION

Page 2

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

Schedule J (Form 990) 2011

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

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

	-							
		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(f) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(g)-(ı)(g)	reported as deferred in prior Form 990
	Θ	150,000.	25,000.	0	0	409.		
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	Θ							
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3	(ii)				 	 		 
	ω							
4				           				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ω							
52	(ii)					                 	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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9	_ (ii)			 	             	·		 
	_]ω							
7	(E)				:         	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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80	(1)					! ! ! ! !		 
	Θ	             						
6	<u>(i)</u>							! ! ! ! !
	Θ		             					
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11	Θ							
•	<u> </u>	           						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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12	© (				         			
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	Θ		Ι.					
15	<u>.</u>				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; 		
	<u>(e</u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
16	<u>(i)</u>							
ВАА				TEEA4102 01/2	01/24/12		Sche	Schedule J (Form 990) 2011

### **SCHEDULE L** (Form 990 or 990-EZ)

### **Transactions With Interested Persons**

OMB No 1545-0047 2011

এক্টান্ড ইন্ট্রান্টর বিষয়ুক্তমন্ত্র

Department of the Treasury Internal Revenue Service

► Complete if the organization 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.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number

Schedule L (Form 990 or 990-EZ) 2011

OKI	LAHOMA CITY BOATHOUSE FOUND	ATIO	<u> </u>			]20	)-183	3723	<u> </u>			
Pel	Excess Benefit Transactions Complete if the organization answer	s (sect	ion 50 on Forn	1(c)(3) and section n 990, Part IV, line 25a	501(c)( or 25b, or	4) organiza Form 990-E	ations Z, Part	only V, lin	/). e 40b.	H	l <sub>A</sub>	
1	(a) Name of disqualified person				(b) Description	on of transaction					(c) Corr	ected?
(1)	)	-										
(2)							_					
(3)												
(4)								_				
(5)					<del>_</del>	-						
(6)			]									
2	Enter the amount of tax imposed on the organization 4958	ganızatı	on mana	agers or disqualified per	sons durir	ng the year ur	nder	<b>⊳</b> \$				
3	Enter the amount of tax, if any, on line 2, a	bove, r	eımburse	ed by the organization				<b>&gt;</b> \$				
Pen	Loans to and/or From Intere	sted F	erson	S.								
	Complete if the organization answere	d 'Yes'	on Form	990, Part IV, line 26 or	Form 990	EZ, Part V, li	ne 38a	· H	LA_			
	(a) Name of interested person and purpose	(b) Loan the orga	to or from anization?	(c) Original principal amount	(d) B	alance due	(e) in d	efault?	(f) App by boa comm	ard or I	(g) W agreer	ritten nent?
		То	From	1			Yes	No	Yes	No	Yes	No
(1)	)											
(2)	)					_						
(3)	)											
(4)	<u>)                                    </u>		<u> </u>							<u>.                                    </u>		
(5)	)											
(6)	<u> </u>											
_(7)	<u></u>						<u>.</u>					
(8)	<u> </u>				ļ							
(9)			<u></u>			<del></del>						
(10)			<u> </u>									
ota	l			►\$				·		1	<u></u>	
أأزار	Grants or Assistance Benefi				, læ							
	Complete if the organization answere				MA	<del></del>						
	(a) Name of interested person	(	b) Relation	ship between interested person the organization	and	(0	) Amoun	t and ty	pe of as	sistance	· 	
(1)												
(2)												
(3)	<u> </u>					<u> </u>						
(4)												
<u>(5)</u>												
(6)	<u> </u>											
<u>(7)</u>	<u> </u>											
(8)												
(9)												
/1 A	•											

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Sharing
		organization			revenues?
(1) ROBERT	HENRY - OCU	2012 BOARD MEMBER	75,000.	SEE STATEMENT BELOW	х
(2)	<del>_</del>				
(3)			····		
<u>(4)</u>					++
(5) (6)					+-+-
(7)			<del></del>		
(8)					
(9)					
(10)	plemental Information			<u> </u>	
		onal information for responses	to auestions on Scheo	lule L (see instructions).	
	sioto tino pare to provido additi	onar information for respondes	to quoditorio di Conoc	valo 2 (550 motraotions).	
PART IV, I	LINE 1 (D) THE FOUND	ATION WILL RECEIVE	\$75,000 ANNUA	LLY FOR THE MANAGEMEN	T,
<b></b>	STAFFING,	AND COMMON AREA MA	INTENANCE OF	THE UNIVERSITY'S	
		3.0 WELL 3.0 6E0 0.0	^ ^B DELMIAT T	NGOVE	
	BOATROUSE,	AS WELL AS \$50,00	O OF RENTAL I	NCOME.	
	THE FOUNDA	ATION WILL PAY \$50,	000 TO THE UN	IIVERSITY	
	FOR THE US	SE OF THE FACILITIE	S FOR FOUNDAT	ION_PROGRAMMING,	
	74 Evm			TANKED EDOM	
	AND_THE_FO	OUNDATION WILL SHAR	E IN KEAEVORS	EARNED_FROM	
	THE EVENTS	HELD AT THE UNIVE	RSITY'S BOATH	OUSE. ROBERT HENRY	
				<del></del>	
<del></del>	IS THE UNI	VERSITY'S PRESIDEN	T AS WELL AS	A BOARD MEMBER.	
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### SCHEDULE M (Form 990)

