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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

OKLAHOMA CITY UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

2501 N BLACKWELDER

Room/suite

City or town, state or country, and ZIP + 4

OKLAHOMA CITY, OK 73106

F Name and address of principal officer

ROBERT H HENRY

2501 N BLACKWELDER

OKLAHOMA CITY,OK 73106

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

D Employer identification number

73-0579265

E Telephone number

G Gross receipts \$

83,698,719

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW OKCU EDU

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1904

M State of legal domicile

OK

Part I	Summary																								
Activities & Governance	1 Briefly describe the organization's mission or most significant activities HIGHER EDUCATION																								
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																								
Revenue	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>47</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>47</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</td><td>1,923</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>250</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td></td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	47	4	Number of independent voting members of the governing body (Part VI, line 1b)	47	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	1,923	6	Total number of volunteers (estimate if necessary)	250	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	7b	Net unrelated business taxable income from Form 990-T, line 34							
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Expenses	<table><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>0</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>42,112,705</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25)</td><td>3,495,278</td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>32,644,265</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>74,756,970</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>7,233,471</td></tr></table>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	42,112,705	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	b	Total fundraising expenses (Part IX, column (D), line 25)	3,495,278	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	32,644,265	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	74,756,970	19	Revenue less expenses Subtract line 18 from line 12	7,233,471
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Net Assets or Fund Balances	<table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>275,987,363</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>95,337,366</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>180,649,997</td></tr></table>		Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	275,987,363	21	Total liabilities (Part X, line 26)	95,337,366	22	Net assets or fund balances Subtract line 21 from line 20	180,649,997												
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Part II

Signature Block

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

Sign Here

Signature of officer

2013-05-03

Date

DONNA NANCE CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

ELLAN WRIGHT

Date

2013-05-14

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

COLE & REED PC

531 COUCH DR

OKLAHOMA CITY, OK 731022251

EIN

Phone no

(405) 239-7961

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

HIGHER EDUCATION

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

YesNo

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

YesNo

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 57,006,440 including grants of \$) (Revenue \$)

PRIVATE UNIVERSITY OFFERING UNDERGRADUATE, GRADUATE, LAW, AND PHD DEGREES

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 57,006,440

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
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.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
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.	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
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.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
20b			

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	212
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	1,923
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	No
b	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 Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
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		
1a	47		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	47
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ☒ OK
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☒ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ☒ . OKLAHOMA CITY UNIVERSITY 2501 N BLACKWELDER OKLAHOMA CITY, OK 73106 (405) 208-5260

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

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

Form **990** (2011)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	3,182,445		

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3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>

Section B. Independent Contractors

\$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXHO INC AND AFFILIATES PO BOX 536922 ATLANTA, GA 303536922	EATERY	2,761,220
SOUTHEAST SERVICE CORPORATION 1845 MIDPARK ROAD SUITE 201 PO BOX 52370 KNOXVILLE, TN 379215951	JANITORIAL	732,752
MIDWEST WATERPROOFING & RESTORATION 11413 LESLIE BEACHLER LANE MIDWEST CITY, OK 731308237	MAINTENANCE	431,058
BRYAN'S FLOORING INC DBA BRYAN'S FLOORING 601 W I-240 SERVICE ROAD OKLAHOMA CITY, OK 731394640	REMODELING	325,164
OKLAHOMA PEST SOLUTIONS INC PO BOX 6954 EDMOND, OK 730836954	PEST CONTROL	301,707

\$100,000 of compensation from the organization ▶14

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,060,370			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,690,211			
	g	Noncash contributions included in lines 1a-1f \$ 96,092					
	h	Total. Add lines 1a-1f		9,750,581			
Program Service Revenue			Business Code				
	2a	TUITION AND FEES	900099	59,558,610	59,558,610		
	b	AUXILIARY	900099	6,992,919	6,992,919		
	c	EDUCATIONAL	900099	705,264	705,264		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		67,256,793			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		691,447			691,447
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties		312,549			312,549
	6a	Gross rents	(i) Real				
			287,200				
			(ii) Personal				
	b	Less rental expenses	4,970				
	c	Rental income or (loss)	282,230				
	d	Net rental income or (loss)		282,230			282,230
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			3,960,665				
			(ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	3,960,665				
	d	Net gain or (loss)		3,960,665	3,960,665		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
			128,698				
			b				
c	Net income or (loss) from fundraising events . .		103,149				
9a	Gross income from gaming activities See Part IV, line 19	a					
		b					Less direct expenses
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances	a					
		b					Less cost of goods sold
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	INSTITUTIONAL REVENUE	900099	1,310,786	1,310,786			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,310,786				
12	Total revenue. See Instructions		83,668,200	72,528,244		1,286,226	

