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SCANNED FEB 2 1 2013

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

| <u>A F</u> | or th | e 201 | 1 calendar year, or ta <u>x ye</u> ar begi | nning 07/01, 2011 | l, and endir | ng | | 06/ | 30 , 20 1: | 2 |
|--------------------------------|------------------|-----------|---|--|-----------------|------------------|----------------------|------------|-------------------|-------------|
| ь. | | | C Name of organization | - | | | D Employer id | entificati | ion number | |
| Вс | heck if ap | pticable | NORMAN REGIONAL HEALT | H FOUNDATION | | | 731203 | 942 | | |
| | Addre | | Doing Business As | | | | | | | |
| | 7 - | change | Number and street (or P O box if mail is | not delivered to street address) | Room/suite | | E Telephone n | umber | | |
| | Initial | return | P.O. BOX 1665 | | | | (405) 30 | 7-10 | 77 | |
| - | Termi | | City or town, state or country, and ZIP + | 4 | · | | (100) 00 | | | |
| | Amen | ded | NORMAN, OK 73070 | | | | G Gross receip | ite \$ | 2 00 | 7,179. |
| | return Applic | ation | F Name and address of principal officer | ANNE E. CLOUSE | | | H(a) Is this a gro | | | |
| | pendii | ng | P.O. BOX 1665 NORMAN, | | | | affiliates? | • | - ├ '` | - |
| | Tay av | empt sta | | | 1 1 | | H(b) Are all affilia | | | |
| | | | |) ((insert no) 4947(a)(1) | or 52 | | | | ee instructions |) |
| | | | WWW.NORMANREGIONAL.COM | | 1. | | H(c) Group exem | · | <u> </u> | |
| | | | zation X Corporation Trust | Association Other | L Year o | f formati | ion 1983 M | State of | legal domici | le OK |
| Pa | rt l | | nmary | | | | | | | |
| | 1 | | describe the organization's mission of | | | | | | | |
| ø | | TO S | SUPPORT NORMAN REGIONAL | HEALTH SYSTEM'S MISSIC | ON OF PRO | OVID | ING | | | |
| auc | l | | ITY AND COMPASSIONATE H | | | | | | | |
| era | | REGI | ONAL COMMUNITY IN A RES | SPONSIVE, EFFICIENT AND | SAFE MA | NNER. | · | | | |
| Governance | 2 | Check | this box 🕨 🔙 if the organization of | liscontinued its operations or dispose | ed of more tha | an 25% | of its net asset | s | | |
| ಂಶ | 3 | Numb | er of voting members of the governing | body (Part VI, line 1a) | | | | 3 | | 26. |
| Activities | 4 | Numb | er of independent voting members of | the governing body (Part VI, line 1b) | | | | 4 | | 26. |
| ξ | | | number of individuals employed in cal | | | | | | | |
| Act | | | number of volunteers (estimate if neces | | | | | | | 90. |
| | 7a | Total u | unrelated business revenue from Part V | /III. column (C), line 12 | | | · · · · · · · · | 7a | | |
| | | | related business taxable income from | | | | | 7b | | |
| _ | | | | | | | Prior Year | 1.5 | Current | Year |
| _ | 8 | Contri | butions and grants (Part VIII, line 1h) | | | | 169,10 | 00 | | 8,199. |
| nge | 9 | Progra | am service revenue (Part VIII, line 2g) | | | | 103/10 | ,,,, | | 0,100. |
| Revenue | 10 | Invoct | ment income (Part VIII, column (A), line | on 2 A and 7d) | | | 158,78 | 20 | | 1,527. |
| ď | 11 | Other | sevence (Pert VIII, column (A), line | es 3, 4, and 70) | | | -53,74 | | | |
| | | | revenue (Part VIII, column (A), lines 5, | | | <u> </u> | | | | 2,132. |
| | | | evenue - add lines 8 through 11 (mus | | | | 274,14 | - | | 4,540. |
| | | | s and similar amounts paid (Part IX, col | | | | 411,23 | - | 36 | 4,607. |
| | | | ts paid to or for members (Part IX, colu | | | - | | 0 | | |
| Expenses | 15 | | es, other compensation, employee ben | | | | | 0 | | |
| ens | 16a | Profes | sional fundraising fees (Part IX, column | n (A), line 11e) | | <u> </u> | | <u> </u> | | C |
| X | b | Total 1 | undraising expenses Part IX column (| D), line 25) ▶ | _0 | L | | | | |
| | 7 / | Other | expenses (Part IX: column (A), lines 11 | a-11d, 11f-24e) | | <u> </u> | 52,88 | | | 3,345. |
| | 18 | Total e | expenses. Add lines 13-17//must equal | Part IX column (A) line 25) | | | 464,11 | .7. | | 7,952. |
| | 19 | Reven | ue less ekpenses Subtract line 18 from | n line 12 | <u> </u> | | -189 , 97 | 4. | -36 | 3,412. |
| Net Assets or Fund Balances | l i | | | | | Begin | ning of Current | ear e | End of Y | ear |
| set | 20 | Total g | esets (Part-X, line 16) | | | | 3,010,66 | 57. | 2,75 | 4,764. |
| 4 Big | 21 | Total t | abilities (Part X) line 26) | | | | 46,10 | 9. | 6 | 1,880. |
| <u> 25</u> | 22 | Net as | sets or fund balances Subtract line 2 | I from line 20 | | | 2,964,55 | 8. | 2,69 | 2,884. |
| Pa | rt II | Sig | nature Block | | | | | | | |
| Und | der pen | alties of | perjuty, I declare that I have examined this | return, including accompanying schedules | and statement | s, and to | the best of my k | nowledg | e and belief, | it is true, |
| cor | rect, an | id comp | elete Declaration of preparer (other than offic | cer) is based on all information of which pi | reparer has any | knowle | dge | | | |
| | | | / (XVMa (LOWE) | | | | | | | |
| Sig | | | Signature of officer | 1'. A. | | | Date | | | |
| He | re | | Hund Cloude PX | City VO Dicector | | | 1-7 | 15/ | 13 | |
| | | 🕨 : | Type or print name and title | ~~·/··· () · · · · · / / / / / / / | | | | | | |
| | | | Type preparer's name | Preparer's signature | Date | | Chart | , PTII | N | |
| Paid | | ١٨ | ne Adams | anne adams | | -13 | Check self-employ | ן יי ו | P00887 | 013 |
| Pre | parer | | DIED TID | I UMME VOURS | 1,00 | <u>ر) -</u> آ | | | | 243 |
| Use | Only | Firm's | | 400 THE CA OF 74126 40 | 222 | | | | 160260 | |
| Max | the If | · | | 400 TULSA, OK 74136-42 | .23 | | Phone no | 318-2 | 84-290 | T |
| <u> </u> | | | cuss this return with the preparer show | <u> </u> | | <u></u> | | | X Yes | No (2011) |
| | | | | | | | | | | |

