

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



332001 10-29-13

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.us gov/form990.

tax vear beginning AUG 1, 2013 and ending MAY 31, 2014

Inspection

OMB No 1545-0047

A F	or the 2	2013 calendar year, or tax year beginning AUG 1, 2013 and 6	ending M	AY 31, 2014	
B c	heck if pplicable	C Name of organization		D Employer identific	cation number
Г	Address change	Oklahoma Baptist University			
	Name change	Doing Business As		73-057	9264
	Initial		Room/suite	E Telephone number	<del></del>
	Termin-	500 W. University, Box 61207		405-27	
	Amended	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	77,657,182.
	Applica-	Shawnee, OK 74804		H(a) Is this a group re	turn
	pending	F Name and address of principal officer:Dr. David W. Whitlock		for subordinates	? Yes 🗓 No
		same as C above		H(b) Are all subordinates in	cluded? Yes No
		npt status: 🗓 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🔲 4947(a)(1) o	or 527	If "No," attach a	list. (see instructions)
		www.okbu.edu		H(c) Group exemption	n number 🕨
		ganization: X Corporation Trust Association Other	L Year	of formation: 1910 N	State of legal domicile: OK
Pa		Summary			
ě		nefly describe the organization's mission or most significant activities: ${ t A \  t Chris}$	tian Lib	eral Arts	
& Governance	-	niversity			
ēru	_	heck this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	1 1	
õ	l	umber of voting members of the governing body (Part VI, line 1a)		3	31
<b>∞</b> ĕ		umber of independent voting members of the governing body (Part VI, line 1b)		4	31
ţį	l	otal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	1481
Activities	l	otal number of volunteers (estimate if necessary)		6	18,260.
¥	1	otal unrelated business revenue from Part VIII, column (C), line 12		7a 7b	-17,652.
_	D 14	et unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year
	8 C	ontributions and grants (Part VIII, line 1h)	<del>-</del>	10,692,656.	11,925,007.
Je e		rogram service revenue (Part VIII, line 2g)	<del> </del>	46,928,201.	51,690,986.
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	-	4,191,660.	4,538,395.
æ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	494,896.	482,038.	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	62,307,413.	68,636,426.	
	1	rants and similar amounts paid (Part IX, column (A), lines 1-3)		20,646,058.	22,798,731.
	l	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15 S	alaries, other compensation, employee benefits (Part-IX, column (A), lines 5-10)		20,769,388.	20,022,434.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11 6)		76,821.	10,154.
×	<b>Б</b> То	otal fundraising expenses (Part IX, column (D), line 25)	007.		
Ш	17 0	ther expenses (Part IX, column (A), lines 11a 114d, 13f-24e) d \forall [3]		16,061,075.	15,947,982.
	18 To	otal expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)		57,553,342.	58,779,301.
		evenue less expenses. Subtract line 18 from line 12		4,754,071.	9,857,125.
Net Assets or Fund Balances	l	CEVEOER	Be	ginning of Current Year	End of Year
Sset	20 To	otal assets (Part X, line 16)		180,875,965.	204,252,448.
귷	21 To	otal liabilities (Part X, line 26)	<u> </u>	17,478,044.	25,079,833.
폲	22 N	et assets or fund balances. Subtract line 21 from line 20 Signature Block		163,397,921.	179,172,615.
		es of perjury, I declare that I have examined this return, including accompanying schedules	and statem	anta and to the best of m	. Leanuile des and heist star
		and complete. Beclaration of preparer Jother thad officer) is based on all information of wh			Knowledge and Deller, it is
11 11 6	, солесь	and complete pecial agon of preparer pointer than officer) is based on all fill of martin of will	iicii preparei	4-13	-17
Sig	. 11	Signature of officer		Date	<u>12</u>
Her		Randy Smith, Exec VP of Bus, & Admin Svcs			
1161	້	Type or print name and title			
_	——   <u>'</u>	Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		avid C. Moja	Maria 1	if self-employe	
		irm's name Capin Crouse LLP	<del>-/-</del>	Firm's EIN	36-3990892
	` <b>⊢</b>	irm's address 2435 Research Parkway, STE 200		1	
	, j	Colorado Springs, CO 80920		Phone no.719	-528-6225
May	the IRS	6 discuss this return with the preparer shown above? (see instructions)			X Yes No

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

Form **990** (2013)

# Form 990 (2013) Oklahoma Baptist U Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ı,
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	1	х
5	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			-
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	x
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, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	-
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	,		
_	as applicable			
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	х	
h	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total	110		
-	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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		<u></u>	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	100		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, 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 other assistance to or for any	:		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-10		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

# Form 990 (2013) Oklahoma Baptist University Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, columy (N), line 1 If 1"Fest, "complete Schedule I, Part I and II 22 I 2 I 2 I 2 I 2 I 2 I 2 I 2 I 2				Yes	No_
Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes", complete Schedule I, Part I and III 22	21	· · · · · · · · · · · · · · · · · · ·			
column (A), Ine 27 if "Yes," complete Schedule I, Part I and III 2 Did the organization aware "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and 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 240 through 24d and complete Schedule J. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penid exception?  24e Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penid exception?  25e Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penid exception?  25e Did the organization misses and a reservoir account other than a refunding escrive at any time during the year?  25e Section 2016(3) and 5016(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I I is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I I is the organization exposed in the region of the organization of post-group of the organization of the organization of post-group of the organization of the organization of the organization of the organization exposed and that the transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II is the organization exposed in the organization of the			21		X
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  24 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 25a  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?  25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?  26c Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year?  25c Section 501(6)3 and 501(6)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  25c Section 501(6)3 and 501(6)4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of uring the year? If "Yes," complete Schedule L, Part I  25c Section 501(6)3 and 501(6)4) organizations. Did the organization's pnor Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I  25d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, hiphest compensated employees, or disqualified persons? If so, complete Schedule L, Part IV  25d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employees thereof, again as feation committee member, or to a 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV  25d Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV  25d A family member of a current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	22		22	ж	
Schedule J.  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 25a  24b	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pende exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pende exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pende exception?  Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year of the organization at any investment of the organization engage in an excess benefit transaction with a disqualified person 01(p(3) and 501(p(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  It is the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(p(3) and 501(p(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prory year, and that the transaction has not been reported on any of the organization with a disqualified person in a prory year, and that the transaction has not been reported on any of the organization in exposition of the organization of the organization report any amount on Part X. line 5, 6, or 22 for recervables from or payables to any current or former officers, director, trustee, level employees, in the organization or employees 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 IV  The secondary of these persons? If "Yes," complete Schedule L, Part IV  A transity member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
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 25a  b Did the organization mental an a secrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was one that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or everables from or payables to any current or former officer, director, trustee, or everables from or payables to any current or former officer, director, trustee, or key employees, or disqualified persons? If "xs," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV instructions or indirect owner? If "yes," complete Schedule L, Part IV instructions? If "yes," complete Schedule		Schedule J	23	х	
Schedule K. If 'No', go to line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?  c Did the organization invest any proceeds of tax-exempt bonds?  4d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  2dd Did the organization and 501(c)(4) organizations. Did the organization engage 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 spore Forms 990 or 990-E27 if 'Yes,' complete Schedule L, Part I is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II is 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 II/ is an extraction with a disquality of 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 a univerty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV instructions' If 'Yes,' complete Schedule II, Part	24a				
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?  Did the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did 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  Did the organization provide a grant on other assistance to an officer, director, trustee, key employees, or desqualified persons? If so, 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 IV  Did the organization is party to a business transaction with one of the following parties (see Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in on-cash contributions? If "Yes," complete Schedule M.  Did the organization receive on thinkinos of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II  Did the organization neceive on the association of the organization neceive any payment from or engage in any transaction with a controlled					i
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25s Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization on the post of the organization report any amount on Part X, line 5, 8, or 22 for receivables from or payables to any current or former officers, directors, trustee, shey employees, or disqualified persons? If so, complete Schedule L, Part III  25b					X
any tax-exempt bonds?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I			24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  258 Section 501(c)(3) and 501(c)(4) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person unity of the part if "Yes," complete Schedule L, Part I  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 is pror Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II  259	С		0.4		
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 I Is the organization has not been reported on any of the organization's pnor Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II I I I I I I I I I I I I I I I I I					
disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization ware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 25b L 27b (or the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 22b (or the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee hereof, 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 27b A family member of any of these persons? If "Yes," complete Schedule L, Part III 27c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 27b Did the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 27b Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule M, Part I 32c Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M, Part I, If I 32c Did the organization or elaction or transfer more than 25% of its net assets? If "Yes," complete Schedule M, Part I, III 32c Did the organization or elaction or transfer more or engage in any transaction with a controlled entity within the meaning of		- · · · · · · · · · · · · · · · · · · ·	240		
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	20a		250		x
that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A 1 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV B 1 Office officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV B 1 Office organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29	h		20a		<del></del>
Schedule L, Part I  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  31 Did the organization injuridate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  32 Did the organization ellectors, trustee, or key employee? If "Yes," complete Schedule M, Part II  33 Did the organization ellectors of the standard cease operations?  If "Yes," complete Schedule N, Part I  34 Was the organization ellector of the standard cease operations?  If "Yes," complete Schedule N, Part I  35 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ime 1  36 Life the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ime 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a rela					
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II			25b		x
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization will, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  31 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  33 Did the organization complete Schedule R, Part V, line 2  34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-	26				
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 IIV  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  31 Did the organization injuridate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 If "Yes," complete Schedule R, Part II  33 Ly  34 Was the organization have a controlled entity within the meaning of section 512(D)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(D)(13)? If "Yes," complete Schedule R, Part V, Ine 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chamtable related organization? If "Yes," complete Schedule R, Part V, Ine 2  36 Section 501(c)(3) organizations. Did the organization make a					
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		complete Schedule L, Part II	26		x
of any of these persons? If "Yes," complete Schedule L, Part III  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 51(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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O and provide explanations in Sche	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  Schedule N, Part III  32 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 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 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, P		contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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 key employee (or a family member thereof) was an 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		of any of these persons? If "Yes," complete Schedule L, Part III	27	х	
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 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 II  32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 If "Yes," complete Schedule R, Part V, line 2  35 Did the organization on have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Jud 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 Did the organization complete Schedule O and	28				
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  Schedule N, Part II 31 X 32 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 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  Part V, line 1 33 If "Yes," complete Schedule R, Part II, III, or IV, and  Part V, line 1 34 Y 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 If "Yes" to line 35a, 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?  If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule			• _	_	
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  29 X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 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  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?					<u> </u>
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  28c			28b	Х	
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  Saba Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, 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  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 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 Yes, "complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	С		00-		v
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30	20			Y	
contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, 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  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?  If "Yes," complete Schedule R, Part V, line 2  36			29	_	
Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of 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  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  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	30		30		x
If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, 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  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  Told 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  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	31		3		
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32	•		31		x
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	32				
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, 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  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O		Schedule N, Part II	32		x
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, 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 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 If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, 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 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 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, 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  35ction 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	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
b If "Yes" to line 35a, 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  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O			34	X	
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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		, , ,	35a		X
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  X  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37  X  38  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38  X	b	·	0=		
If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	00		35b		
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  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38   X	30	• • • • • • • • • • • • • • • • • • • •	26		x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37	37		30		<del>-</del> -
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	٥.		37		х
Note. All Form 990 filers are required to complete Schedule O	38		_ <del></del>		
			38	x	
				990	(2013)