Part IX

Statement of Functional Expenses

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

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,391,206	836,922	1,195,603	358,681
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	34,071,492	31,005,058	2,044,289	1,022,145
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,199,512	1,103,551	59,976	35,985
9	Other employee benefits	3,190,981	2,935,703	159,549	95,729
10	Payroll taxes	2,420,260	2,178,234	145,216	96,810
11	Fees for services (non-employees)				
a	Management				
b	Legal	84,541		84,541	
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	545,308	485,324	10,906	49,078
14	Information technology				
15	Royalties				
16	Occupancy	2,507,324	2,381,958	100,293	25,073
17	Travel	1,623,204	1,493,348	81,160	48,696
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	254,879	239,586	10,195	5,098
20	Interest	84,594	79,518	5,076	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,743,782	6,743,782		
23	Insurance	346,068	328,764	13,843	3,461
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OTHER EDUCATION EXPENSES	17,081,078	3,245,405	12,981,619	854,054
b	STUDENT ACTIVITIES	1,511,477	816,198		695,279
c	SUPPLIES	1,258,062	1,031,611	188,709	37,742
d	RECRUITING	925,582	805,256	101,814	18,512
e					
f	All other expenses	2,051,904	1,296,222	606,747	148,935
25	Total functional expenses. Add lines 1 through 24f	78,291,254	57,006,440	17,789,536	3,495,278
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			26,434	1	24,865
	2	Savings and temporary cash investments			3,059,902	2	2,035,416
	3	Pledges and grants receivable, net			7,875,073	3	6,832,987
	4	Accounts receivable, net			2,422,541	4	3,541,811
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			4,366,515	7	6,510,781
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,127,979	9	1,199,624
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	237,762,391			
	b	Less accumulated depreciation	10b	67,903,792	172,610,823	10c	169,858,599
	11	Investments—publicly traded securities			52,083,112	11	51,936,301
	12	Investments—other securities See Part IV, line 11			2,119,375	12	2,346,499
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			30,295,609	15	29,222,682
	16	Total assets. Add lines 1 through 15 (must equal line 34)			275,987,363	16	273,509,565
Liabilities	17	Accounts payable and accrued expenses			7,022,648	17	5,722,012
	18	Grants payable				18	
	19	Deferred revenue			3,547,622	19	4,270,765
	20	Tax-exempt bond liabilities			58,838,551	20	57,906,763
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25,928,545	25	34,857,523
	26	Total liabilities. Add lines 17 through 25			95,337,366	26	102,757,063
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			86,034,890	27	76,424,561
	28	Temporarily restricted net assets			35,307,166	28	32,684,802
	29	Permanently restricted net assets			59,307,941	29	61,643,139
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			180,649,997	33	170,752,502
	34	Total liabilities and net assets/fund balances			275,987,363	34	273,509,565

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	83,668,200
2	Total expenses (must equal Part IX, column (A), line 25)	2	78,291,254
3	Revenue less expenses Subtract line 2 from line 1	3	5,376,946
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	180,649,997
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-15,274,441
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	170,752,502

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization OKLAHOMA CITY UNIVERSITY	Employer identification number 73-0579265
--	--

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

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

1

☐

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

2

☒

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2010 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
OKLAHOMA CITY UNIVERSITY

Employer identification number
73-0579265

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	☐ Yes ☒ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	☐ Yes ☒ No	

Part II

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☒ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☒ No

9 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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒ Public exhibition

d

☒ Loan or exchange programs

b

☒ Scholarly research

e

☒ Other EDUCATION

c

☒ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	72,887,290	60,960,486	54,746,822		
b Contributions	1,877,242	5,160,514	3,399,922		
c Investment earnings or losses	-244,813	9,869,515	6,046,410		
d Grants or scholarships					
e Other expenditures for facilities and programs	-3,500,643	-3,103,225	-3,232,668		
f Administrative expenses					
g End of year balance	71,024,076	72,887,290	60,960,486		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

☐ Yes

☐ No

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	120,000	7,194,227		7,314,227
b Buildings		156,895,088	30,700,328	126,194,760
c Leasehold improvements		24,502,118	6,090,358	18,411,760
d Equipment		48,813,661	31,113,106	17,700,555
e Other		237,297		237,297
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				169,858,599

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	83,668,200
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	78,291,254
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,376,946
4	Net unrealized gains (losses) on investments	4	-6,125,036
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-9,149,405
9	Total adjustments (net) Add lines 4 - 8	9	-15,274,441
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-9,897,495

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	68,393,759
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-6,125,036
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-9,149,405
e	Add lines 2a through 2d	2e	-15,274,441
3	Subtract line 2e from line 1	3	83,668,200
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	83,668,200

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	78,291,254
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	78,291,254
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	78,291,254

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
COLLECTIONS AND RELATION TO EXEMPT PURPOSE	SCHEDULE D, PAGE 2, PART III, LINE 4	THE HULSEY GALLERY HOUSES OVER 500 WORKS OF THE OKLAHOMA CITY UNIVERSITY ART COLLECTION. THE COLLECTION CONTAINS WORK HISTORICALLY IMPORTANT TO THE UNIVERSITY, INCLUDING WORK BY ALUMNI AND FORMER FACULTY OF THE ART DEPARTMENT, WORKS DONATED BY DISTINGUISHED FACULTY AND ALUMNI, AS WELL AS WORK OF REGIONAL AND STATE IMPORTANCE.
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 9,879 CHANGE IN FAIR MARKET VALUE BOND SWAP -9,159,284
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 9,879 CHANGE IN FAIR MARKET VALUE BOND SWAP -9,159,284

Additional Data

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

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Amount
	INTEREST SWAP AGREEMENT	20,668,014
	ANNUITIES PAYABLE	4,346,842
	ADVANCES FROM FEDERAL GOVT FOR PERKI	3,788,000
	NOTES PAYABLE	2,782,956
	OUMF NOTE PAYABLE	1,540,000
	DEPOSITS HELD IN CUSTODY FOR OTHERS	1,209,988
	CAPITAL LEASE OBLIGATIONS	521,723
	CONSTRUCTION COSTS	