JSA 1E1010 1 000 8023CQ K931

| 7 | m 990 (2011) Page art 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 |
| | TO ENHANCE EXCELLENT HEALTH CARE BY SUPPORTING NORMAN REGIONAL HEALTH |
| | SYSTEM'S MISSION OF PROVIDING QUALITY AND COMPASSIONATE HEALTH CARE |
| | SERVICES AND EDUCATION TO OUR REGIONAL COMMUNITY IN A RESPONSIVE, EFFICIENT AND SAFE MANNER. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| 3 | If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program |
| • | services? 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 organism and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| 4 a | (Code) (Expenses \$ |
| | HEALTH SYSTEM'S MISSION OF PROVIDING QUALITY AND COMPASSIONATE |
| | HEALTH CARE SERVICES AND EDUCATION TO OUR REGIONAL COMMUNITY IN A |
| | RESPONSIVE, EFFICIENT AND SAFE MANNER. |
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| 4 b | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
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| 4 c | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
| 4 d | Other program services (Describe in Schedule O) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| _ | Total program service expenses ► 383, 211. |
| JSA 20 1 | 1 000 |
| | 8023CQ K931 |
| | |

| | NORMAN REGIONAL HEALTH FOUNDATION 731203 | 942 | | |
|--------|--|-----------------|-----------------------------|--------|
| Form 9 | 99 (2011) Chacklist of Paguizad Schodules | | | Page 3 |
| rari | IV Checklist of Required Schedules | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| • | complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| | Part III | 5 | | |
| 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 | i | | |
| | "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | _ | | |
| _ | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part | | | |
| | X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | v |
| 40 | complete Schedule D, Part IV | 9 | | X |
| 10 | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | | ^ |
| ' ' | VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | | | |
| | Schedule D, Part VI | 11a | X | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | | | |
| _ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Χ |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Χ |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," | | | |
| | complete Schedule D, Parts XI, XII, and XIII | 12a | Х | |
| 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 | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | _X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | ١ | | ., |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | v |
| 4.0 | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | 46 | | v |
| 47 | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | 47 | | Х |
| 18 | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | - | ^ |
| 10 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | - '' | $\stackrel{\wedge}{\vdash}$ | |
| . 3 | If "Yes," complete Schedule G, Part III | 19 | | Х |
| 20 a | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | The state of the s | | | |

| Par | Checklist of Required Schedules (continued) | _ | Yes | No |
|-----|---|-------------|-----|----------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization | | Yes | NO |
| • | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | x | |
| 2 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States | | | |
| _ | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 3 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| • | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | х | |
| 4 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K If "No," go to line 25 | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| _ | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | Х |
| 6 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II. | 26 | | Х |
| 7 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 8 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Χ |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | Χ |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Χ |
| 9 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Χ |
| 0 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 1 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | X |
| 2 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | X |
| 3 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 4 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, | | | |
| | IV, and V, line 1 | 34 | | X |
| 5 a | | 35a | _ | X |
| 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)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | <u> </u> |
| 6 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| _ | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u> </u> |
| 7 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R | | | ,. |
| | Part VI | 37 | | X |
| 8 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | | , j | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |

| Førm | 990 (2011) | | | Page : |
|------|---|----------|-------|---|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response to any question in this Part V | • • • | · · · | لــــــــــــــــــــــــــــــــــــــ |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 2 | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | <u>'</u> | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| 0 - | reportable gaming (gambling) winnings to prize winners? | 1 c | | |
| Za | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. | | | |
| h | Statements, filed for the calendar year ending with or within the year covered by this return . 2a 2 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | - |
| b | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | 20 | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | 1 | Х |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3 b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | Х |
| 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 | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | Х |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| 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 | - | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | ١ | | |
| _ | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | 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 | Х | |
| h | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7 b | X | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| _ | required to file Form 8282? | 7c | | Χ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | Χ |
| 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. | | ŧ | |
| | Did the organization make any taxable distributions under section 4966? | 9a 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | 90 | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter | 1 | , | |
| а | Gross income from members or shareholders | | Ì | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | 1 | | |
| | against amounts due or received from them) | | ļ | |
| | 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. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | Ì | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| D | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | ŀ | |

Form 990 (2011) NORMAN REGIONAL HEALTH FOUNDATION 731203942 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response to any question in this Part VI............ Х Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Χ 8a Χ 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 14 14 Did the organization have a written document retention and destruction policy?.......... 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? 15a 15b 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 X with a taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_OK____ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Own website 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 during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization Norman reg Health Foundation 901 N PORTER AVE NORMAN, OK 73071

Form **990** (2011)

JSA

731203942

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

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

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for | box, | unle | Pos heck ss pe | rson | e than o | an | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|------------------------------|--|--------------------------------|-----------------------|----------------------|--------------|------------------------------|--------|--|--|---|
| | related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (** 2/1000 111100) | organization and related organizations |
| (1) SCOTT BAUMAN | | | | | | | | | | |
| DIRECTOR | .12 | X | | | | | | C | ol | (|
| (2) JUSTIN COVEY | | | | 1 | | | | _ | | |
| DIRECTOR | .19 | X | | | | | | C | ol | (|
| (3) SHERRI DURICA | | | | | | | | i | | |
| DIRECTOR | .21 | X | | | | | | c | ol | (|
| (4) SUSAN GLADHILL | | | | _ | | - | | | | |
| PAST-CHAIR | .40 | X | | Х | | | | C | 0 | (|
| (5) KRIS GLENN | | | | | | | | | | |
| DIRECTOR | .12 | Х | | | | | | C | o | (|
| (6) CHRIS GRAVES | | | | | | | | | | - |
| DIRECTOR | .15 | Х | | | | | | C | ol | (|
| (7) BEVERLY HARKNESS | | | | | | | | | | |
| DIRECTOR | .12 | X | | | | | | C | o | (|
| (8) JAMES HARP | | | | | | | | | | |
| DIRECTOR | .12 | Х | | | | | | C | o | (|
| (9) CHARLES R. HOLLINGSWORTH | | | | | | | | | | |
| DIRECTOR | .19 | Х | | | | | | C | 0 | (|
| (10) DIANNE KITTINGER | | | | | | | | | | |
| DIRECTOR | .21 | Х | | | | | | C | o | (|
| (11) RANDY LAFFOON | | | | | | | | | | |
| CHAIR-ELECT | .40 | Х | | Х | | | | | 0 | (|
| (12) LORI LINDSEY | | | | | | | | | | |
| DIRECTOR | .19 | Х | | | | | | C | 0 | (|
| (13) PAT MARTIN | | | | | | | | - | | |
| DIRECTOR | .12 | Х | L | L | L | <u>L</u> | | C | 0 | (|
| (14) RUSS MCREYNOLDS | | | | | | | | | | |
| DIRECTOR | .15 | Х | | | | | | C | o | (|

| - | v | J | ~ | 3 | _ | | | | |
|---|---|---|---|---|---|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