	Check if Schedule O contains a response or note to any line in this Part V					X			
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2834						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	- 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eport	able gaming						
	(gambling) winnings to prize winners?	•		1c	x	-			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	[	1						
	filed for the calendar year ending with or within the year covered by this return	2a	1481						
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	•	2b	х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction				-				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•	•	3a	х				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	Х				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ntv over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		x			
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	Accol	ınts						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer	action	?	5b		Х			
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit						
	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions (	or gifts						
	were not tax deductible?								
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?								
b	if "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	quired						
	to file Form 8282?	•	1	7c		_ X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	L						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		х			
g	If the organization received a contribution of qualified intellectual property, did the organization file F		•	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airplanes			7h	х				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			_					
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any ur	ne during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.					i			
a	Did the organization make any taxable distributions under section 4966?			9a	H				
b	, , , , , , , , , , , , , , , , , , , ,			9b_					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	1						
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<del></del>						
ь 11	Section 501(c)(12) organizations. Enter:	100	L						
	Gross income from members or shareholders	11a	1						
	Gross income from other sources (Do not net amounts due or paid to other sources against	<u>                                   </u>		1					
-	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a	-	-			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	j						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1					
	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.			<del></del> -					
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	13b							
С	Enter the amount of reserves on hand	13c	<del> </del>	1					
14a			<del>.</del>	14a		х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu.	le O		14b					

Form 990 (2013)

Oklahoma Baptist University

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response or changes in Schedule O. See instructions.

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Scriedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			х
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 31			
	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.			1
b	Enter the number of voting members included in line 1a, above, who are independent  1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ال ـــ
	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	x	
	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			<del></del>
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
	The state of the section of the state of the		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		-	
•	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	· · · · ·		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	 Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	In Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	<del> </del>
15	Did the process for determining compensation of the following persons include a review and approval by independent	'		
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			}
•	The organization's CEO, Executive Director, or top management official	-   15a	х	,l
h	Other officers or key employees of the organization	15b	х	
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	135		<del></del> ,
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1
.04	taxable entity during the year?	16a		; X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		<del></del> -
, D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1
	exempt status with respect to such arrangements?	16b		الا
Sec	tion C. Disclosure	IOD		
17	List the states with which a copy of this Form 990 is required to be filed ▶OK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availah	ما	
.5	for public inspection. Indicate how you made these available. Check all that apply.	.vanal		
	Own website Another's website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fine:	and!	
13	statements available to the public during the tax year.	u iiiai	icidi	
20	· · ·	tion. Þ		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza Lauri Fluke, AVP Finance & Admin - 405-585-5130	LIOI1:	_	
	500 W University, Box 61207, Shawnee, OK 74804			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

(A)	(B)			((	<del></del>			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) David Lawrence	0.50									
Chairman	<u> </u>	Х	_	х	$ldsymbol{ld}}}}}}$			0.	0.	0.
(2) Jarrod Frie	0.50									
Trustee / Vice-Chairman		Х		х		<u></u>	L	0.	0.	0.
(3) Trent Richey	0.50	1								
Secretary	<u> </u>	Х	<u> </u>	х	L	<u> </u>	L	0.	0.	0.
(4) Nadine McPherson	0.50	]	ĺ					İ		
Treasurer		х	L	х				0.	0.	0.
(5) Scott Neighbors	0.50	]								
Trustee		х	L		_			0.	0.	0.
(6) Lee Witt	0.50	]			l					
Trustee		Х	L	L	L			0.	0.	0.
(7) Jason Yarborough	0.50				İ	İ				
Trustee	<b>_</b>	Х	L		L	L	_	0.	0.	0.
(8) Ron Reiser	0.50									
Trustee		Х				<u> </u>	<u> </u>	0.	0.	0.
(9) Robert Troester	0.50	j	1							
Trustee		Х	<u>L</u>	$oldsymbol{f f f eta}$				0.	0.	0.
(10) Andy Finch	0.50	]								
Trustee		Х						0.	0.	0.
(11) Lance Ford	0.50	]								
Trustee		Х					乚	0.	0.	0.
(12) Mike Bernhardt	0.50	]								
Trustee		X		L	<u> </u>	L	<u> </u>	0.	0.	0.
(13) LaVerne Dowding	0.50	]				İ				
Trustee		Х	L			_		0.	0.	0.
(14) Ralph Chapman	0.50	1				1	1			
Trustee		х	<u> </u>		$oxed{oxed}$		<u></u>	0.	0.	0.
(15) Eric Costanzo	0.50	1								
Trustee		х	1		lacksquare			0.	0.	0.
(16) Ron Davis	0.50	]								
Trustee		х	L		$oxed{oxed}$	$oxed{oxed}$	乚	0.	0.	0.
(17) Doug Passmore	0.50	]								
Trustee		х				乚	L	0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			((				(D)	(E)	(F)
Name and title	Average hours per week	do not check more than one box, unless person is both an					h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) Richard Stillwell	0.50									
Trustee		Х						0.	0,	
(19) Carl Storm	0,50	l								
Trustee		х						0,	0.	0.
(20) Earlene Washburn	0.50						i			
Trustee		х						0.	0.	0.
(21) Steven Bagwell	0.50									
Trustee		х						0.	0.	0.
(22) Paul Briggs	0.50									
Trustee		Х						0.	0.	0.
(23) Michael Gabbert	0.50									
Trustee		х						0.	0.	0.
(24) Allison Huebert	0.50									
Trustee		Х						0.	0.	0.
(25) Fred King	0.50									
Trustee		х						0.	0.	0.
(26) Tim Potter	0.50									
Trustee		х						0.	0.	0.
1b Sub-total							<b></b>	0.	o.	0.
c Total from continuation sheets to Part V	II, Section A						ightharpoons	492,632.	0.	165,538.
d Total (add lines 1b and 1c)							<u> </u>	492,632.	0.	165,538.
2. Total number of individuals (including but n	at limited to th		hote	-d -d	ha	ايما لم	ha -	nagurad mara than \$100	000 of reportable	