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OKLAHOMA CITY UNIVERSITY

Employer identification number
73-0579265

Part I		YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
	2	Yes	
	3	Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II	4a	Yes	
	4b	Yes	
	4c	Yes	
	4d	Yes	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5a		No
	5b		No
	5c		No
	5d		No
	5e		No
	5f		No
	5g		No
	5h		No
6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	6a	Yes	
	6b		No
	7	Yes	

Part III **Supplemental Information**

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
OKLAHOMA CITY UNIVERSITY

Employer identification number
73-0579265

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		AUCTION EVENT			(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	128,698			128,698
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	128,698			128,698
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	25,549		25,549
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					103,149

Part III 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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					()
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

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 ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 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 member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No
- b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17

Mandatory distributions
- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No
- b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
OKLAHOMA CITY UNIVERSITY

Employer identification number
73-0579265

Part I

Questions Regarding Compensation

		Yes	No
1a	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 ☒ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☒ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	Yes	
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?		No
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must 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		
a	The organization?		No
b	Any related organization?		No
	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		
a	The organization?		No
b	Any related organization?		No
	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		No
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 Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT HENRY	(i) (ii)	384,972		14,750			399,722	
(2) TOM MCDANIEL	(i) (ii)	203,977		7,833			211,810	
(3) SUSAN BARBER	(i) (ii)	187,924					187,924	
(4) EDUARDO PRIETO	(i) (ii)	152,616					152,616	
(5) MAHMOOD SHANDIZ	(i) (ii)	151,342					151,342	
(6) LAWRENCE HELLMAN	(i) (ii)	175,480					175,480	
(7) ERIC LAITY	(i) (ii)	180,243					180,243	
(8) ARTHUR LEFRANCOIS	(i) (ii)	160,637					160,637	
(9) LAURIE JONES	(i) (ii)	152,327					152,327	

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.										OMB No 1545-0047	
											2011	
	Department of the Treasury Internal Revenue Service	Name of the organization OKLAHOMA CITY UNIVERSITY										Employer identification number 73-0579265

Part I Bond Issues											
(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A OK INDUST AUTHORITY REVENUE NOTES	73-0579265		11-30-2010	60,000,000	REDMPTION FUND, COST OF ISSUANCE		X		X		X

Part II Proceeds									
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds defeased								
3	Total proceeds of issue								
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X						

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X							
b	Name of provider	JP MORGAN CHASE							
c	Term of hedge	250							
d	Was the hedge superintegrated?	X							
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
OKLAHOMA CITY UNIVERSITY

Employer identification number
73-0579265

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art	X	3	32,675	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		9,768	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes	X	1	5,000	FMV
8 Intellectual property				
9 Securities—Publicly traded	X	1	11,799	FMV
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				
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 ▶ (STEINWAY PIANO)	X	1	30,000	FMV
26 Other ▶ (TEA SHEILD)	X	1	6,850	FMV
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part III

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
OKLAHOMA CITY UNIVERSITY**Employer identification number**

73-0579265

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	JANE JAY ROE GAMBLE GERALD L GAMBLE SECRETARY TRUSTEE MARRIED MO GROT JOHN HERMAN MEINDERS TRUSTEE TRUSTEE BUSINESS
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	A COPY IS PRESENTED TO THE BOARD PRIOR TO FILING
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS AND OTHER APPLICABLE MEMBERS OR EMPLOYEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS AND ANNUALLY ATTEST TO THEIR ADHERENCE TO THE POLICY
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	EXECUTIVE COMMITTEE AND/OR BOARD OF TRUSTEES REVIEW NATIONAL SALARY AND BENEFIT DATA RELATED TO PRESIDENTS OF REGIONAL UNIVERSITIES AND PRIVATE MASTER'S LEVEL UNIVERSITIES EMPLOYMENT CONTRACT REFLECTS THE OUTCOME OF THEIR DELIBERATION AND DECISIONS
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	PRESIDENT MAKES DECISIONS IN CONSULTATION WITH PROVOST AND VP HUMAN RESOURCES, WHO HAVE ACCESS TO MARKET COMPARABILITY DATA DECISIONS ARE DOCUMENTED VIA CONTRACTS WITH OFFICERS AND KEY EMPLOYEES
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST

Schedule B - Part I
Contributors

Oklahoma City University

73-0579265

Name and Address		Contribution	Type	
1	Ad Astra Foundation 5653 N. Pennsylvania Avenue Oklahoma City, OK 73112	25,000.00	Individual Payroll Noncash	Yes No No
2	Steven C. Agee Meinders School of Business	5,000.00	Individual Payroll Noncash	Yes No No
3	Ann S. Alsbaugh 1700 Drury Lane Nichols Hills, OK 73116	5,000.00	Individual Payroll Noncash	Yes No No
4	Aly E. Aly 13913 Plymouth Crossing Edmond, OK 73013	7,000.00	Individual Payroll Noncash	Yes No No
5	Anadarko Foundation PO Box 1330 Houston, TX 77251	150,000.00	Individual Payroll Noncash	Yes No No
6	Glen H. Bailey 10001 N Sooner Road Oklahoma City, OK 73151	6,130.00	Individual Payroll Noncash	Yes No No
7	BancFirst Total PO Box 26788 Oklahoma City, OK 73126	10,000.00	Individual Payroll Noncash	Yes No No
8	Louise L. Bass 416 Aliso Drive NE Albuquerque, NM 87108	5,000.00	Individual Payroll Noncash	Yes No No