| Part VII Section A. Officers, Directors, Tru | | , , = | ٠,٠٠٠ | | | | . 9 | | | | | |
|---|--|--------------------------------|-----------------------|----------------------|------------------|-------------------------------|-------------|---------------------------------------|--|---------------|--|--|
| (A) Name and title | (B) Average hours per week (describe | box, | unles r and | Pos neck ss pe | rson | than o is both or/trust | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | ar | (F) stimate nount other ipensa | of |
| | hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | org | rom th ganizat id relat anizati | tion ted |
| 5) ANN NUTTLE DIRECTOR | .10 | х | | | | | | 0 | | | | |
| 6) ANDY PADEN CHAIR | .40 | Х | | Х | | | | 0 | | | | |
| 7) MARGARET PAPE DIRECTOR | .15 | Х | | | | | | 0 | | | | |
| 8) RAINEY POWELL SECRETARY/TREASURER | .40 | Х | | Х | | | | 0 | (| | | |
| 9) JANE SIGMON DIRECTOR | .19 | х | | | | | | 0 | | | | |
| DIRECTOR | .15 | Х | | | | | | 0 | | | | |
| DIRECTOR | .15 | Х | | | | | | 0 | | | | |
| DIRECTOR | .12 | Х | | | | | | 0 | (| | | |
| 3) LYNN WEBER DIRECTOR 4) PAUL WILSON | .12 | Х | | | | | | 0 | (| | | |
| DIRECTOR 5) DIEDRE EBREY | .10 | Х | | | | | | 0 | (| | | |
| DIRECTOR | .12 | Х | | | | | | 0 | (| | | |
| c Total from continuation sheets to Part VII, Se | ection A | | | | | | > | 39,552. | | 1 | | |
| d Total (add lines 1b and 1c) | | | | | | | ► | 39,552. | \$100 000 of | | _ | |
| reportable compensation from the organization | | (| | | | | | | | | | |
| B Did the organization list any former office employee on line 1a? If "Yes," complete Schedu | er, directo | or, or | tru | iste: | e, l | key e | mp | loyee, or highes | compensated | 3 | Yes | S No |
| For any individual listed on line 1a, is the sorganization and related organizations greated individual | um of repeater than | ortab \$15 | le c | om 00? | pen <i>If</i> | satior <i>"Yes</i> | n ar | nd other compens | ation from the | 4 | | X |
| Did any person listed on line 1a receive or for services rendered to the organization? If "Ye | accrue coi | mpen | satio | on f | rom | any | นกเ | related organization | n or individual | 5 | х | |
| Section B. Independent Contractors | s, complet | 007 | | 10 0 | 101 | Sucri | por | 3011 | | | 1 1 | |
| Complete this table for your five highest com compensation from the organization Report or year | | | | | | | | | | | | |
| (A) Name and business add | ress | | | | | | | (B) Description of se | rvices | (C) Compen | | 1 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | _ |
| | | | | | | | - | | | | | |

| | | _ |
|--|--|---|
| | | |

| (A) Name and title Name and business address (C) Reportable Compensation from related or opensation from any unrelated or opensation from the organization is a reportable compensation from the organization of th | Part VII Section A. Officers, Directors, Tru | ıstees, Ke | y En | ıplo | ye | es, | and I | lig | hest Compensat | ed Employee | s (continue | ed) | |
|--|--|---|--------------------------------|-----------------------|----------------------|--------------|------------------------------|------------|--|------------------------------------|---------------------|-------------------------------|---------|
| 26) COURTNEY BRACKIN DIRECTOR | • • | Average hours per week | box, | unle | Pos heck ss pe | more more | ıs both or/trust | an ee) | Reportable compensation from | Reportable compensation fi related | rom ar | stimated nount of other | on |
| DIRECTOR | | related organizations in Schedule | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization | , , | SC) fr org an | anızatıcı d related | |
| 27) ANNE CLOUSE EXECUTIVE DIRECTOR 20.00 X 39,552. 0 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization of related organization greater than \$100,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year | | 0 | v | | | | | | 0 | | 0 | | (|
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) | 27) ANNE CLOUSE | | | | х | | | | 39,552. | | | | (|
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) | | | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization | | | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | | | | | | | | | | | | |
| reportable compensation from the organization ▶ 0 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | c Total from continuation sheets to Part VII, Se | ection A . | | | | | | A A | | | | | |
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | _ | | _ | d al | bove | e) wh | o re | ceived more than | \$100,000 of | | | |
| organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | | | | | | | | | | | Yes | No X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | organization and related organizations gre | eater than | \$15 | 50,0 | 003 |) If | "Yes | 5," (| complete Schedu | le J for sucl | h | | X |
| Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) | 5 Did any person listed on line 1a receive or | accrue co | mpen | sati | on 1 | fron | n any | uni | related organization | on or individua | 1 | | |
| (A) (B) (C) | Complete this table for your five highest com- compensation from the organization. Report compensation. | | | | | | | | | | | | |
| | (A) | Iress | | | | | | | | ervices | | | |
| l I | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ | | | | | nite | d to | thos | e li | sted above) who | received | | | |
| JSA 1E1055 2 000 8 0 2 3 CQ K 9 3 1 | 1E1055 2 000 | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | · | Form | 990 (| 2011 |

| , ra | rt VII | Statement of Revenue | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated Revenue business excluded from ta revenue under sections 512, 513, or 51 |
|--|-------------|--|----------------------|--|--|
| र्घ र | 1a | Federated campaigns 1a | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues 1b | - | | 1 |
| S, E | c | Fundraising events 1c 124,735 | 7 | | |
| ar E | d | Related organizations 1d | | | |
| ž, Ę | e | Government grants (contributions) 1e | | | |
| tion S | f | Good and Goo | 1 | | |
| ᅙ | ' | and similar amounts not included above . 1f 183, 464 | | | |
| i e | ١ ـ | Noncash contributions included in lines 1a-1f \$ | 7 | | |
| ပို့ န | g | · · · · · · · · · · · · · · · · · · · | 308,199 | | <u> </u> |
| Program Service Revenue | | Business Code | | | |
| ě | 2a b | | | | |
| ice | ~ | | | | |
| Š | C | | | | |
| E | d | | | | |
| g. | e | | | _ | |
| ě | | All other program service revenue L | | | |
| | 9 | | 0 | | |
| | 3 | Investment income (including dividends, interest, and | | | |
| | l . | other similar amounts) ATTACHMENT 1 | . | | 49,570 |
| | 4 | Income from investment of tax-exempt bond proceeds | | | |
| | 5 | Royalties (i) Real (ii) Personal | 0 | | |
| | | (, , , , , , , , , , , , , , , , , , , | - | | |
| | 6a | Gross rents | - | | |
| | b | Less rental expenses | - | | |
| | C | Rental income or (loss) | _ | | 1 |
| | d | Net rental income or (loss) | 0 | | |
| | 7 a | Gross amount from sales of | - | | |
| | 1 | assets other than inventory 1,631,232 | - | | |
| | ь | Less cost or other basis | | | |
| | İ | and sales expenses 1,852,329 | - | | |
| | С | Gain or (loss) | - | | 1 |
| | d | Net gain or (loss) | -221,097 | | -221,097 |
| ne | 8a | · · · · · · · · · · · · · · · · · · · | | | |
| eu | | events (not including \$ 124,735 ATCH 2 | | | |
| ě | | of contributions reported on line 1c) | | | |
| <u> </u> | İ | See Part IV, line 18 | <u>3 </u> | | |
| Other Revenu | b | Less direct expenses b 90,310 | | | |
| ō | С | Net income or (loss) from fundraising events . ATCH . 3 . I | -72,132 | | -72,132 |
| | 9 a | Gross income from gaming activities | | | |
| | | See Part IV, line 19 a | | | |
| | b | Less direct expenses b | - | | 1 |
| | C | Net income or (loss) from gaming activities | 0 | | |
| | 10a | Gross sales of inventory, less | | | |
| | | returns and allowances a | | | |
| | b | Less cost of goods sold b | - | | 1 |
| | | Net income or (loss) from sales of inventory | | | |
| | | | - | | † |
| | 11a | | | | |
| | b | | - | | |
| | C | | | | |
| | d | All other revenue | | | |
| | е | Total. Add lines 11a-11d | | • | |
| | 12 | Total revenue. See instructions | 64,540 | | -243,659 |