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

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

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

**Section B. Independent Contractors** 

compensation from the organization

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) Name and business address	(B) Description of services	(C) Compensation
	Description of services	Compensation
Lingo Construction Company		
123 NW 8th St, Oklahoma City, OK 73102	Construction Contractor	6,055,095
Chartwells		
500 W University, Shawnee, OK 74804	Food/Catering Svcs	1,308,244.
Aramark Campus Services, 500 W University		
Box 61701, Shawnee, OK 74804	Food/Catering Svcs	1,289,218.
Aramark Facility Services, 500 W	<u></u>	
University Box 61837, Shawnee, OK 74804	Custodial Services	767,252.
Tree of Life Bookstore Inc	-	
1500 S Western Ave, Marion, IN 46953	Bookstore Contractor	645,658,
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	20	

Yes

Form 990 (2013) Oklahoma Be Part VIII Statement of Revenue

•			Check if Schedule O cont	ains a res	ponse	or note to any lin	e in this Part VIII			
1							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>13 ts</b>	1 8	 a	Federated campaigns		ta					
퉏딁			Membership dues		1b					i
اڳي اڳي			Fundraising events	· -	lc	153,995.				
無言			Related organizations	-	1d	3,465,837.				
S.E	•		Government grants (contribut	ions)	1e	269,505.				1
isi	1		All other contributions, gifts, gran	· ·						'
돌			similar amounts not included above		1f	8,035,670.				
들임	9	g	Noncash contributions included in lines	1a-1f \$		1,036,189.				1
Contributions, Gifts, Grants and Other Similar Amounts	Ì	h	Total. Add lines 1a-1f			<u> </u>	11,925,007.			
						Business Code	=		• •	
e l	2 8	а	Tuition			900099	37,379,469.	37,379,469.		
اہ کے	ı	b	Auxiliary-Hsng/Meals			721310	8,808,909.	8,808,909.		
Program Service Revenue		С	Fees			900099	4,100,725.	4,100,725.		
e a	•	d	Misc Educational Svcs			900099	1,265,836.	1,265,836.		
<u>6</u>	•	е	Other Income			900099	136,047.	136,047.		
죠	1	f	All other program service reve	nue						
$\Box$		9_	Total. Add lines 2a-2f			▶	51,690,986.			
- 1	3		Investment income (including	dıvıdends	, intere	est, and				
j			other sımılar amounts)			▶	4,799,002.			4,799,002.
	4		Income from investment of ta	x-exempt	bond p	oroceeds <b>&gt;</b>			<del> </del>	
	5		Royalties			<b></b>	605,991.		······································	605,991.
				(i) Re	eal	(II) Personal				
	6 :	а	Gross rents							
	ı	b	Less: rental expenses							
	•	С	Rental income or (loss)			<u> </u>		*		_
	•	d	Net rental income or (loss)			<u> </u>	<del></del>			
	7 :	а	Gross amount from sales of	(i) Secu		(ıi) Other				,
			assets other than inventory	8,544	,561.	45,400.				
	ı	b	Less: cost or other basis							
- [			and sales expenses	8,528		321,996.				
			Gain or (loss)	15	,989.	-276,596.	252 525			-
			Net gain or (loss)				-260,607.			-260,607.
enne	8 :	а	Gross income from fundraisin	-						,
ا <u>و</u>				,995. of		İ				
Other Rev			contributions reported on line	1c). See		27 075				
Je.			Part IV, line 18		а	27,975. 170,188.				
ŏ			Less: direct expenses	draining of	b	1,0,100.	-142,213.			-142,213.
			Net income or (loss) from fund Gross income from gaming ad	_			140,213,		-	
	<del>J</del> (	đ	Part IV, line 19	AUVILIES. S	ee a					· ·
		h	Less: direct expenses		b					
			Net income or (loss) from garr	nna activi	_				-	,
ĺ			Gross sales of inventory, less				-			
		<b>u</b>	and allowances	Totamio	а					
		h	Less: cost of goods sold		b					· ·
			Net income or (loss) from sale	s of inven	_					<u> </u>
		Ť.	Miscellaneous Revenu		,	Business Code				
	11	 a		·		900099	18,260.		18,260	
		b					<del> · · · · · · · · · · · · · · · · · ·</del>		<del></del>	
		c					<del></del>			
		d	All other revenue				·- ·		<del> </del>	
		е	Total. Add lines 11a-11d			. •	18,260.			
	12		Total revenue. See instructions.			•	68,636,426.	51,690,986.	18,260	5,002,173.

#### 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). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (A) Do not include amounts reported on lines 6b, Management and general expenses Total expenses Program service expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in 22,798,731 22,798,731 the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 507,970 281,072 166,381. 60,517 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 27,456 15,664 11,792 15,644,913 13,439,089 1,637,426 568 398. Other salaries and wages Pension plan accruals and contributions (include 816,922 697.038 87 127 32 757. section 401(k) and 403(b) employer contributions) 1,404,603 71,936. 1,886,756 410,217, Other employee benefits 1,138,417 963,248 128,176 46,993. 10 Payroll taxes Fees for services (non-employees): a Management 41,398 41,398, **b** Legal 71,400, 71,400 Accounting Lobbying 10,154, 10,154. Professional fundraising services. See Part IV, line 17 30 072. 30,072 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 296,406 6,470. 158,853. 131,083. Advertising and promotion 12 2,112,894 1,576,975 420,899. 115,020. 13 Office expenses 1,106,057, 169,003. 904,546 32,508. 14 Information technology 15 Royaltres 2,156,845 322,448 1,744,025 90,372. 16 Occupancy 1,476,366 1,407,045 37,172, 32,149. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 701,612 25,325. 610 117 66,170. 19 Conferences, conventions, and meetings 786,889 784,726 2,163 20 21 Payments to affiliates 2,235,686 1,874,920. 288,452 72,314. Depreciation, depletion, and amortization 22 594,780, 578,409, 16,371 23 Insurance 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.) Food service 2,591,013, 2,591,013 Other 1,020,472 834 238 153,849 32,385. b 495,472 460,907 34,565 Equipment rent/maint C 230,620 Bad Debt Expense 4,500 226 120. d е All other expenses 5,261,673 58,779,301 52,173,621 Total functional expenses. Add lines 1 through 24e 1,344,007. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ıf following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 97,098. 1 Cash - non-interest-bearing 1,430,445. 1 639,794. 2 1,869,762. 2 Savings and temporary cash investments 112,099. 12,018. 3 3 Pledges and grants receivable, net 2,133,291. 3,134,756. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other 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 instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 11,331. 10,078. 8 Inventories for sale or use 8 337,688. 9 Prepaid expenses and deferred charges 9 615,348. 10a Land, buildings, and equipment: cost or other 115,843,395, basis Complete Part VI of Schedule D 10a 44,069,030. 61,791,702. 71,774,365. 10b b Less: accumulated depreciation 10c 1,362,681. 1,314,821. 11 Investments - publicly traded securities 11 9,241,552. 12,354,798. 12 Investments - other securities. See Part IV, line 11 12 1,225,192. 1,441,032. 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 102,590,190. 111,628,372. 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 180,875,965. 16 204,252,448. 16 2,527,951. 3,269,826. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 1,441,916. 822,014. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, iabilities. key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 8,757,908. 16,168,265. 23 23 Secured mortgages and notes payable to unrelated third parties 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 4,750,269 4,819,728, 26 Total liabilities. Add lines 17 through 25 17,478,044. 26 25 079 833. Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 59,147,333. 64,784,310. 27 Unrestricted net assets 27 19,559,135. 25,820,411. 28 28 Temporanly restricted net assets 84,691,453. 88,567,894. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 163 397 921. 179,172,615. 33 33 Total net assets or fund balances 180,875,965. Total liabilities and net assets/fund balances 204,252,448.