Schedule B - Part I
Contributors

Oklahoma City University

73-0579265

Name and Address		Contribution	Type	
9	Jerry B. Bendorf 7200 N Country Club Drive Oklahoma City, OK 73116	5,000.00	Individual Payroll Noncash	Yes No No
10	Travis T. Benson 1331 Damron Drive Midwest City, OK 73110	80,000.00	Individual Payroll Noncash	Yes No No
11	BMW Investments, LLC PO Box 12983 Oklahoma City, OK 73157	15,000.00	Individual Payroll Noncash	Yes No No
12	BP America, Inc. 4334 Northwest Expressway #275 Oklahoma City, OK 73116	5,000.00	Individual Payroll Noncash	Yes No No
13	Broadhurst Foundation Total 1630 S. Boston Avenue Tulsa, OK 74119	10,000.00	Individual Payroll Noncash	Yes No No
14	William R. Buckles PO Box 668 Alva, OK 73717	5,000.00	Individual Payroll Noncash	Yes No No
15	Martha A. Burger 6801 N. Country Club Drive Oklahoma City, OK 73116	5,000.00	Individual Payroll Noncash	Yes No No
16	Bob G. Burke 5100 N Classen Boulevard Ste 100 Oklahoma City, OK 73118	30,000.00	Individual Payroll Noncash	Yes No No

Schedule B - Part I
Contributors

Oklahoma City University

73-0579265

Name and Address	Contribution	Type	
17 Chesapeake Energy Corporation, Inc. PO Box 18496 Oklahoma City, OK 73154	1,070,000.00	Individual Payroll Noncash	Yes No No
18 Clyde R. Evans Charitable Trust c/o Heritage Trust Company Oklahoma City, OK 73116	50,000.00	Individual Payroll Noncash	Yes No No
19 Cole Family Charitable Foundation PO Box 278 Carrollton, GA 30112	6,000.00	Individual Payroll Noncash	Yes No No
20 Colony Homes, Inc. 2252 N. Broadway Street Moore, OK 73160	40,000.00	Individual Payroll Noncash	Yes No No
21 Compliance Technology Group, LLC 3323 Florida Avenue, Suite 100 Kenner, LA 70065	10,000.00	Individual Payroll Noncash	Yes No No
22 ConocoPhillips, Matching Gift Program 511 S. Keeler Avenue, 621 IC Bartlesville, OK 74004	10,000.00	Individual Payroll Noncash	Yes No No
23 Crowe & Dunlevy Foundation, Inc. 20 N. Broadway Avenue, Suite 1800 Oklahoma City, OK 73102	16,000.00	Individual Payroll Noncash	Yes No No
24 A.S. Dahr 3366 NW Expressway, Suite 680 Oklahoma City, OK 73112	25,000.00	Individual Payroll Noncash	Yes No No

Schedule B - Part I
Contributors

Oklahoma City University

73-0579265

Name and Address		Contribution	Type	
25	Betsy A. Daugherty 1800 Coventry Lane Nichols Hills, OK 73120	5,000.00	Individual Payroll Noncash	Yes No No
26	David E. Pepper, PC 201 Robert S. Kerr, Suite 1600 Oklahoma City, OK 73102	5,000.00	Individual Payroll Noncash	Yes No No
27	Rick J. Davis 3900 S Broadway Guthrie, OK 73044	5,000.00	Individual Payroll Noncash	Yes No No
28	Devon Energy Corporation 333 W. Sheridan Avenue Oklahoma City, OK 73102-5010	130,000.00	Individual Payroll Noncash	Yes No No
29	Matt A. Epperson 396570 W 2437 Road Bartlesville, OK 74006	10,000.00	Individual Payroll Noncash	Yes No No
30	Estate of Arlene Staats c/o Jeffrey C. Trent, Attorney at Law Yukon, OK 73099	100,000.00	Individual Payroll Noncash	Yes No No
31	Estate of Norman Wilks c/o 2501 N. Blackwelder Oklahoma City, OK 73106	26,225.00	Individual Payroll Noncash	Yes No Yes
32	Estate of Warren O. Romberger c/o J.P.Morgan Wilmington, DE 19899	37,612.00	Individual Payroll Noncash	Yes No No

Schedule B - Part I
Contributors

Oklahoma City University

73-0579265

Name and Address	Contribution	Type	
33 Estate of Willis C. Worley, Jr. c/o Charles Schwab Phoenix, AZ 85016	76,383.00	Individual Payroll Noncash	Yes No No
34 Ethics and Excellence in Journalism Foundation 210 Park Avenue, Suite 3150 Oklahoma City, OK 73102	50,000.00	Individual Payroll Noncash	Yes No No
35 Christy G. Everest 6608 N Pennsylvania Avenue Nichols Hills, OK 73116	5,000.00	Individual Payroll Noncash	Yes No No
36 James H. Everest 6305 Waterford Boulevard, Suite 305 Oklahoma City, OK 73118	5,000.00	Individual Payroll Noncash	Yes No No
37 Farzaneh Properties 2252 N. Broadway Street Moore, OK 73160	40,000.00	Individual Payroll Noncash	Yes No No
38 First Eagle Leasing, LLC 4747 Gaillardia Parkway, Suite 200 Oklahoma City, OK 73142	35,000.00	Individual Payroll Noncash	Yes No No
39 Ford Foundation 320 E 43rd Street New York City, NY 10017	30,000.00	Individual Payroll Noncash	Yes No No
40 Josephine W. Freede 316 NW 39th Street Oklahoma City, OK 73118	15,000.00	Individual Payroll Noncash	Yes No No