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 resp | onse to any question in | this Part IX | | |
|---|-------------------------|--------------------------|---------------------------------|-------------------------|
| Do not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
| 7b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 Grants and other assistance to governments and | | | | |
| organizations in the United States See Part IV, line 21. | 335,482. | 335,482. | | |
| 2 Grants and other assistance to individuals in | | | | |
| the United States See Part IV, line 22 | 29,125. | 29,125. | | |
| 3 Grants and other assistance to governments, | | | | |
| organizations, and individuals outside the | | | | |
| United States See Part IV, lines 15 and 16 | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | · |
| 5 Compensation of current officers, directors, | | | | |
| trustees, and key employees | 0 | | | |
| 6 Compensation not included above, to disqualified | | | | |
| persons (as defined under section 4958(f)(1)) and | | | | |
| persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 0 | | | |
| 8 Pension plan accruals and contributions (include section | | | | |
| 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 Other employee benefits | 0 | | | |
| 10 Payroll taxes | 0 | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0 | | | |
| b Legal | 385. | | 385. | |
| c Accounting | 16,068. | | 16,068. | |
| d Lobbying | 0 | | | |
| e Professional fundraising services See Part IV, line 17 | 0 | | 10 214 | |
| f Investment management fees | 10,314. | | 10,314. | |
| g Other | 0 | | | |
| 12 Advertising and promotion | 0 | 4 500 | 207 | |
| 13 Office expenses | 4,807. | 4,500. | 307. | |
| 14 Information technology | 15,765. | | 15,765. | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 0 | | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses | | | | |
| for any federal, state, or local public officials | 127 | 1 2 7 | | |
| 19 Conferences, conventions, and meetings | 137. | 137. | | ···· |
| 20 Interest | 0 | | | |
| 21 Payments to affiliates | 3,489. | 3,489. | | |
| 22 Depreciation, depletion, and amortization | 3,489. | 3,403. | | |
| 23 Insurance | | | | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If | | | | |
| line 24e amount exceeds 10% of line 25, column | | | | |
| (A) amount, list line 24e expenses on Schedule O) | | | | |
| a PATIENT NEWSPAPERS | 8,921. | 8,921. | | |
| b MEMBERSHIP DUES | 1,557. | 1,557. | | |
| c TAX WITHHELD ON INVEST. EARN | 224. | 2,00 | 224. | |
| d | 2231 | | 2211 | |
| e All other expenses | 1,678. | | 1,678. | |
| 25 Total functional expenses. Add lines 1 through 24e | 427,952. | 383,211. | 44,741. | |
| 26 Joint costs. Complete this line only if the | .2.,,502. | 333,311. | | |
| organization reported in column (B) joint costs | | | | |
| from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If | | | | |
| following SOP 98-2 (ASC 958-720) | 0 | | | |
| JSA 454052 4 000 | | <u>-</u> <u>+</u> - | | Form 990 (2011 |

JSA 1E1052 1 000

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| | rt X | Balance Sheet | | | |
|-----------------------------|------|---|--------------------------|-----|----------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 233,158. | 1 | 376,697. |
| | 2 | Savings and temporary cash investments | 2,577. | 2 | 2,577. |
| | 3 | Pledges and grants receivable, net | <u> </u> | 3 | (|
| | 4 | Accounts receivable, net | 290,034. | 4 | 282,207. |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | |
| | | employees, and highest compensated employees Complete Part II of | | | |
| | 6 | Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | C | | (|
| ë | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | C | 8 | C |
| • | 9 | Prepaid expenses and deferred charges | 3,647. | 9 | 1,750. |
| | 10a | Land, buildings, and equipment cost or | | | |
| | | other basis Complete Part VI of Schedule D 10a 10,466. | | | |
| | b | Less accumulated depreciation 9,303. | 4,652. | 10c | 1,163. |
| | 11 | Investments - publicly traded securities | 2,476,299. | 11 | 2,090,070. |
| | 12 | Investments - other securities See Part IV, line 11 | C | 12 | C |
| | 13 | Investments - program-related See Part IV, line 11 | C | 13 | C |
| | 14 | Intangible assets | C | 14 | C |
| | 15 | Other assets See Part IV, line 11 | 300. | 15 | 300. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 3,010,667. | 16 | 2,754,764. |
| | 17 | Accounts payable and accrued expenses | 46,109. | | 61,880. |
| | 18 | Grants payable | C | 18 | C |
| | 19 | Deferred revenue | C | 19 | C |
| | 20 | Tax-exempt bond liabilities | C | 20 | C |
| Ś | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | C | 21 | C |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key | | | |
| ğ | | employees, highest compensated employees, and disqualified persons | | | |
| ٿ | | Complete Part II of Schedule L | C | 22 | C |
| | 23 | Secured mortgages and notes payable to unrelated third parties | C | 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 | C | 25 | C |
| | 26 | Total liabilities. Add lines 17 through 25 | 46,109. | | 61,880. |
| —sa | | Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. | | | |
| Ž | 27 | Unrestricted net assets | 2,569,589. | 27 | 2,308,392. |
| 3ala | 28 | Temporarily restricted net assets | 375,204. | 28 | 364,677. |
| Ā | 29 | Permanently restricted net assets | 19,765. | 29 | 19,815. |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. | | | |
| ts c | 30 | Capital stock or trust principal, or current funds | | 30 | |
| se | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| As | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| ē | 33 | Total net assets or fund balances | 2,964,558. | 33 | 2,692,884. |
| ~ | 34 | Total liabilities and net assets/fund balances | 3,010,667. | 34 | 2,754,764. |
| | 104 | . The manifestation and not appointed paralleles, | 2,010,007. | | Eom 991 (201) |

Form **990** (2011)

| ·For | m 990 (2011) | | | | Page 12 |
|------|---|--------|---------|-------|-----------------|
| P | 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 | | 64 | ,540. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 42 | ,952. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | -363 | 3,412. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2 | | ,558. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | 9: | . , 738. |
| 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 | 2 | , 692 | ,884. |
| Pa | Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII | | | [| 7 |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O | plaın | ın | | es No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 | а | X |
| þ | | | | b > | |
| C | the terminal and the enganteen material and administration responsibility for a | | ight | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountar | | • • • ⊢ | c > | |
| | If the organization changed either its oversight process or selection process during the tax year, ex Schedule O | xplaır | n in | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye | ar w | ere | | |
| | issued on a separate basis, consolidated basis, or both Separate basis Consolidated basis X Both consolidated and separate basis | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth | ı ın | 1 | |
| | the Single Audit Act and OMB Circular A-133? | | 3 | a | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | ergo | the | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3 | ь | _ |