Form	1990 (2013) Oklahoma Baptist University	73-057926	<b>i4</b>	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
,—	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	68	,636	,426.
2	Total expenses (must equal Part IX, column (A), line 25)	2	58	,779	,301.
3	Revenue less expenses. Subtract line 2 from line 1	3	9	,857	,125.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	163	,397	,921.
5	Net unrealized gains (losses) on investments	5	5	,599	,742.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		317	,827.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		-		
	column (B))	10	179	,172	,615.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		-		х
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	i		İ
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				1
	Separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		ĺ	!
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

### **SCHEDULE A**

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

73-0579264

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number Oklahoma Baptist University

rarti	neason	ior Public Criar	ity Status (Ali organiz	ations mu	st complet	te this pan	i.) See inst	ructions.	_			
he orgar	nization is not a	private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)			_		
1 🔲	A church, cor	nvention of churches	s, or association of church	ches desc	nbed in se	ction 170	(b)(1)(A)(i)					
2 X	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E.)								
з 🔲			tal service organization of	•	ın section	170(b)(1)	A)(iii).					
4	·	•	operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospita	il's nan	ne.
. —	city, and state	-	,		<b>,</b>			(-/( ·/( ·/( ·	.,			,
5 🔲	•		benefit of a college or ur	niversity or	uned or or	perated by	2 GOVERN	mentaluni	t describ	od in		
<b>5</b>	•			iiversity O	wiled of of	Jeraleu Dy	a governi	nentai un	it uescrit	Jeu III		
		( <b>b)(1)(A)(iv).</b> (Comple 	•			4550.14						
6			ent or governmental unit									
7 📖	•	•	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public des	cnbed	וח
	=	<b>b)(1)(A)(vi).</b> (Comple	·									
8 📙	A community	trust described in s	ection 170(b)(1)(A)(vi). (	(Complete	Part II.)							
9 📖	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	and gross re	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	un excepti	ons, and (	2) no more	than 33 1	1/3% of its	suppor	t from gross	3 invest	tment
	income and t	ınrelated busıness ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	ınızatıon	after June	30, 197	75.
	See section	<b>509(a)(2).</b> (Complete	Part III.)									
10 🖳	An organizatı	on organized and or	perated exclusively to tes	st for publ	ıc safety. S	See <b>sectio</b>	n 509(a)(4	<b>I</b> ).				
11 📖	An organizati	on organized and op	perated exclusively for th	ne benefit (	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes	of one	or
	more publicly	supported organiza	itions described in section	on 509(a)( <sup>-</sup>	1) or section	on 509(a)(2	?). See <b>se</b> c	tion 509(	a)(3). Ch	eck the box	x that	
	describes the	type of supporting	organization and comple	ete lines 1	1e through	n 11h.						
	a Type I	<b>b</b> 🔲 ту	rpe II c T	ype III - Fu	nctionally	integrated	c	<b>і</b> 🗀 Тур	e III - No	n-functiona	.lly inte	grated
е 🗀		=	t the organization is not	controlled	directly o	r indirectly	by one o				-	_
		•	han one or more publicly		•	_	•		•	•		
f		_	ten determination from t		_				- (-/(-/		- (-/,-/-	
-	. <del>-</del>	rganization, check th				F 7 F -	.,, -					
g		•	rganization accepted ar	y aft or c	ontribution	from any	of the follo	owing ner	sons?			
5			rectly controls, either al					_		,	Yes	No
		-	upported organization?	one or tog	00101 11101	porsons	iosci ibcu	iii (ii) ai la (	iii) belevi	11g(i)	+	1
	•	• •	n described in (i) above?									<del> </del>
	- 1 1	· · · · · · · · · · · · · · · · · · ·			-2					11g(ii)	ĭ	╁
_			person described in (i) o							11g(iii	ш	
h	Provide the fi	ollowing information	about the supported org	ganization	(S).							
				(in the a		(v) Ded vo		(vi) Is	the			
` '	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis	organization			organization	on in col.	(vii) Amour		netary
org	anization		above or IRC section		document?		support?	(i) organız U.S	ed in the	Su	pport	
			(see instructions))									
_				Yes	No	Yes	No	Yes	No			
									ì			
									1			
									i			
	<u> </u>								<u> </u>			
						<u> </u>			ļ			
					<u> </u>	ļ			ļ			
			-		L	ļ		L	<u> </u>			

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

Schedule A (Form 990 or 990-EZ) 2013

Part III 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2012 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

### Part 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.)

Section A. Public	Support						
Calendar year (or fiscal y		(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, cont	ributions, and						
membership fees	received. (Do not						
ınclude any "unus	sual grants.")						
2 Gross receipts fro	m admissions,						
merchandise sold	or services per-						
formed, or facilitie			}				
any activity that is organization's tax							
3 Gross receipts fro	, , ,				1		
are not an unrelate							
iness under section							
4 Tax revenues levie					<del>-</del>		-
ization's benefit a	-						
or expended on it	•						i I
5 The value of servi					1	<u> </u>	
furnished by a gov							
, ,			Ì				
the organization w	-		<del>                                     </del>			<del> </del>	
6 Total. Add lines 1	-		-	<del> </del>		<del>                                     </del>	
7a Amounts included							
	squalified persons				<del> </del>	<del> </del>	
Amounts included on fir from other than disquali							
exceed the greater of \$5	5,000 or 1% of the						
amount on line 13 for th					1	1	
c Add lines 7a and					1	-	
8 Public support (S)	ubtract line 7c from line 6.)		1		<u> </u>	<u> </u>	
Section B. Total S	<del></del>		1	T	1	1	
Calendar year (or fiscal y		(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line	-				-	1	<u> </u>
10a Gross income from dividends, payme							
securities loans, r							
and income from							
<b>b</b> Unrelated business t	taxable income						
•	xes) from businesses						
acquired after June	30, 1975						
c Add lines 10a and	d 10b						
	unrelated business						<u>-</u> -
activities not inclu whether or not the			1		1	}	
regularly carned o			<u> </u>		<u>1</u>		
12 Other income. Do	not include gain		1				
or loss from the sassets (Explain in			1		<u> </u>	1	
13 Total support. (Add i							
14 First five years.		the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	zation,
check this box an			. ,	, ,	,	(-)(-) 3=	<b>▶</b> □
Section C. Comp		ic Support Pe	rcentage	<del></del>			
15 Public support pe				column (fi)		15	Ç
* * * *	ercentage from 2012	• • • • • • • • • • • • • • • • • • • •	•			16	(
Section D. Comp					<del></del>	<u> </u>	
17 Investment incom			_			17	
	ne percentage from :			10 10, column (I))		18	<del></del>
19a 33 1/3% support	•			on line 14, and lin	a 15 ie mara than		
• •		-		•		•	I IS HUL
	%, check this box a		-				<b>▶</b> ∟_
b 33 1/3% support		-				•	
	e than 33 1/3%, che					_	
20 Private foundation	on, it the organizatio	n dia not check a	. DOX ON IINĖ 14. 19	a. or 190. check i	ınıs dox and see ii	ISTRUCTIONS	

Schedule A (Form 990 or 990-EZ) 2013 Oklahoma Baptist University	73-0579264	Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	17b; and Part III, line	
Also complete this part for any additional information. (See instructions).	,	
	_	_
Punlanation of Chart Filing Year.		
Explanation of Short Filing Year:		
During the 2013-2014 fiscal year, the Oklahoma Baptist		
University changed its fiscal year end from 7/31 to 5/31. The 2013 form		
990 filed covers the 10 month period from 8/1/2013 to 5/31/2014.		
330 liled covers the 10 month period from 0/1/2013 to 3/31/2014.	<del></del>	
	<del></del>	_
		_
<del>-</del>		
	<del></del>	
		_

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### 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. 
➤ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Inspection

Name of the organization **Employer identification number** 73-0579264 Oklahoma Baptist University 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 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 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 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2¢ d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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) \_ Yes and section 170(h)(4)(B)(II)? In Part XIII, 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