Schedule B - Part I
Contributors

Oklahoma City University

73-0579265

Name and Address	Contribution	Type	
41 Gerald L. Gamble 204 N. Robinson Avenue, Suite 625 Oklahoma City, OK 73102	14,850.00	Individual Payroll Noncash	Yes No No
42 Geneva Rogers Foundation, Inc. 1930 Utah Street Perryton, TX 79070	15,000.00	Individual Payroll Noncash	Yes No No
43 Mike R. Gilliam 3400 S Broadway Edmond, OK 73013	5,000.00	Individual Payroll Noncash	Yes No No
44 Paula Glass 18916 Saddle River Drive Edmond, OK 73012	5,000.00	Individual Payroll Noncash	Yes No No
45 Jack E. Golsen PO Box 754 Oklahoma City, OK 73101	5,000.00	Individual Payroll Noncash	Yes No No
46 Grassland Investments, LLC. P.O. Box 720088 Norman, OK 73070	40,000.00	Individual Payroll Noncash	Yes No No
47 Great Plains Coca-Cola Bottling Company 600 N. May Avenue Oklahoma City, OK 73107	10,000.00	Individual Payroll Noncash	Yes No No
48 Greater Kansas City Community Foundation 1055 Broadway, Suite 130 Kansas City, KS 64105	70,000.00	Individual Payroll Noncash	Yes No No

Schedule B - Part I
Contributors

Oklahoma City University

73-0579265

Name and Address	Contribution	Type	
49 Mo Grotjohn 14001 McAuley Boulevard Ste 100 Oklahoma City, OK 73134	5,000.00	Individual Payroll Noncash	Yes No No
50 Haskell L. Lemon Revocable Trust "B" 11300 Running Deer Court Edmond, OK 73013	50,000.00	Individual Payroll Noncash	Yes No No
51 Haskell L. Lemon Revocable Trust "A" 11300 Running Deer Court Edmond, OK 73013	50,000.00	Individual Payroll Noncash	Yes No No
52 Hatton W. Sumners Foundation, Inc. 325 N. St. Paul Street, Suite 3920 Dallas, TX 75201	20,000.00	Individual Payroll Noncash	Yes No No
53 Lawrence K. Hellman 11312 Willow Grove Road Oklahoma City, OK 73120	5,053.00	Individual Payroll Noncash	Yes No No
54 Robert H. Henry Office of the President	16,450.00	Individual Payroll Noncash	Yes No Yes
55 High Strive Construction, LP 2252 N. Broadway Street Moore, OK 73160	40,000.00	Individual Payroll Noncash	Yes No Yes
56 Joel E. Hill 14007 Earlwood Drive SE Huntsville, AL 35803	5,000.00	Individual Payroll Noncash	Yes No Yes

Schedule B - Part I
Contributors

Oklahoma City University

73-0579265

Name and Address		Contribution	Type	
57	J. Clifford Hudson 300 Johnny Bench Drive Oklahoma City, OK 73104	11,799.00	Individual Payroll Noncash	Yes No Yes
58	Inasmuch Foundation 210 Park Avenue, Suite 3150 Oklahoma City, OK 73102	131,914.00	Individual Payroll Noncash	Yes No No
59	Integris Health, Inc. 3366 N.W. Expressway, Suite 800 Oklahoma City, OK 73112	12,500.00	Individual Payroll Noncash	Yes No No
60	Irene Campbell Lemon Revocable Trust 11300 Running Deer Court Edmond, OK 73013	50,000.00	Individual Payroll Noncash	Yes No No
61	Niles L. Jackson 2612 NW 153rd Street Edmond, OK 73013	10,000.00	Individual Payroll Noncash	Yes No No
62	IER Holding, LLC. 3233 Florida Avenue Ste 100 Kenner, LA 70065	5,000.00	Individual Payroll Noncash	Yes No No
63	Jewish Communal Fund 575 Madison Avenue, Suite 703 New York, NY 1002	5,000.00	Individual Payroll Noncash	Yes No No
64	John V. McShane, P.C. 8350 N. Central Expressway, Suite 1200 Dallas, TX 75206	5,000.00	Individual Payroll Noncash	Yes No No

Schedule B - Part I
Contributors

Oklahoma City University

73-0579265

Name and Address		Contribution	Type	
65	M. Farouk Kanaa 4404 Saint Gregory Drive Oklahoma City, OK 73120	25,000.00	Individual Payroll Noncash	Yes No No
66	Karl F. and June S. Martin Family Foundation 6204 Waterford Boulevard #9 Oklahoma City, OK 73118	100,000.00	Individual Payroll Noncash	Yes No No
67	Kirkpatrick Foundation, Inc. 1001 W. Wilshire Boulevard, #201 Oklahoma City, OK 73116	55,000.00	Individual Payroll Noncash	Yes No No
68	Ann Lacy 3 E Janice Avenue, Apt 203 Yukon, OK 73099	1,610,000.00	Individual Payroll Noncash	Yes No Yes
69	LASSO Corporation 3037 NW 63rd Street Ste 155 W Oklahoma City, OK 73116	25,000.00	Individual Payroll Noncash	Yes No No
70	Cathy J. Leichter 18716 Woody Creek Drive Edmond, OK 73012	20,000.00	Individual Payroll Noncash	Yes No No
71	Kurt Leichter 18716 Woody Creek Drive Edmond, OK 73012	18,429.00	Individual Payroll Noncash	Yes No No
72	Marianne B. Vannatta Revocable Trust 2413 N.W. 55th Terrace Oklahoma City, OK 73112	5,000.00	Individual Payroll Noncash	Yes No No