Form **990** (2011)

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

| Employer identifica | ation number |
|---------------------|----------------|
| ions. | Inspection |
| | Open to Public |
| | |

| NORMA | N REGIONAL HEA | LTH FOUNDATIO |)N | | | | | | 73 | 1203942 | |
|-------------|-------------------------|---------------------|---|---------|------------------------|-----------|----------------|-----------|-----------------|-----------------|--|
| Part I | Reason for Pub | lic Charity Statu | s (All organizations mu | ıst cor | nplete | this p | art.) Şe | e instr | uctions | | |
| The org | anization is not a priv | ate foundation be | cause it is (For lines 1 th | rough | 11, ch | eck only | one bo | x) | | | |
| 1 | A church, conventi | on of churches, or | association of churches | describ | oed in s | section | 170(b) | (1)(A)(i) | ١. | | |
| 2 | A school described | in section 170(b) | (1)(A)(ii). (Attach Schedu | ie E) | | | | | | | |
| 3 | A hospital or a coo | perative hospital s | service organization descr | ibed in | sectio | on 170(l | o)(1)(A) | (iii). | | | |
| 4 | A medical researd | th organization op | erated in conjunction w | ith a h | nospita | al descr | ıbed ın | sectio | n 170(t | o)(1)(A)(iii). | Enter the |
| | hospital's name, cit | ty, and state | | | | | | | | | |
| 5 | An organization of | perated for the be | nefit of a college or univ | ersity | owned | d or ope | erated I | by a go | vernme | ntal unit de | scribed in |
| | section 170(b)(1)(| | • | | | | | | | | |
| 6 | | | or governmental unit des | | | | | | | | |
| 7 X | An organization th | at normally receiv | es a substantial part of it | ts supp | ort fro | om a go | vernme | ental ur | nt or fro | om the gene | eral public |
| _ | | | . (Complete Part II) | | | | | | | | |
| 8 📙 | 1 | | on 170(b)(1)(A)(vi). (Com | | | | | | | | |
| 9 | | | es (1) more than 331/3% | | | | | | | | • |
| | | | exempt functions - sub | | | | | | | | |
| | | | ome and unrelated busi | | | | | | n 511 | tax) from b | usinesses |
| — | | | ne 30, 1975 See section | - | | • | | • | | | |
| 10 | | - | ted exclusively to test for | • | • | | | | • | | |
| 11 | _ | | rated exclusively for the | | | • | | | | • | • |
| | | | apported organizations de | | | | | | | | e section |
| | | | es the type of supporting | | | | - | | | ¬⁻ | S.I. |
| _ | a Type I | b Type | | | | - | - | | | ∫ Type III - C | |
| e | | | the organization is not gers and other than one | | | | | | | | |
| | 509(a)(1) or section | | gers and other than one | 01 1110 | ne put | olicly Su | pporte | u organ | izations | described | in section |
| f | | | n determination from th | A IRS | that it | ıc a T | vne I I | Type II | or Type | a III sunnor | tına |
| • | organization, check | Aba bas | | | that it | . 13 4 1 | ype 1, | ype II, | от тур | e iii suppoi | ""'9 |
| g | | | | torco | ntribut | on from | . anv of | f the | | | Ш |
| 9 | following persons? | - | meation accepted any gin | | | | | | | | |
| | - · | | ectly controls, either alor | ne or t | oaeth | er with | persor | s desc | ribed in | (u) | Yes No |
| | | - | dy of the supported organ | | ~ _ | | • | | | `´ [| |
| | | | scribed in (i) above? | | | | | | | 11g(ii) | + |
| | | | son described in (i) or (ii) a | bove? | | | | | | 11g(iii) | |
| h | | | out the supported organization | | | | | | | | |
| (i) | Name of supported | (ii) EIN | (iii) Type of organization | | Is the | (v) Did y | ou notify | (vi) | s the | (vii) Amo | unt of |
| | organization | | (described on lines 1-9 above or IRC section | | zation in listed in | | anization | | zation in | supp | |
| | | | (see instructions)) | your g | overning ment? | | (i) of upport? | | rganized US? | | |
| | | | | Yes | No | Yes | No | Yes | No | | |
| (A) | | | | | | 1 | | | | | |
| <u> </u> | | | | | | | | | | | |
| (B) | | | | | | | l | | | | |
| | <u> </u> | | | | | | | | | | |
| (C) | | | | | | 1 | | l | | | |
| | | | | ļ | | | | | | | |
| (D) | | | | | | | | | | | |
| · · · · · · | | | | | - | | | | | _ | |
| (E) | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | | | | | | <u> </u> | | <u> </u> | | | |

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

| Sec | tion A. Public Support | | | | | | |
|----------|--|--------------------|---------------------------------------|-----------------------------------|-----------------------------------|------------------|-------------------|
| Cale | ndar 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") | 303,351. | 675,532 | 746,744 | 169,100 | 308,199. | 2,202,926 |
| 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 | 303,351 | 675,532 | 746,744 | 169,100 | 308,199 | 2,202,926 |
| 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) | | | | | | 59,903 |
| <u>6</u> | Public support. Subtract line 5 from line 4 tion B. Total Support | | | | | | 2,143,023 |
| | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7 | Amounts from line 4 | 303,351 | 675,532 | 746,744 | 169,100 | 308,199 | 2,202,926 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 211,369 | 103,931 | 63,885 | 60,672 | 49,570 | 489,427 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 92,517 | | | | | 92,517 |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 2,784,870 |
| 12 | Gross receipts from related activities, etc. (s | ee instructions) . | | | | 12 | 92,724 |
| 13 | First five years. If the Form 990 is forganization, check this box and stop here | | | d, third, fourth, | or fifth tax ye | ar as a section | 501(c)(3) ▶ |
| | tion C. Computation of Public Sup | · | • | | | | |
| 14 | Public support percentage for 2011 (III | | • | | | 14 | 76.95% |
| 15 | Public support percentage from 2010 | | | | | 15 | 83.76% |
| 16a | 331/3% support test - 2011. If the o | ~ | | | | | |
| | this box and stop here. The organization 331/3% support test - 2010. If the co | | | | | | |
| D | check this box and stop here. The orga | - | | | | | |
| 17a | 10%-facts-and-circumstances test - 2 | | · · · · · · · · · · · · · · · · · · · | • • | | | |
| | 10% or more, and if the organization | - | | | | | |
| | Part IV how the organization meets t | | | | | • | • |
| b | organization | | ganization did n | ot check a box d-circumstances | on line 13, 16 " test, check t | | and line op here. |
| 18 | supported organization | did not check a | a box on line 13. | , 16a, 16b, 17a | , or 17b, check | this box and see | |
| | instructions | | | <u></u> | <u></u> | <u> </u> | ▶∟_ |