<u>Sche</u>		ptist Universit	У			73-05792	64	P	<u>age 2</u>
Par	t III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or Oth	er Simil	ar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	signıfıcant	use of its	collectio	n item	 1S
	(check all that apply):								
а	Public exhibition	d	Loan or excl	hange programs					
ь	Scholarly research	е	Other						
С	Preservation for future generations		<del></del>						
4	Provide a description of the organization's co	llections and explai	n how they further th	ne organization's ex	empt purp	ose in Par	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, historical trea	sures, or other simila	ar assets				
	to be sold to raise funds rather than to be ma	untained as part of t	he organization's co	ollection?			Yes		No_
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes" to	Form 990	), Part IV, I	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	lary for contribution	s or other assets no	t included				
	on Form 990, Part X?						Yes		] No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:						
							Amount	t	
c	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?		· ·		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Part XIII	<u> </u>				]
Pai	t V Endowment Funds. Complete if	the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	107,888,729.	98,030,632.	99,638,591.	91,0	026,123.	85	,329,	444.
b	Contributions	3,747,372.	4,104,396.	2,237,738.	1	821,222.	2	,099,	774.
C	Net investment earnings, gains, and losses	9,870,500.	9,442,864.	-407,608.	11,4	401,353.	6	,790,	528.
d	Grants or scholarships	2,398,665.	1,921,411.	1,964,782.	9	977,553.		844	967.
е	Other expenditures for facilities								
	and programs	540,879.	558,408.	379,202.	1,!	528,994.	1	,321,	614.
f	Administrative expenses	1,084,068.	1,209,344.	1,094,105.	1,1	103,560.	1	,027,	042.
g	End of year balance	117,482,989.	107,888,729.	98,030,632.	99,6	638,591.	91	,026,	123.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	i)) held as:					
а	Board designated or quasi-endowment	8.00	_%						
ь	Permanent endowment > 75.00	<u></u> %							
С	Temporanly restricted endowment ▶	17.00 %							
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organi	zation			
	by:							Yes	No
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)	х	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?				3b	X	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI J Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) A	Accumulat	ed	(d) Boo	k valu	е
		basis (investr	<u> </u>	<u>`</u>	epreciation	<u> </u>			
1a	Land			,886,738.					738.
b	Buildings		82	,626,753.	25,009	,392.	57		361.
C	Leasehold improvements			283,789.			_		,789.
d	Equipment .			,775,195.	16,440				,179.
_	Other	<u>.                                    </u>		,270,920.	2,619	,622.	3	,651,	298.
Tota	LAdd lines 1a through 1e. (Column (d) must ei	gual Form 990. Part	X column (R) line 1	O(c) )			71	774	365.

Т	D - 4 1/11	011 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0
ı	Part VIII	Investments - Other Securities.

Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.
(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) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Church Building Loan Fund	10,486,825.	End-of-Year Market Value
(B) Mineral Interests	1,867,973.	End-of-Year Market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	12,354,798.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		

### Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

(5) (6) (7) (8)

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(b) Book value
179,711.
15,953.
909,113.
1,791,363.
747,468.
107,984,764.
111,628,372.

#### Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Government advances refundable	779,716.
(3)	Asset retirement obligation	836,012.
(4)	Post-retirement benefits obligation	3,204,000.
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,819,728.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2013 Oklahoma Baptist University		73-0579264	Page 4
	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenue p	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.		_
1	Total revenue, gains, and other support per audited financial statements	<del></del>	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d	-	2e	
3	Subtract line 2e from line 1		3	
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 XIII.)	4b		
С	Add lines 4a and 4b		4c	
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	tements With Expenses	per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	investment expenses not included on Form 990, Part Viil, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	5	
Pa	t XIII Supplemental Information.			
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Part V	', line 4; Part X, line 2; Pa	art XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
	<u></u>			
Part	V, line 4:			
_				
Inco	me from endowment funds is used to provide scholarships,			
	rustional and academic support funding for student leans	funding		
Inst	ructional and academic support, funding for student loans,	runding		
for	faculty positions and faculty development as well as overal	1		
101	raculty positions and raculty development as well as overal			
070	ational support for the University.			
<del>ope.</del>	delonal support for the university.			
	<del></del>			
Part	: X Line 2:			
The	financial statement effects of a tax position taken or			
ехре	ected to be taken are recognized in the consolidated financi	al		
	<u> </u>	·		
stat	ements when it is more likely than not, based on the techni	ical merits,		
that	the position will be sustained upon examination. Interest	and		
	alties, if any, are included in expenses in the consolidated	l statement		
33205 09-25	4		Schedule D (For	m 990) 2013

Schedule D (Form 990) 2013 Oklahoma Baptist University	73-0579264	Page 5
Part XIII Supplemental Information (continued)		
Land Control of the C		
of activities. As of May 31, 2014, the University and the Company had no		
of activities, as of may 31, 2014, the oniversity and the company had no	<del></del>	
uncertain tax positions that qualify for recognition or disclosure in the	<u> </u>	
consolidated financial statements.		
	<del></del>	
The University's federal Return of Organization Exempt from Income Tax		
THE UNITVERSITY S TEMETAL RECULT OF OFGANTZACTON EXEMPT FROM THEOMETAN	•••	
Form 990 for the years ended July 31, 2013, 2012, and 2011, and the		
Company's federal Return of Organization Exempt from Income Tax Form 990		
for the years ended December 31, 2013, 2012, and 2011 are subject to		
		<del></del>
evanination by the TBC generally for three years after they were filed		
examination by the IRS, generally for three years after they were filed.		
	<u> </u>	
		_
	· · · · · · · · · · · · · · · · · · ·	
	·	

#### SCHEDULE E

(Form 990 or 990-EZ)

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.us.gov/form990.

Name of the organization Oklahoma Baptist University **Employer identification number** 

73-0579264

Par	t!			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			ĺ
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			ĺ
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			1
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.	_		
	If you need more space, use Part II	3	х	<u> </u>
	The University publicizes this policy in local newspapers and			1
	on the University's website. In addition, admissions			
	counselors utilize promotion and recruiting procedures			1
	designed to inform and attract students from all racial			1
	segments within their recruiting territories.			
4	Does the organization maintain the following?		1	l
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
				l
			ļ	
			1	
	<u> </u>		1	
5	Does the organization discriminate by race in any way with respect to:	•	_	1
а	Students' nghts or privileges?	5a		х
b	Admissions policies?	5b		X
C	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		х
f	Use of facilities?	5f		х
g	Athletic programs?	5g	<u> </u>	х
h	Other extracurncular activities?	5h		х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			1
				1
				1
				1
				-
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	x	<b>└</b>
b	Has the organization's nght to such aid ever been revoked or suspended?	6b	L	X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.		1	
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." explain on Part II	1 7	x	I

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

Schedule E (Form 990 or 990-EZ) (2013)

Schedule E	(Form 990 or 990-EZ) (2013) Oklahoma Baptist University	73-0579264	Page 2
Part II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7	, as applicable.	
	Also complete this part to provide any other additional information.	_	
		· <del>-</del>	
Line 6 -	Explanation of Government Financial Aid:		
		-	
The Univ	ersity receives federal college work study funds and		
_	· · · · · · · · · · · · · · · · · · ·		
suppleme	ntal educational opportunity grant funds that are passed directly		
		· <del>· · · ·</del>	
to stude	nts through these programs.		
		-	
		_	
	· · · · · · · · · · · · · · · · · · ·		<u> </u>
		<u> </u>	
		<del></del>	
-			
			<del>-</del>
		<del></del>	_

# SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of	the organization					Employer identifi	cation number
Oklaha-	o Dontist Univers	:				73-0579264	
Part I	General Info		ctivities Out	tside the United States. Compl	ete if the organ		es" on
raiti	Form 990, Part IV			iside the office offices. Compr	ete ii trie Organ	ization answered i	es on
1 Fo			maintain record	ds to substantiate the amount of its gr	ants and other	assistance.	
	•	ū		the selection criteria used to award the			Yes 🔲 No
		-			-		
	r <b>grantmakers.</b> Desc ited States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	side the
		he following Parl	t Lline 3 table ca	an be duplicated if additional space is	needed \		
	(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If acti is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
		-	irregion				
a				Danier Gameiro	Charlen Brail		40 160
South A	america	<u>'</u>	0	Program Services	Student Tri	. ps	48,168.
South A	Asia	0	0	Program Services	Student Tri	ps	25,616.
	<del>-</del> · ·						
Pacific	sia and the	,	o	Program Services	Student Tri	ing.	22,583.
Pacific	<u> </u>	<u> </u>	· ·	Flogram Services	beddene 111	rbe	22,303.
Sub-Sal	naran Africa	0	0	Program Services	Student Tri	ps	14,816.
Widdle	East and						
North A			,	Program Services	Student Tri	ips	8,907.
							,
			ļ				
			ļ				
	<del></del>	-			ļ	<del></del> _	442 222
3 a Su		°	0		<del> </del>	<del></del>	120,090.
	tal from continuation eets to Part I	,	,				0.
	tals (add lines 3a		<del> </del>		<del> </del>		<del>                                     </del>
	d 3b)	0	0				120,090.