### **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990. OMB No 1545-0047

Oper in Aublic Juspacion

Department of the Treasury Internal Revenue Service

Name of the organization
OKLAHOMA CITY BOATHOUSE FOUNDATION

Employer identification number

	AHOMA CITY BOATHOUSE FOUNDATION	<u> </u>		_ 20	-18372	37	
Pa	Types of Property						
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) nod of determing contribution a	ining amounts
1	Art – Works of art .				<u> </u>		
2	Art – Historical treasures						
3	Art – Fractional interests .						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes .						
8	intellectual property						
9	Securities – Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous .						
13	Qualified conservation contribution — Historic structures						_
14	Qualified conservation contribution — Other						
15	Real estate – Residential						
16	Real estate — Commercial	х	1	1,630,671	. FMV		
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 ► ()						
26	Other ► ()						
27	Other ► ()						
28	Other ► (						
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee	n during the Acknowledge	tax year for contribution	ns for which the	29		0.
						Yes	No
~~	Common Alexander and Alexander			2 1 00 H		.: 1.	
30 a	During the year, did the organization receive by coincide for at least three years from the date of the inspurposes for the entire holding period?	itial contribu	tion, and which is not re	equired to be used for	exempt	30 a	Х
b	If 'Yes,' describe the arrangement in Part II.						
	Does the organization have a gift acceptance policy	-	-		ns?	31	х
	Does the organization hire or use third parties or re noncash contributions?	eiated organi 	izations to solicit, proce	ess, or sell		32 a	х
	olf 'Yes,' describe in Part II.					!	
33	If the organization did not report an amount in colu describe in Part II.	ımn (c) for a	type of property for wh	ich column (a) is ched	cked,	10	

Schedul	e <b>M</b> (Form 990) 2011	OKLAHOMA (	CITY BOATHO	USE FOUNDA	TION	20-1837237	Page <b>2</b>
Part L	Supplemental	Information, Co	omplete this p	art to provide	the inforr	nation required by Part I, lines	30b. 32b.
	number of item	s received, or	a combination	of both. Also	o complete	(b), the number of contribution this part for any additional infe	ormation.
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					- <b></b>		
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### SCHEDULE O (Form 990 or 990-EZ)

× .

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

্রিচুন্ন (চু ইনুচ্চার্টি দিল্লচুন্নট্রটার্টি Employer identification number

OKLAHOMA CITY BOA	ATHOUSE FOUNDATION	20-1837237
Pt VI, Line 11a	THE BUSINESS FINANCE MANAGER AND FINANCE COMMIT	TEE
	REVIEW THE RETURNS BEFORE FILING.	
Pt_VI, Line 15	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTO	RS DISCUSSES AND
	AND DETERMINES COMPENSATION.	
Pt XII, Line 2c	THE FINANCE COMMITTEE IS RESPONSIBLE FOR THE OV	ERSIGHT OF THE AUDIT.
Pt_VI,_Line_19	INFORMATION IS AVAILABLE UPON REQUEST.	
Pt_XI	UNREALIZED CHANGE IN VALUE OF SECURITIES HELD B	Y OTHER
	NOT RECOGNIZED FOR TAX PURPOSES.	
Pt_VI,_Line_2	AUBREY K McCLENDON BUSINESS RELATIONSHIP	
Pt_VI,_Line_2	CLAYTON I BENNETT BUSINESS RELATIONSHIP	
		<b></b>