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

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

| _ | tion A. Public Support ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Tota |
|------------|--|------------------|---------------------------------------|---------------------|--------------------|-----------------|-------------|
| _ | , | (4) 2007 | (1) 2000 | (6) 2009 | (4) 2010 | (8) 2011 | (1) TO(a |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| • | received (Do not include any "unusual grants") | | | | | | 1 |
| 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 | | ļ <u>.</u> | | | | ļ |
| 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 | | 1 | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | 1 | |
| _ | Amounts included on lines 1, 2, and 3 | | | | | 1 | <u> </u> |
| - | received from disqualified persons | | | | | | |
| þ | Amounts included on lines 2 and 3 | | | | | † | <u> </u> |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | + | |
| С 8 | Add lines 7a and 7b | | | L | | | |
| J | • • • | | | | | | |
| | tion B. Total Support | | | | l | <u></u> | 1 |
| | | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Tota |
| | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (6) 2009 | (u) 2010 | (e) 2011 | (1) 1012 |
| 9 0 a | Amounts from line 6 | | | | | | |
| b | Unrelated business taxable income (less | | | | | <u> </u> | |
| | section 511 taxes) from businesses | | | | | , | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | · · · · · · · · · · · · · · · · · · · | | | | |
| 1 | Net income from unrelated business | | | | | <u> </u> | |
| | activities not included in line 10b, whether or not the business is regularly carried on | | _ | | | | |
| 2 | Other income Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part IV) | | | | | ļ | |
| 3 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12) | | | | <u></u> | | |
| 4 | First five years. If the Form 990 is for | the organization | n's first, second, | third, fourth, or | fifth tax year a | s a section 501 | (c)(3) |
| | organization, check this box and stop here | | | | | | |
| ec | tion C. Computation of Public Sup | | | | | | |
| 5 | Public support percentage for 2011 (line 8 | | | mn (f)) | | 15 | |
| 6 | Public support percentage from 2010 Sche | | | | | 16 | |
| Sec | tion D. Computation of Investmen | | | | | A | |
| 7 | Investment income percentage for 2011 (li | | | 3. column (fl) | | 17 | |
| 8 | Investment income percentage from 2010 | | | | | 18 | |
| | 331/3% support tests - 2011. If the or | | | | | | and line |
| | | | | | | | |
| | 17 is not more than 331/3%, check th | | _ | | | • • | |
| | 224/20/ 0110000 44- 0040 If IL- | むいておいへい のいび かんし | спеска рох ол | iirie 14 or line 19 | 9a, and line 16 is | :/more than 331 | ა‰, and |
| | 331/3% support tests - 2010. If the orga | | | | | | |
| | 331/3% support tests - 2010. If the orgaline 18 is not more than 331/3%, check Private foundation. If the organization | this box and s | top here The or | | | | |

Schedule A (Form 990 or 990-EZ) 2011

Page 4

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

NORMAN REGIONAL HEALTH FOUNDATION 731203942 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year. 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year b 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ______ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? 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 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2011

NORMAN REGIONAL HEALTH FOUNDATION 731203942 Schedule D (Form 990) 2011 Page 2 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) Public exhibition Loan or exchange programs Scholarly research h C Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 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? 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 b If "Yes," explain the arrangement in Part XIV and complete the following table Amount 1e 1f 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV 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 (e) Four years back 1a Beginning of year balance **b** Contributions Net investment earnings, gains, d Grants or scholarships e Other expenditures for facilities . and programs f Administrative expenses g End of year balance..... 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment b Permanent endowment ▶ c Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No 3a(i) 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3ь 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 (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation Land......

Schedule D (Form 990) 2011

d Equipment

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

| _ | | • |
|--------------------|---|---|
| $D_{\alpha\alpha}$ | • | |
| rau | | |

| | Investments - Other Securities. Se | | |
|---|--|------------------------------------|--|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| 1) Financi | al derivatives | | |
| | -held equity interests | | |
| 3) Other_ | | | |
| <u>_ (A)</u> | | | |
| <u>(B)</u> | | | |
| (C) | | | |
| <u>(D)</u> | | | |
| (E) | | | |
| <u>(F)</u> | | | |
| (G) | | | |
| _ <u>(H)</u> | | | |
| (l) | | | |
| - | n (b) must equal Form 990, Part X, col (B) line 12) | • | |
| art VIII | | | |
| | (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| 10) | n (b) must equal Form 990, Part X, col (B) line 13) | • | |
| (1) (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| | | | |
| | | | |
| (8) | | | |
| (8) (9) | | | |
| (8) (9) (0) | | | |
| (8) (9) (0) tal. (Colum | in (b) must equal Form 990, Part X, col (B) line 15) | | |
| (8) (9) (0) tal. (Colum Part X | Other Liabilities. See Form 990, P | art X, line 25. | |
| (8) (9) (0) tal. (Colum Part X | Other Liabilities. See Form 990, P. (a) Description of liability | | |
| (8) (9) (0) tal. (Column Part X | Other Liabilities. See Form 990, P | art X, line 25. | |
| (8) (9) (0) tal. (Column art X (1) Feder (2) | Other Liabilities. See Form 990, P. (a) Description of liability | art X, line 25. | |
| (8) (9) 0) tal. (Column eart X (1) Feder (2) (3) | Other Liabilities. See Form 990, P. (a) Description of liability | art X, line 25. | |
| (8) (9) (0) tal. (Column Part X (1) Feder (2) (3) (4) | Other Liabilities. See Form 990, P. (a) Description of liability | art X, line 25. | |
| (8) (9) (0) tal. (Column Part X (1) Fede (2) (3) (4) | Other Liabilities. See Form 990, P. (a) Description of liability | art X, line 25. | |
| (8) (9) (0) tal. (Columnart X (1) Feder (2) (3) (4) (5) | Other Liabilities. See Form 990, P. (a) Description of liability | art X, line 25. | |
| (8) (9) (10) tal. (Column art X (1) Feder (2) (3) (4) (5) (6) (7) | Other Liabilities. See Form 990, P. (a) Description of liability | art X, line 25. | |
| (8) (9) (10) tal. (Column art X (1) Feder (2) (3) (4) (5) (6) (7) | Other Liabilities. See Form 990, P. (a) Description of liability | art X, line 25. | |
| (8) (9) 10) tal. (Column Part X (1) Feder (2) (3) (4) (5) (6) (7) (8) | Other Liabilities. See Form 990, P. (a) Description of liability | art X, line 25. | |
| (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) | Other Liabilities. See Form 990, P. (a) Description of liability | art X, line 25. | |
| (8) (9) 10) Part X (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) 10) | Other Liabilities. See Form 990, P. (a) Description of liability ral income taxes | art X, line 25. (b) Book value | |
| (8) (9) 10) tal. (Column Part X (1) Fedee (2) (3) (4) (5) (6) (7) (8) (9) 10) 11) otal. (Column FIN 48 (| Other Liabilities. See Form 990, P. (a) Description of liability ral income taxes | e 25) the text of the footnote to | |