Schedule B - Part I
Contributors

Oklahoma City University

73-0579265

Name and Address		Contribution	Type	
73	Martha Jean Lemon Revocable Trust 11300 Running Deer Court Edmond, OK 73013	100,000.00	Individual Payroll Noncash	Yes No No
74	Maveric Mini-Marts Inc PO Box 607 Cushing, OK 74023	5,000.00	Individual Payroll Noncash	Yes No No
75	McAfee & Taft 211 N Robinson Avenue Fl 10th Oklahoma City, OK 73102	15,000.00	Individual Payroll Noncash	Yes No No
76	Sandy McCauley PO Box 607 Cushing, OK 74023	10,000.00	Individual Payroll Noncash	Yes No No
77	Aubrey K. McClendon PO Box 18756 Oklahoma City, OK 73154	25,000.00	Individual Payroll Noncash	Yes No No
78	Clinton A. Medbery 325 NW 15th Street Oklahoma City, OK 73103	10,000.00	Individual Payroll Noncash	Yes No No
79	Herman Meinders 14001 McAuley Boulevard, Suite 100 Oklahoma City, OK 73134	125,000.00	Individual Payroll Noncash	Yes No No
80	Mercy Health Center 4300 W. Memorial Road Oklahoma City, OK 73120	10,000.00	Individual Payroll Noncash	Yes No No

Schedule B - Part I
Contributors

Oklahoma City University

73-0579265

Name and Address		Contribution	Type	
81	George R. Milner 2828 N Harwood Street Ste 1950 Dallas, TX 75201	5,000.00	Individual Payroll Noncash	Yes No No
82	Mo Anderson Trust PO Box 160 Waukomis, OK 73773	5,000.00	Individual Payroll Noncash	Yes No No
83	Melvin R. Moran 1023 Sterling Drive Seminole, OK 74868	5,000.00	Individual Payroll Noncash	Yes No No
84	Mustang Fuel Corporation 13439 Broadway Extension Oklahoma City, OK 73114	100,000.00	Individual Payroll Noncash	Yes No No
84	Naifeh Realty Company, Inc. PO Box 75447 Oklahoma City, OK 73147	5,000.00	Individual Payroll Noncash	Yes No No
85	Jeanene E. Naifeh 7201 N Country Club Drive Oklahoma	10,000.00	Individual Payroll Noncash	Yes No No
86	Waddah Nassar 6641 NW 115th Street Oklahoma City, OK 73162	5,000.00	Individual Payroll Noncash	Yes No No
87	OGE Energy Corp. Foundation, Inc. PO Box 321 Oklahoma City, OK 73101	5,000.00	Individual Payroll Noncash	Yes No No

Schedule B - Part I
Contributors

Oklahoma City University

73-0579265

Name and Address	Contribution	Type	
88 Oklahoma Bar Foundation, Inc. PO Box 53036 Oklahoma City, OK 73152	16,900.00	Individual Payroll Noncash	Yes No No
89 Oklahoma City Community Foundation PO Box 1146 Oklahoma City, OK 73101	327,705.00	Individual Payroll Noncash	Yes No No
90 Oklahoma Conference of The United Methodist Church 1501 N.W. 24th Street Oklahoma City, OK 73106	975,204.00	Individual Payroll Noncash	Yes No No
91 Oklahoma Energy Resources Board 3555 N.W. 58th Street, Suite 430 Oklahoma City, OK 73112	5,000.00	Individual Payroll Noncash	Yes No No
92 Oklahoma United Methodist Foundation 4201 N. Classen Boulevard Oklahoma City, OK 73118	168,000.00	Individual Payroll Noncash	Yes No No
93 Orthopedic Associates, Inc. 3301 NW 50th Street Oklahoma City, OK 73112	30,000.00	Individual Payroll Noncash	Yes No No
94 Paula and Van Jones Foundation 2204 Catalina Drive Edmond, OK 73013	5,000.00	Individual Payroll Noncash	Yes No No
95 Richard W. Petticrew 4621 NW 34th Street Oklahoma City, OK 73122	9,768.00	Individual Payroll Noncash	Yes No Yes

Schedule B - Part I
Contributors

Oklahoma City University

73-0579265

Name and Address	Contribution	Type	
96 Puterbaugh Foundation PO Box 729 McAlester, OK 74502	5,000.00	Individual Payroll Noncash	Yes No No
97 Records-Johnston Family Foundation, Inc. PO Box 54390 Oklahoma City, OK 73154	5,000.00	Individual Payroll Noncash	Yes No No
98 Reflection Homes, LP 2252 N. Broadway Street Moore, OK 73160	40,000.00	Individual Payroll Noncash	Yes No No
99 Reserve Petroleum Company 6801 N. Broadway Extension, Suite 300 Oklahoma City, OK 73116	10,000.00	Individual Payroll Noncash	Yes No No
100 Frederick P. Sanchez 2494 E Cloud Drive Chandler, AZ 85249	75,000.00	Individual Payroll Noncash	Yes No No
101 SBL, LLC PO Box 705 Oklahoma City, OK 73101	198,855.00	Individual Payroll Noncash	Yes No No
102 Schwab Charitable Fund 211 Main Street San Francisco, CA 94105	105,000.00	Individual Payroll Noncash	Yes No No
103 William F. Shdeed 2418 NW Grand Circle Nichols Hills, OK 73116	30,000.00	Individual Payroll Noncash	Yes No Yes