Form 8868 (Rev 1-2012) OKLAHOMA CITY BOATHO	OUSE FO	UNDATION	20-1837237	Page 2
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month</li> </ul>	Extension	, complete only Part II and	check this box	► x
Note. Only complete Part II if you have already been granted a	an automati	ic 3-month extension on a p	reviously filed Form 8868.	_
• If you are filing for an Automatic 3-Month Extension, com	plete only I	Part I (on page 1).		
Panel Additional (Not Automatic) 3-Month Exte	ension of	Time. Only file the or	iginal (no copies needed).	
		En	ter filer's identifying number, se	e instructions
Name of exempt organization or other filer, see instructions			Employer identification number	r (EIN) or
Type or				
print OKLAHOMA CITY BOATHOUSE FOUNDA	TION		X 20-1837237	
Number, street, and room or suite number. If a P.O. box, see insti	ructions	<del></del>	Social security number (SSN)	
File by the extended			į –	
due date for filing the 725 S. LINCOLN			l 🗆	
return See instructions City, town or post office, state, and ZIP code. For a foreign address	ss, see instructi	ions		
OKLAHOMA CITY	OK 73	3129		
Enter the Return code for the return that this application is for	(file a sepa	rate application for each re	turn)	01
	(			. (32)
Application	Return	Application		Return
ls For	Code	Is For		Code
Form 990	01			
Form 990-BL	02	Form 1041-A		08
Form 990-EZ	01	Form 4720		09
Form 990-PF	04	Form 5227		10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	INTERNAL REVENILE SEP	VIOE 11
Form 990-T (trust other than above)	06	Form 8870	W&L-FIELD ASSISTANC	
STOP! Do not complete Part II if you were not already granted				
	ness in the ligit Group E roup, check	United States, check this b Exemption Number (GEN)	a list with the flames and EINs of	s is for the
members the extension is for.				
<ul> <li>I request an additional 3-month extension of time until</li> <li>For calendar year 2011, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 months</li> <li>Change in accounting period</li> <li>State in detail why you need the extension. ADDITI</li> <li>ACCUMULATE ALL OF THE INFORMATION</li> </ul>	s, check rea	, 20 , and a son: Initial ret	urn Finai return	·
COMPLETE AND ACCURATE TAX RETURN.				
8a If this application is for Form 990-BL, 990-PF, 990-T, 472 nonrefundable credits. See instructions	<u> </u>	<u> </u>	. 8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 600 payments made. Include any prior year overpayment allowith Form 8868	wed as a c	redit and any amount paid	stimated tax previously 8bs	0.
c Balance due. Subtract line 8b from line 8a. Include your EFTPS (Electronic Federal Tax Payment System). See in	payment winstructions	th this form, if required, by	using 8c \$	0.
Signature and Verifica		st be completed for P		
Under penalties of perjury, I declare that I have examined this form, including according correct, and complete, and that I am authorized to scepare this form.	_		_	
Signature Title Title	<u>C</u> F	71	Date ► &-	13-12
BAA	FIFZ0502	07/29/11	Form <b>8868</b>	(Rev 1-2012)

Schedule O (Form 990 or 990-EZ), Supplemental information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
SECURITY	4,010.	3,208.	401.	401.
SALES & USE TAX	25,806.	25,806.	0.	0.
MISCELLANEOUS	2,637.	1,687.	629.	321.
DATA PROCESSING	64,226.	8,992.	51,381.	3,853.
MEMBERSHIP DUES	13,432.	4,433.	6,179.	2,820.
BAY SUPPLIES	566.	0.	566.	0.
BOAT FUEL & MAINTENANCE	62,513.	62,513.	0.	0.
REPAIRS & MAINTENANCE	14,890.	14,890.	0.	0.
MASTER PLAN EXPENSE	53,214.	47,893.	5,321.	0.
MERCHANT FEES	13,977.	8,386.	3,914.	1,677.
OTHER PROFESSIONAL FEES	4,966.	4,668.	0.	298.
POSTAGE, SHIPPING, & DELIVERY	4,778.	1,003.	3,106.	669.
PRINTING & COPYING	22,827.	12,555.	7,989.	2,283.
TELEPHONE & CABLE	37,709.	24,134.	8,673.	4,902.
STAFF DEVELOPMENT	2,428.	1,360.	753.	315.
LICENSES & PERMITS	15,318.	12,254.	1,532.	1,532.
VEHICLE FUEL & MAINTENANCE	26,064.	26,064.	0.	0.
FITNESS ROOM REPAIRS & MAINTENANCE	9,971.	9,971.	0.	0.
MISCELLANEOUS EQUIPMENT	3,811.	38.	3,239.	534.
RACE COURSE/DOCK REPAIRS & MAINTENA	4,412.	4,412.	0.	0.

ATTM. 2

OKLAHOMA CITY BOATHOUSE FOUNDATION EIN 20-1837237 FORM 990 FOR THE TAX YEAR ENDED 12-31-11

## FORM 990, PAGE 1, PART I, LINE 1; PAGE 2, PART III, LINES 1 AND 4a; AND SCHEDULE I, PAGE 1, PART IV:

The Oklahoma City Boathouse Foundation's mission is to develop and operate facilities and programs to improve the quality of life in Oklahoma City, pursue the highest goals of sports and fitness, attract diverse involvement in the boathouses and related events that generate a positive public image and economic opportunity, and promote the use and development of the Oklahoma River as a world class urban aquatic venue.