| Schedu | lle D (Form 990) 2011 | | | Page 4 |
|--------|--|---------|---------|---------------------------------------|
| Part | XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stater | nent | S | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | | 64,540 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | | 427,952 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | | -363,412 |
| 4 | Net unrealized gains (losses) on investments | 4 | | 45,486 |
| 5 | Donated services and use of facilities | 5 | | 106,532 |
| 6 | Investment expenses | 6 | | |
| 7 | Prior period adjustments | 7 | 1 | |
| 8 | Other (Describe in Part XIV) | 8 | | -60,281 |
| 9 | Total adjustments (net) Add lines 4 through 8 | 9 | | 91,737 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | | -271,675 |
| Part | XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re | turn | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 262,809 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | · · · · · · · · · · · · · · · · · · · |
| а | Net unrealized gains on investments 2a 45,48 | 36. | | |
| b | Donated services and use of facilities 2b 106,53 | 32. | | |
| С | Recoveries of prior year grants 2c | | | |
| d | Other (Describe in Part XIV) 2d 46, 25 | 51. | | |
| e | Add lines 2a through 2d | | 2e | 198,269 |
| 3 | Subtract line 2e from line 1 | : : T | 3 | 64,540 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | | |
| b | Other (Describe in Part XIV) | | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | : : T | 5 | 64,540 |
| Part | XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R | | n | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 580,735 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | [| | |
| а | Donated services and use of facilities 2a 106,53 | 32. | | |
| b | Prior year adjustments 2b | | | |
| c | Other losses 2c | | | |
| d | Other (Describe in Part XIV) 2d 46,25 | 51. | | |
| е | Add lines 2a through 2d | 🛏 | 2e | 152,783 |
| 3 | Subtract line 2e from line 1 | L | 3 | 427,952 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| b | Other (Describe in Part XIV) | | | |
| C | Add lines 4a and 4b | L | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | 427,952 |
| | XIV Supplemental Information | | | |
| | lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa | | | |
| | , line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp Editional information | lete | this pa | irt to provide |
| | | | | |
| | | | | |
| SEE | PAGE 5 | | | |
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731203942

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SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSTIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENT.

2

SCHEDULE D, PART XI, LINE 8

UNCOLLECTIBLE PLEDGES 46,251

DONATED SERVICES (106,532)

3

SCHEDULE D, PART XII, LINE 2D

UNCOLLECTIBLE PLEDGES 46,251

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Open to Public

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Name of the organization Employer identification number NORMAN REGIONAL HEALTH FOUNDATION 731203942 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants b C Phone solicitations Special fundraising events d In-person solicitations 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? 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 (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity fundraiser listed in or entity (fundraiser) from activity contributions? organization col (i) No Yes 1 2 4 5 R 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

| Sche Pa | | G (Form 990 or 990-EZ) 2011 Fundraising Events. Complete | e if the organization ansv | wered "Yes" to Form 99 | 90, Part IV, line 18, or | Page 2 |
|-----------------|-------------|--|----------------------------|--|--------------------------|--|
| | | than \$15,000 of fundraising eve gross receipts greater than \$5,0 | nt contributions and gros | | | |
| | | | (a) Event #1 GALA | (b) Event #2 | (c) Other Events | (d) Total events (add col (a) through |
| | | | (event type) | (event type) | (total number) | col (c)) |
| Revenue | 1 | Gross receipts | 138,235. | | | 138,235 |
| æ | | Less Charitable contributions | 124,735. | | | 124,735 |
| | 3 | Gross income (line 1 minus line 2) | 13,500. | | | 13,500 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| sesue | 6 | Rent/facility costs | 3,185. | | | 3,185 |
| Orrect Expenses | 7 | Food and beverages | 18,973. | - | | 18,973 |
| Direc | 8 | Entertainment | 3,500. | | | 3,500 |
| | 9 | Other direct expenses | 54,028. | | | 54,028 |
| | 10 11 | Direct expense summary Add lines of Net income summary Combine line | 4 through 9 in column (d) | | | 79,686. |
| Pa | | | anization answered "Y | es" to Form 990, Par | t IV, line 19, or repo | |
| Revenue | | than φ13,000 on 1 om 330-L | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| Re | 1 | Gross revenue | | | | |
| nses | 2 | Cash prizes | | | | |
| Exper | 3 | Noncash prizes | | | | |
| Direct Expei | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | Volunteer labor | Yes% | Yes% No | Yes% | |
| | 7 | Direct expense summary Add lines | 2 through 5 in column (d) | | | (|
| | 8 | Net gaming income summary Comb | oine line 1, column d, and | i line 7 | <u> </u> | |
| 9 | | nter the state(s) in which the organiza | | | | - |
| a b | l IS | the organization licensed to operate some street that the organization licensed to operate some street that the organization is seen to operate some street that the organization is seen to operate some street that the organization licensed to operate some street that the organization licensed to operate some street that the organization licensed to operate some street that the organization licensed to operate some street that the organization licensed to operate some street some street that the organization licensed to operate some street s | gaming activities in each | | | |
| | - | | | | | |
| 10 a | M | Vere any of the organization's gaming | licenses revoked, suspe | nded or terminated durir | ng the tax year? | Yes No |

| Sched | ule G (Form 990 or 990-EZ) 2011 | | Page 3 |
|-------|--|-------|----------|
| 11 | Does the organization operate gaming activities with nonmembers? | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity | | |
| | formed to administer charitable gaming? | Yes | No |
| 13 | Indicate the percentage of gaming activity operated in | | |
| а | The organization's facility | | <u>%</u> |
| þ | An outside facility | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |
| | Name ▶ | | |
| | Address ► | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming | | _ |
| | revenue? | 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 ▶ \$ | | |
| С | If "Yes," enter name and address of the third party | | |
| | 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 to be distributed to other exempt organizations | | |
| | or spent in the organization's own exempt activities during the tax year ▶ \$ | | |
| Part | Supplemental Information. Complete this part to provide the explanation required by Part I, line columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also copart to provide any additional information (see instructions) | | s |

SCHEDULEI (Form 990)

Department of the Treasury

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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| OMB No 1545-0047 | 2011 |
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Open to Public

Ŷ (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. × ×es Employer identification number SUPPORT 731203942 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant 318, 133 (c) IRC section if applicable GOVERNMENTAL Enter total number of other organizations listed in the line 1 table Part II can be duplicated if additional space is needed the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance 73-6048282 (p) EIN HEALTH FOUNDATION (1) NORMAN REGIONAL HOSPITAL AUTHORITY (a) Name and address of organization or government 901 N PORTER NORMAN, OK 73071 NORMAN REGIONAL Internal Revenue Service Name of the organization Part II 2 <u>හ</u> 4 (5) (6) C_{-} <u>(8</u> ව (12)5 (11)

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

Schedule I (Form 990) (2011)

Page 2

Schedule I (Form 990) (2011)

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

| Part III can be duplicated if additional space is needed. | ce is needed. | | | | |
|---|--------------------------|--------------------------|-----------------------------------|--|--|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal other) | (f) Description of non-cash assistance |
| 1 VARIOUS SCHOLARSHIPS | 20 | 29,125 | | | |
| 2 | | | | | |
| 8 | | | | | |
| 4 | | | | | |
| ı | | | | | |
| 9 | | | | | |
| 2 | | | | | |
| | | | | | |

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information Part IV

GRANT MONITORING

PART I - LINE 2

THE ORGANIZATION'S PRIMARY MISSION IS TO "ENHANCE EXCELLENT HEALTHCARE."