Schedule B - Part I
Contributors

Oklahoma City University

73-0579265

Name and Address	Contribution	Type	
104 J. P. Sheppard 1201 Starlite Drive Kingfisher, OK 73750	10,000.00	Individual Payroll Noncash	Yes No No
105 Richard L. Sias 5653 N. Pennsylvania Avenue Oklahoma City, OK 73112	37,500.00	Individual Payroll Noncash	Yes No No
106 Simmons Charitable Foundation PO Box 307 Oklahoma City, OK 73101	16,595.00	Individual Payroll Noncash	Yes No No
107 Linda P. Skinner 7905 Glen Albens Circle Dallas, TX 75225	5,000.00	Individual Payroll Noncash	Yes No No
108 Jeanne Hoffman Smith 7106 Brentwood Road Nichols Hills, OK 73116	5,000.00	Individual Payroll Noncash	Yes No No
109 Sous Family Foundation, Inc. 6313 E. 85th Court Tulsa, OK 74137	100,000.00	Individual Payroll Noncash	Yes No No
110 SSM Health Care of Oklahoma PO Box 205 Oklahoma City, OK 73101	70,000.00	Individual Payroll Noncash	Yes No No
111 Barry L. Switzer 700 W Timberdell Road Norman, OK 73072	5,000.00	Individual Payroll Noncash	Yes No No

Schedule B - Part I
Contributors

Oklahoma City University

73-0579265

Name and Address	Contribution	Type	
112 Richard I. Tanenbaum 617 NW 14th Street Oklahoma City, OK 73103	5,000.00	Individual Payroll Noncash	Yes No No
113 The Ayco Charitable Foundation PO Box 15203 Albany, NY 12212	10,000.00	Individual Payroll Noncash	Yes No No
114 The Burbridge Foundation 3701 N.W. 42nd Street Oklahoma City, OK 73112	5,000.00	Individual Payroll Noncash	Yes No No
115 The Chickasaw Nation PO Box 1548 Ada, OK 74821	507,000.00	Individual Payroll Noncash	Yes No No
116 The Community Foundation of Huntsville/Madison County 659 Gallatin Street Huntsville, AL 35801	30,000.00	Individual Payroll Noncash	Yes No No
117 The Meinders Foundation 14001 McAuley Boulevard, Suite 100 Oklahoma City, OK 73134	60,000.00	Individual Payroll Noncash	Yes No No
118 The Professional Basketball Club, LLC 210 Park Avenue, Suite 3121 Oklahoma City, OK 73102	5,000.00	Individual Payroll Noncash	Yes No No
119 The Robert A. Parman Foundation PO Box 2207 Oklahoma City, OK 73101	60,000.00	Individual Payroll Noncash	Yes No No

Schedule B - Part I
Contributors

Oklahoma City University

73-0579265

Name and Address	Contribution	Type	
120 The William Randolph Hearst Foundation 90 New Montgomery Street Ste 1212 San Francisco	100,000.00	Individual Payroll Noncash	Yes No No
121 Bonnie S. Thomas 18809 Otter Creek Drive Edmond, OK 73012	10,000.00	Individual Payroll Noncash	Yes No No
122 R. Cullen Thomas 18809 Otter Creek Drive Edmond, OK 73012	5,405.00	Individual Payroll Noncash	Yes No No
123 Tinker Leadership Development Association P.O. Box 45536 Tinker AFB, OK 73145	7,000.00	Individual Payroll Noncash	Yes No No
124 Carole A. Tobin 3 Oak Crest Drive Bethalto, IL 62010	7,050.00	Individual Payroll Noncash	Yes No No
125 Triangle Community Foundation, Inc. 324 Blackwell Street, Suite 1220 Durham, NC 27701	5,000.00	Individual Payroll Noncash	Yes No No
126 United Way of Central Oklahoma PO Box 837 Oklahoma City, OK 73101	5,000.00	Individual Payroll Noncash	Yes No No
127 Upper Extremity Hand & Microsurgery Center 3366 NW Expressway Ste 700 Oklahoma City, OK 73112	25,000.00	Individual Payroll Noncash	Yes No No

Schedule B - Part I
Contributors

Oklahoma City University

73-0579265

Name and Address	Contribution	Type	
128 Urology Surgeons of Oklahoma PC 4200 W. Memorial Road, Suite 501 Oklahoma City, OK 73120	25,000.00	Individual Payroll Noncash	Yes No No
129 Vanguard Charitable Endowment Program PO Box 55766 Boston, MA 02205	5,000.00	Individual Payroll Noncash	Yes No No
130 Wanda L. Bass Foundation, Inc. PO Box 948 McAlester, OK 74502	124,050.00	Individual Payroll Noncash	Yes No No
131 Watson Family Foundation 14 Windsor Court Houston, TX 77055	20,000.00	Individual Payroll Noncash	Yes No No
132 White Rhino Partners, LLC 561 Westward Drive Royse City, TX 75189	10,000.00	Individual Payroll Noncash	Yes No No
133 Mary Wilkinson 521 E Cherry Street Fairview, OK 73737	6,850.00	Individual Payroll Noncash	Yes No Yes
134 Wilshire Charitable Foundation 5619 N. Classen Boulevard Oklahoma City, OK 73118	290,000.00	Individual Payroll Noncash	Yes No No
135 Betty L. Wooden 2511 Wedglea Drive, Apt 1016 Dallas, TX 75211	7,000.00	Individual Payroll Noncash	Yes No No