Page 2

Schedule F (Form 990) 2013 Oklahoma Baptist University

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any and the company of the company

į	
ממכונים	
0	
pient who received more than 30,000. Part II can be outplicated II additional space I	
0 0	
5	
<u>a</u>	
2	
De anblicated II and	
3	
<u> </u>	
3	
<u>=</u>	
Š	
200,00	
ĕ	
3 2	
Ĕ	
9	
<u> </u>	
5	
=	
ğ	

(i) Method of valuation (book, FMV, appraisal, other)					
(h) Description of non-cash assistance					
(g) Amount of non-cash assistance					xempt by
(f) Manner of cash disbursement					recognized as tax-e
(e) Amount of cash grant					foreign country,
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
(c) Region					ns listed above that are related as section
(b) IRS code section and EIN (if applicable)					recipient organization he grantee or counse
1 (a) Name of organization					2 Enter total number of I the IRS, or for which the

Schedule F (Form 990) 2013

3 Enter total number of other organizations or entities

Oklahoma Baptist University

Schedule F (Form 990) 2013 Oklahoma Baptist University

Partill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Page 3

73-0579264

Part III can be duplicated if additional space is needed.

_				]		5
(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2013
(h) N va (boc appra						le F (For
of ance						Schedu
(g) Description of non-cash assistance						
(g) De						
nt of Ish nce						- -
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement						
(e) Mar ash disbi						
(d) Amount of cash grant						
(d) Am cash		<del></del>				
(c) Number of recipients						
(c)						
noig						
(b) Region						
		<u>-</u>				
ssistance						
rant or a						
(a) Type of grant or assistance						
(a)						

Sched	ule F (Form 990) 2013 Oklahoma Baptist University 7	3-0579264	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	x No

### SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form.990.

OMB No 1545-0047

**2013** 

Open To Public Inspection

Name of the organization Oklahoma Re	aptist University					73-0579264	ntification number
Part   Fundraising Activities	Complete if the organization answe	red "Y	es" to	Form 990, Part IV, in	ne 17		filers are not
required to complete this par  Indicate whether the organization rais  a Mail solicitations  b Internet and email solicitations  c Phone solicitations  d In-person solicitations  2 a Did the organization have a written of key employees listed in Form 990, P  b If "Yes," list the ten highest paid indiccompensated at least \$5,000 by the	sed funds through any of the following Solicitates Sol	tion of tion of fundra (includerofess	non-g gover ising o ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribe	istody trol of	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			-				
	<u>.</u> .						
		_					
Total  3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from re	egistration
							<del></del>
					_		
	· •						<del></del>
	<u> </u>						
				-			
				<del></del>		<del></del>	

<del></del>	
<del></del>	Yes No
tax year?	Yes No
	le G (Form 990 or 990-EZ) 2013

**b** If "No," explain:

b If "Yes," explain:

a Is the organization licensed to operate gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the

Sch	edule G (Form 990 or 990-EZ) 2013 Oklahoma Baptist University 73	1-0579264	Page 3
	Does the organization operate gaming activities with nonmembers?	Yes	
	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:	1 1	
	The organization's facility	13a	%
		13b	<del></del>
	o An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records		
14	Enter the name and address of the person who prepares the organization's gammy-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	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	t	
	of gaming revenue retained by the third party > \$		
c	: 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	······································		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	<del></del>	
	retain the state gaming license?	L Yes	. ∟_ No
t	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 > \$		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Par	t III, lines 9, 9b,	10b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction	ıs).	
_		-	
	<del></del>		
		····	
_			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No 1545-0047 Open to Public **Employer identification number** 

Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

ž [ (h) Purpose of grant 73-0579264 or assistance X Yes 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 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table Oklahoma Baptist University Part I General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part II

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

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) Oklahoma Baptist University

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

Part III can be duplicated if additional space is needed.

Page 2

73-0579264

(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
Scholarships	1820	22,798,731.	0		
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	luired in Part I, lin	e 2, Part III, column	(b), and any other ac	iditional information.	
Part I, Line 2:					
The University awards scholarships to individual students	udents				
based upon financial need, scholastic ability and other	other criteria.				
Monitoring of each student's enrollment status and GPA		occurs throughout			
the award period to ensure grant criteria are met.					

Schedule I (Form 990) (2013)

#### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

### Compensation Information

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

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

➤ Attach to Form 990. ➤ See separate instructions. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

Name of the organization

Oklahoma Baptist University

73-0579264

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel 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 х Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, х trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 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, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. 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: The organization? X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a **b** Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 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 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53,4958-6(c)?

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

Schedule J (Form 990) 2013

73-0579264

Oklahoma Baptist University

Schedule J (Form 990) 2013 Oklahoma Baptist University

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.

		(B) Breakdown of \	(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 and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(D)·(y)(B)	reported as deferred in prior Form 990
(1) David W. Whitlock	Ξ	174,858.	100.	1,140.	24,843.	36,075.	237,016.	0
President	<u> </u>	0	0	0.	0	0.	0.	0.
(2) R. Stanton Norman	Ξ	80,463.	100.	1,200.	22,724.	53,267.	157,754.	0
Provost	<b>E</b>	0	0	0	0	•0	0.	0
	ε							
	Ξ							
	Ξ							
	≘							
	€							
	€							
	Ξ							
	€							
	Ξ							
	Ξ							
	Ξ							
	⊞							
	(1)							
	(II)							
	ε							
	▣							
	Θ							
	≘							
	€							
	▣							
	Ξ							
	( <u>ii</u> )							
	Θ							
	▣							
	Ξ							
	▤							
	Ξ							
	(E)							
332112							Schedu	Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 Oklahoma Baptist University	73-0579264 Page 3
Part III Supplemental information  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.	this part for any additional information.
Part I, Line la:	
The University owns a personal residence on the University	
campus in which the President has historically been required to live. The	
benefit while provided qualified as non-taxable employer provided housing	
in accordance with the provisions of Internal Revenue Code Section 119.	
During 2013, the President moved off-campus and his former residence was	
then converted to University office space.	
Because the property is owned by the University and on University grounds,	
maintenance was provided by the University.	
In addition, the President's wife accompanies the President on various	
University events for which travel is required. These travel arrangements	
are paid by the University are are treated as taxable income included in	
the President's W2.	
Part I, Line 3:	
The University participates in annual salary studies of	
various higher education associations and uses the studies to review	
	Schedule J (Form 990) 2013

#### **SCHEDULE L**

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Schedule L (Form 990 or 990-EZ) 2013