THIS MYSSION IS ACCOMPLISHED THROUGH THE FOUNDATION'S SUPPORT OF NORMAN

REGIONAL HOSPITAL AUTHORITY. CONSEQUENTLY, NORMAN REGIONAL HOSPITAL

THE AUTHORITY IS THE PRIMARY RECIPIENT OF THE FOUNDATIONS'S ASSISTANCE. RELATIONSHIP BETWEEN THESE TWO ORGANIZATIONS IS SUCH THAT MONITORING OF

THE HOSPITALS'S USE OF FOUNDATION ASSISTANE IS CONTINUAL. THE FOUNDATION

ON OCCASION PROVIDED ASSISTANCE TO OTHER EXEMPT ORGANIZATIONS WHICH OFFER

HEALTHCARE RELATED SERVICES; HOWEVER, THE AMOUNTS OF SUCH ASSISTANCE IS

Page 2

Schedule I (Form 990) (2011)

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. | uals in the Ur ce is needed. | nited States. Col | mplete if the o | rganization answered | "Yes" on Form 990, Part IV, line 22. |
|----------|---|---------------------------------|--------------------------|--------------------------------------|--|--|
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal other) | (f) Description of non-cash assistance |
| - | | | | | | |
| 2 | | | | | | |
| က | | | | | | |
| 4 | | | | | | |
| 9 | | | | | | |
| 9 | | | | | | |
| 7 | | | | | | |
| Part IV | Part IV Supplemental Information. Complete this part | is part to prov | vide the informa | tion required in | Part I, line 2, and any | to provide the information required in Part I, line 2, and any other additional information. |

MINIMAL.

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

| NOR | MAN REGIONAL HEALTH FOUNDATION 731203942 | | | |
|------|---|----|-----|----|
| Part | 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 Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment | | | |
| | or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, | | | |
| | directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the | | | |
| | organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a | | | |
| | related organization to establish compensation of the CEO/Executive Director Explain in Part III | | | |
| | X Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| 4 | | | | |
| 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 | | | |
| а | | 4a | | Х |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| C | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | | | | |
| | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the revenues of | | | |
| а | The organization? | 5a | | _X |
| b | Any related organization? | 5b | | X |
| | If "Yes" to line 5a or 5b, describe in Part III | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the net earnings of | | | |
| а | The organization? | 6a | | Х |
| b | Any related organization? | 6b | | X |
| | If "Yes" to line 6a or 6b, describe in Part III | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed | | | |
| | payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject | | | |
| | to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | ın Part III | 8 | | X |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53 4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2011

Page 2

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

| Individual | | | | | | | | |
|---------------|------------|---|--|---|---|----------------|---|---|
| | l | (B) Breakdown | (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
| (A) Name | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | reported as deferred in prior Form 990 |
| | € | 39,552. | 0 | 1 | 0 | 0 | 39,552. | |
| 1 ANNE CLOUSE | <u>.</u> | | D | | | D | | |
| | (E) | | | | | | | |
| 2 | (II) | | | | | | | |
| | € | | | | | | | |
| က | (E) | | | | | | | |
| | € | | | | 4 4 1 1 1 1 | | 1 | |
| 4 | (ii) | | | | | | | |
| | | | 1 | 1 | | | 1 | |
| 5 | (E) | | | | | | | |
| | (E) | | 1 | 1 | 1 | | | |
| 9 | (ii) | | | | | | | |
| | (1) | | | | | | | |
| 7 | • | | | | | | | |
| | (e) | | | | | | | |
| 8 | • | | | | | | | |
| | (E) | | 1 | | | | | |
| 6 | (II) | | | | | | | |
| | (i) | | 1 | | | | | |
| 10 | | | | | | | | |
| | ε | | 1 | 1 | 1 | | | |
| 11 | (E) | | | | | | | |
| | ε | 1 1 1 | | | | | | |
| 12 | € | | | | | | | |
| | | 1 | | 1 | 1 | 1 | 1 | |
| 13 | (E) | | | | | | | |
| | (E) | | | | 1 | | | |
| 14 | (ii) | | | | | | | |
| | <u></u> | | 1 | 1 | 1 | | 1 | 1 |
| 15 | (E) | | | | | | | |
| | (E) | 1 | 1 | | | | | |
| 16 | (1) | | | | | | | |
| | | | | | | | | |

Schedule J (Form 990) 2011

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

-

SCHEDULE J, PART II

THE EXECUTIVE DIRECTOR OF THE ORGANIZATION RECEIVES COMPENSATION FROM AN

UNRELATED ORGANIZATION FOR SERVICES PROVIDED TO THIS ORGANIZATION.

BOARD OF THE UNRELATED ORGANIZATION IS RESPONSIBLE FOR SETTING THE

EXECUTIVE DIRECTOR'S COMPENSATION.

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE EXECUTIVE

A WRITTEN EMPLOYMENT CONTRACT COMMITTEE OF THE UNRELATED ORGANIZATION. AND COMPENSATION SURVEYS ARE USED TO ESTABLISH THE EXECUTIVE DIRECTOR'S

COMPENSATION.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NORMAN REGIONAL HEALTH FOUNDATION

Employer identification number 731203942

1

FORM 990, PART VI, LINE 11

THE ORGANIZATION'S EXECUTIVE DIRECTOR, REVIEWS THE RETURN WHICH IS

PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE RETURN IS THEN PRESENTED

TO THE ORGANIZATION'S AUDIT COMMITTEE. ONCE THE AUDIT COMMITTEE HAS

REVIEWED THE FORM IT IS PRESENTED TO THE ENTIRE BOARD OF DIRECTORS.

2

FORM 990, PART VI, LINE 12C

THE FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS PROVIDED

TO ALL BOARD MEMBERS AND STAFF. COMPLIANCE WITH THE CONFLICT OF INTEREST

POLICY IS MONITORED AND ENFORCED ON A TRANSACTION BY TRANSACTION BASIS.

3

FORM 990, PART VI, LINE 19

THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

4

FORM 990, PART XI, LINE 5

DONATED SERVICES

106,532

UNREALIZED GAINS

45,487

UNCOLLECTIBLE PLEDGES

46,251

DONATED SERVICES

(106, 532)

DESCRIPTION AMOUNT

SPECIAL EVENTS 124,735.

TOTAL 124,735.

ATTACHMENT 3

FORM 990, PART VIII - FUNDRAISING EVENTS

GROSS DIRECT NET DESCRIPTION INCOME EXPENSES INCOME SPECIAL EVENTS 18,178. 90,310. -72,132. TOTALS 18,178. 90,310. -72**,**132.

Page 2