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN BARBER VP OF ACADEM	40 00			X				187,924	0	0
EDUARDO PRIETO ASSOC VICE P	40 00			X				152,616	0	0
MAHMOOD SHANDIZ ASSOCIATE VP	40 00			X				151,342	0	0
JOHN HILLIS VICE PRESIDE	40 00			X				126,058	0	0
THOMAS BROWN ASSOCIATE PR	40 00			X				124,178	0	0
BRIAN HOLLAND CFO	40 00			X				123,784	0	0
RICHARD HALL VICE PRESIDE	40 00			X				123,262	0	0
JOHN CONGER GENERAL COUN	40 00			X				122,856	0	0
ARTHUR COTTON VICE PRESIDE	40 00			X				107,825	0	0
CRAIG KNUTSON SENIOR ADMIN	40 00			X				106,543	0	0
MARGARET BALL VP OF CHURCH	40 00			X				88,973	0	0
JAMES ABBOTT ASSISTANT VP	40 00			X				81,906	0	0
ELIZABETH HEDRICK CHIEF HR OFF	40 00			X				58,751	0	0
MARY JENKINS CHIEF HR OFF	40 00			X				48,176	0	0
LAWRENCE HELLMAN DEAN OF LAW	40 00				X			175,480	0	0
ERIC LAITY ASSOCIATE DE	40 00					X		180,243	0	0
ARTHUR LEFRANCOIS LAW FACULTY	40 00					X		160,637	0	0
LAURIE JONES ASSOCIATE DE	40 00					X		152,327	0	0
MICHAEL WILLIAMS SENIOR ASSOC	40 00					X		149,270	0	0
ALVIN HARRELL LAW FACULTY	40 00					X		148,762	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BILL JUNK TRUSTEE	1 00	X						0	0	0
LOU KERR TRUSTEE	1 00	X						0	0	0
ANN LACY TRUSTEE	1 00	X						0	0	0
KURT LEICHTER TRUSTEE	1 00	X						0	0	0
LINDA PETREE LAMBERT TRUSTEE	1 00	X						0	0	0
ROBERT E LONG TRUSTEE	1 00	X						0	0	0
HERMAN MEINDERS TRUSTEE	1 00	X						0	0	0
DAN W PULVER TRUSTEE	1 00	X						0	0	0
GEORGE R RANDALL TRUSTEE	1 00	X						0	0	0
JOHN RICHEL'S TRUSTEE	1 00	X						0	0	0
PATRICK T ROONEY TRUSTEE	1 00	X						0	0	0
ROBERT J ROSS TRUSTEE	1 00	X						0	0	0
JEANNETTE SIAS TRUSTEE	1 00	X						0	0	0
JEANNE HOFFMAN SMITH TRUSTEE	1 00	X						0	0	0
B CRAIG STINSON TRUSTEE	1 00	X						0	0	0
STEVEN W TAYLOR TRUSTEE	1 00	X						0	0	0
JERRY B VANNATTA TRUSTEE	1 00	X						0	0	0
JAMES L WADE TRUSTEE	1 00	X						0	0	0
GEORGE T WARREN TRUSTEE	1 00	X						0	0	0
DAVID M WILSON TRUSTEE	1 00	X						0	0	0
JUDY BENSON TRUSTEE	1 00	X						0	0	0
KENT BUCHANAN TRUSTEE	1 00	X						0	0	0
MARSH PITMAN TRUSTEE	1 00	X						0	0	0
ROBERT HENRY PRESIDENT	40 00			X				399,722	0	0
TOM MCDANIEL SR ADMINIST	40 00			X				211,810	0	0

Additional Data

Software ID:

Software Version:

EIN: 73-0579265

Name: OKLAHOMA CITY UNIVERSITY

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD J NORICK CHAIRMAN	1 00	X		X				0	0	0
GARY HOMSEY V CHAIRMAN	1 00	X		X				0	0	0
JANE JAYROE GAMBLE SECRETARY	1 00	X		X				0	0	0
ROY W CHANDLER TREASURER	1 00	X		X				0	0	0
WILLIAM F SHDEED CHAIRMAN EME	1 00	X						0	0	0
ROBERT E HAYES JR RESIDENT BIS	1 00	X						0	0	0
RAY B ACKERMAN TRUSTEE	1 00	X						0	0	0
ANN ALSPAUGH TRUSTEE	1 00	X						0	0	0
BRIAN BAKEMAN TRUSTEE	1 00	X						0	0	0
JAMES C BASS TRUSTEE	1 00	X						0	0	0
LOUISE BASS TRUSTEE	1 00	X						0	0	0
HENRY W BROWNE JR TRUSTEE	1 00	X						0	0	0
MARTHA A BURGER TRUSTEE	1 00	X						0	0	0
DENNIS J DOUGHERTY TRUSTEE	1 00	X						0	0	0
EMMANUEL E EDEM TRUSTEE	1 00	X						0	0	0
TRICIA L EVEREST TRUSTEE	1 00	X						0	0	0
GERALD L GAMBLE TRUSTEE	1 00	X						0	0	0
JUDY BENSON TRUSTEE	1 00	X						0	0	0
MICHAEL GARDNER TRUSTEE	1 00	X						0	0	0
STEPHEN P GARRETT TRUSTEE	1 00	X						0	0	0
JACK E GOLSEN TRUSTEE	1 00	X						0	0	0
MO GROTHORN TRUSTEE	1 00	X						0	0	0
DIANA COX CRAWFORD TRUSTEE	1 00	X						0	0	0
JOE R HOMSEY JR TRUSTEE	1 00	X						0	0	0
ANN JOHNSTONE TRUSTEE	1 00	X						0	0	0