Department of the Treasury Internal Revenue Service

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

OMB No 1545-0047

Part I Excess Benefit Tran Complete if the organization									,	Jioyei	Identi	IICati	OII IIU	mber
		st Universi							73-	0579	264	_	_	
Complete if the organization		•		•										
	1					ine 25a or 25b	, or l	Form 990-EZ, F	art V,	ine 40	)b	1		
(a) Name of disqualified person	( <b>b)</b> R	elationship bety person and or			lified	(c	) Des	scription of tran	sactio	n			-	cted?
	<del></del>	Person and or	yanıza	ation i		•		····				<b>+ Y</b>	es	<u>No</u>
	├──	<del></del>			$\dashv$							+		
	├										-	+		
	<del>├</del> ─	<u>-</u>			$\dashv$							+	$\dashv$	
	<del> </del> -				$\rightarrow$							+	$\dashv$	
·	╁											+-	-+	
2 Enter the amount of tax incurred b	v the or	ganization man	agers	or disc	pualifie	ed persons dur	ına t	he vear under				•		
section 4958	, 410 01	gamzation	ugo.o	0. 0.00	400	, a po, so aa.		no your arraor		<b>▶</b> \$				
3 Enter the amount of tax, if any, on	line 2. a	above, reimburs	ed by	the or	ganıza	tion				<b>▶</b> \$				
·	•	•	•		•									
Part II Loans to and/or Fro	m Inte	erested Per	sons									,		
Complete if the organization	n answ	ered "Yes" on	Form 9	990-EZ	, Part	V, line 38a or F	orm	990, Part IV, Iır	ne 26;	or if th	ne orga	ınızatı	on	
reported an amount on Fo		Part X, line 5, 6									DI 1 844		,	
(a) Name of (b) Relati		(c) Purpose		an to or		) Original	<b>(f)</b>	Balance due	(g)		(h) App by boa		(i) W	ritten ment?
interested person with orga	IIZALIUII	of loan		zation?	princ	ipal amount			<u> </u>	ult?	comm		<del></del> -	
	$\longrightarrow$		То	From					Yes	No	Yes	No	Yes	No
	$\longrightarrow$								_	-	$\vdash$		┝	
	$\longrightarrow$			-							$\vdash$		_	<b>├</b> ─
	$\longrightarrow$			<del> </del>						<u> </u>			$\vdash$	├
	-+		<del></del> -	<del> </del>		-							$\vdash$	<del></del>
			<b></b>										<del>                                     </del>	╁──
	$\neg \uparrow$											-	_	$\vdash$
										-	<del></del>		-	
	-				İ				i i	i			1	
			l										_	
	$\equiv \pm$													
Total						▶ \$								
Total Part III Grants or Assistance	e Ben	efiting Inter	este	d Pe	rsons									
Total Part III Grants or Assistance Complete if the organization		•			art IV,	<b>S.</b> line 27.								
Part III Grants or Assistance	on answ	vered "Yes" on b) Relationship	Form 9	990, Pa	art IV,	line 27.		(d) Type					ose o	f
Part III Grants or Assistance Complete if the organization	on answ	vered "Yes" on b) Relationship interested pers	Form 9 betwe	990, Pa	art IV,	<b>S.</b> line 27.		<b>(d)</b> Type assistar				) Purp		f
Complete if the organization  (a) Name of interested person	on answ	vered "Yes" on  b) Relationship interested pers the organization	Form 9 between an ation	990, Pa	art IV,	s. line 27. c) Amount of assistance	56	assistar	ice		á	assist	ance	f
Part III Grants or Assistance Complete if the organization	on answ	vered "Yes" on b) Relationship interested pers	Form 9 between an ation	990, Pa	art IV,	s. line 27. c) Amount of assistance	56.0		ice	r		assist	ance	f
Complete if the organization  (a) Name of interested person	on answ	vered "Yes" on  b) Relationship interested pers the organization	Form 9 between an ation	990, Pa	art IV,	s. line 27. c) Amount of assistance	56.2	assistar	ice	r	á	assist	ance	f
Complete if the organization  (a) Name of interested person	on answ	vered "Yes" on  b) Relationship interested pers the organization	Form 9 between an ation	990, Pa	art IV,	s. line 27. c) Amount of assistance	56.2	assistar	ice	r	á	assist	ance	f
Complete if the organization  (a) Name of interested person	on answ	vered "Yes" on  b) Relationship interested pers the organization	Form 9 between an ation	990, Pa	art IV,	s. line 27. c) Amount of assistance	56.2	assistar	ice	r	á	assist	ance	f
Complete if the organization  (a) Name of interested person	on answ	vered "Yes" on  b) Relationship interested pers the organization	Form 9 between an ation	990, Pa	art IV,	s. line 27. c) Amount of assistance	56.2	assistar	ice	F	á	assist	ance	f
Complete if the organization  (a) Name of interested person	on answ	vered "Yes" on  b) Relationship interested pers the organization	Form 9 between an ation	990, Pa	art IV,	s. line 27. c) Amount of assistance	56.2	assistar	ice	T	á	assist	ance	f
Complete if the organization  (a) Name of interested person	on answ	vered "Yes" on  b) Relationship interested pers the organization	Form 9 between an ation	990, Pa	art IV,	s. line 27. c) Amount of assistance	56.2	assistar	ice	T	á	assist	ance	f

See Part V for Continuations

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

(c) Amount of Grant \$ 18,456.

(d) Type of Assistance: Tuition Assistance

(a) Name of Person: Alice J. Norman

(e) Purpose of Assistance: Tuition Assistance

(d) Description of Transaction: W-2 Employee

Sch L, Part IV, Business Transactions Involving Interested Persons:

Schedule L (Form 990 or 990-EZ) 2013 OK 18			73-0579264		Page 2
Part IV Business Transactions I	nvolving Interested Persons.				
Complete if the organization and	swered "Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
Alice J. Norman	Spouse of officer	15,664.	W-2 Employe		Х
Joshua C. Whitlock	Child of officer	11,792.	W-2 Employe		Х
				<u> </u>	<u> </u>
<del>_</del>	<del></del>			<del> </del>	<del></del>
				├──	├
					<del> </del>
			-		
	·		_		
Part V Supplemental Information	on				
Provide additional information for	or responses to questions on Schedule L (see	ınstructions).			
Sch L, Part III, Grants or Assista	ance Benefitting Interested Persons	3;	· · · ·		
(a) Name of Person: Various					
(a) Name of Person: Various	<del></del>				
(b) Relationship Between Interest	ed Person and Organization:				
Relatives of individuals listed or	1 990 Page 7 Part VII.				

### SCHEDULE M (Form 990)

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

**Noncash Contributions** 

OMB No 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

Oklahoma Baptist University 73-0579264 Part I Types of Property (d) Check if Number of Noncash contribution Method of determining applicable contributions or amounts reported on noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods X 2,500. FMV - Similar Sales Cars and other vehicles 6 7 Boats and planes Intellectual property 8 X 13 1,033,689. Public Exchange 9 Securities · Publicly traded 10 Securities - Closely held stock Securities · Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

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

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

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

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

b If "Yes," describe in Part II.

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

a	x
x	
a	x
	x

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

Schedule M (Form 990) (2013)

Schedule M (Form 990) (2013) Oklahoma Baptist University	73-0579264	Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a is reporting in Part I, column (b), the number of contributions, the number of items received, or this part for any additional information.	and 33, and whether the orga a combination of both. Also	anization
Schedule M, Part I, Column (b):		
The number listed represents the number of unique	<u> </u>	
	<del></del>	
contributions received.		
<del></del>		

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047 Open to Public Inspection

Name of the organization Oklahoma Baptist University	Employer identification number 73-0579264
Oktahoma Dapethe University	73-0377204
Form 990, Part III, Line 4d, Other Program Services:	<del></del>
Institutional support for all services provided to approximately 2,000	
students.	
Expenses \$ 149,209. including grants of \$ 0. Revenue \$ 1,420,143.	
Form 990, Part VI, Section B, line 11:	
The Form 990 is prepared by an independent CPA firm, then	
reviewed by the Finance Team, before the return is made available to the	
Audit Committee and the whole board prior to its being submitted to the	
IRS.	
Form 990, Part VI, Section A, Line 7b, Trustees approved by BGCO	
Oklahoma Baptist University was organized by action of the	
Baptist General Convention of Oklahoma. According to the University's	
bylaws, the BGCO has the power to remove (for cause) trustees and	
replace them. The Executive Director of the BGCO is a trustee on the	
University's board.	
Form 990, Part VI, Section B, Line 12c:	
Officers, trustees, key employees and all employees with	
budgetary responsibility are required to submit conflict of interest	
disclosures annually. These forms are reviewed by management as well as	
the Audit Committee. Any conflicts or potential conflicts are resolved by	
the Audit Committee and the Board of Trustees. All interested parties are	
required to recuse themselves from board deliberations and any subsequent	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization Oklahoma Baptist University	Employer identification number 73-0579264
vote,	
Form 990, Part VI, Section B, Line 15:	
The University participates in annual salary studies of	
various higher education associations and uses the studies to review	
appropriateness of officer and key employee salary and benefits. The	
President has an annual review by the Board of Trustees that includes a	<del>,</del>
performance review and comparison to average salaries and benefits of like	
institutions. The deliberations and decisions regarding executive	
compensation are documented in the board minutes.	
Form 990, Part VI, Section C, Line 19:	
Currently, these types of documents are available upon	
request. The University is in the process of creating web pages for	
internet availability of compliance and voluntary disclosure documents.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Change in value of investments held by supporting	
organization 317,827.	
Form 990, Part XII, Line 2c - Explanation of Reponsibility:	
The organization has a committee that assumes	
responsibility for oversight of audit of its financial statements and	
selection of the independent accounting firm used. This process has not	
changed since the prior year.	
	<del>-</del> -
	<del></del>

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Oklahoma Baptist University

▶Complete if the organization answered "Ves" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships ► Attach to Form 990.

Open to Public 2013

OMB No 1545-0047

Information about Schedule R (Form 990) and its instructions is at wow us gov/form990

▶ See separate instructions.

Employer identification number 73-0579264

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets e Total income € Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Partie

Partill Identification of Related Tax-Exempt Organizations Complete I	-	the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 be	ecause it had one o	r more related tax-exem	ıpt	
(a)	(q)	(0)	(P)	(e)	(j)	(6) (6)	(67)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	ed (c) You
of related organization	-	foreign country)	section	status (if section	entity	entity?	٠
				501(c)(3))		Yes	No
Tulsa Royalties Company - 73-6101744							
500 W University, Box 61207	Support of Oklahoma			<u>.</u>	Oklahoma Baptist		
Shawnee, OK 74804	Baptist University	Oklahoma	501(c)(3)	11(a)	University		×
Baptist General Convention of Oklahoma -							
73-0321888, 3800 N. May Ave, Okla City, OK							
73112	Convention of Churches	Oklahoma	501(c)(3)	1	N/A		×
Baptist Foundation of Oklahoma - 73-0623038							
3800 N. May Ave							
Okla City, OK 73112	Church support services	Oklahoma	501(c)(3)	FI.	N/A		×

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

Schedule R (Form 990) 2013

332161 09-12-13 LHA

Page 2

73-0579264

Schedule R (Form 990) 2013 Oklahoma Baptist University

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

( <del>K</del> )	General or Percentage managing ownership											
$\vdash$	<u> </u>	힐			_			$\dashv$				 _
9	ienera nanagi partne	Yes No		 	$\dashv$		 	_		 		 _
(5)	Code V-UBI amount in box n 20 of Schedule	K-1 (Form 1065)	-									
_	nate ?					_						 _
ε	Disproportionate allocations?	Yes								_		
(6)	Share of end-of-year assets											
<b>(j)</b>	ઌૢ૿										-	
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)										
(p)	Direct controlling entity											
(2)	Legal domicile (state or foreign	country)										
(q)	Primary activity											
(a)	Name, address, and EIN of related organization											

re related	
d one or mo	
34 because it ha	
, Part IV, line	
n Form 990	
red "Yes" or	
<b>soration or Trust</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tyear.	
omplete ıf th	
or Trust Co	
3 <b>3</b>	
Taxable trust during	
Identification of Related Organizations Taxable as a Conganization of Related as a corporation or trust during the	
<b>elated Org</b> ed as a cor	
ation of R tions treat	
Identific organizat	
Per IV	

manager of gailleantons treated as a corporation of trust duffing the tax year.	dring the tax year.								
(a)	(q)	(c)	(p)	(e)	(J)	(b)	(f)	<b>E</b>	;
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp. S corp.	Share of total income	Share of end-of-vear	Percentage ownership	512(b)(13) controlled	E(2)
		foreign	•	or trust)				entity	
		country)		( )				Yes	۷ N
			Oklahoma						
	Hold assets and remit		Baptist						
Charitable remainder annuity trusts (3)	income to University	OK W	University						×
			Oklahoma						
	Hold assets and remit		Baptist						
Charitable remainder unitrusts (6)	income to University	OK	University						×
			Oklahoma						
	Hold assets and remit		Baptist						
Charitable remainder trusts (3)	income to University	OK	University						×
	=		Октаћома						
	Hold assets and remit		Baptist						
Irrevocable personal trusts (3)	income to University	OK	University						×
	<u> </u>								

Schedule R (Form 990) 2013

73-0579264

Part V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
1	

				ŀ	ŀ	l
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		2		_	- Se	2
	s with one of more re	iateo organizations iisteo	III Parts II-IV ?	4	╁	×
				2 4	╁	
b Gift, grant, or capital contribution to related organization(s)				2	+	۵
c Gift, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan quarantees to or for related organization(s)				19		×
				<del>1</del>	<del> </del>	×
					┢	1
f Dividends from related organization(s)				=		<b>×</b>
g Sale of assets to related organization(s)				19		×
				ŧ		×
i Exchange of assets with related organization(s)				<b>;=</b>	$\dashv$	×
j Lease of facilities, equipment, or other assets to related organization(s)				į.	$\dashv$	×
b I occord facilities accorded by other assate from related organization(s)				· ¥	<b>×</b>	
Deformance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	┢	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ē	H	×
n Shannq of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			<b>1</b>		×
o Sharing of paid employees with related organization(s)				10	$\Box$	×
						;
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>				음	$\dagger$	×
q Reimbursement paid by related organization(s) for expenses				무	$\dagger$	×
r Other transfer of cash or property to related organization(s)				; +		×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	polved		
(1)						
(2)						
(3)						
(4)				:		
(9)						1

Schedule R (Form 990) 2013

(**6**) 332163 09-12-13 The organization organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

(K)	percentage ownership																						Schedule R (Form 990) 2013
s	eral or F raging tner?	Yes No		 #							 L		1	_	•					_	匚		Form
_	Gen man	ا ق		+		_	 $\dashv$				 ╀		4				 	 			╀		 le R (
€	Dispropor Code V-UBI General or Percentage tonate amount in box 20 managing allocations? Of Schedule K-1 pariner ownership	(Form 1065)						_														_	Schedu
3	ispropor- tionate ocations?	Yes No		+			 $\dashv$				$\vdash$		$\dashv$	 					 		$\vdash$		
	ō i	٤١	 	+			-			_	 t		1					 		 _	$\vdash$		
(b)	Share of end-of-year	assets																					
<b>(£)</b>	•,	Income																					
(e)	e partners sec 501(c)(3) orgs?	Yes No		+							+		$\dashv$								F		
(D)	Predominant income processed, included, included from tax	Inder section 512-514)			-				-														
(0)	Legal domicile (state or foreign	country)																					
(q)	Primary activity															-			_				
(a) (b) (c) (d)	Name, address, and EIN of entity																						

Provide additional information for responses to questions on Schedule R (see instructions).	Page 5
	<u>-</u>
<u></u>	
<del></del>	
<del></del>	
	•

Part VII Section A. Officers, Directors		nplo	oyee			ligh	est			
(A) Name and title	(B) Average hours	(cl	heck	Pos	c) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) Earl Stephenson	0.50									
Trustee		х			<u> </u>			0.	0.	0
(28) Mike Taylor	0.50									
Trustee		x						0.	0.	0
(29) Mike Tignor	0.50									
Trustee		х			<u> </u>			0.	0.	0
(30) Skip Robinson	0.50	l								
Trustee		х				_		0.	0.	0
(31) Anthony Jordan	0.50									
Trustee		x					_	0.	0.	0
(32) Stephen Allen	0.50						١			
Trustee Advisor		х						0.	0.	0
(33) Greg Clifford	0.50									
Trustee Advisor		х						0.	0.	0
(34) Reagan Bradord, Sr.	0.50									
Trustee Advisor		х						0.	0.	0
(35) Henry Gold	0.50									
Trustee (Part Year)		х	_			_	$ldsymbol{ld}}}}}}$	0.	0.	0
(36) Bill Ford	0.50	1			1					
Trustee (Part Year)		х		Ш	_			0.	0.	0
(37) Todd Fisher	0.50	1			1					
Trustee (Part Year)		Х		L				0.	0.	0
(38) Don Scott	0.50						İ			
Trustee (Part Year)		Х						0.	0.	0
(39) Rusty Gunn	0.50			l			1			
Trustee (Part Year)		х	L	<u> </u>	L	L	_	0.	0.	0
(40) John Tai	0.50			İ			İ			
Trustee (Part Year)		Х					L	0.	0.	0
(41) Danna Humphreys	0.50									
Trustee (Part Year)		Х	L				<u> </u>	0.	0.	0
(42) David W. Whitlock	50.00	1				l				
President		oxdot		х			$oxed{oxed}$	176,098.	0.	57,844
(43) R. Stanton Norman	50.00	1			1					
Provost		L	<b>L</b>	х	$ldsymbol{oxed}$	<u> </u>	<u> </u>	81,763.	0.	75,577
(44) Randy L. Smith	50.00	1	1				[			
Exec VP Bus. & Admin Svcs		<b>—</b>	<u> </u>	х	ــــ	<u> </u>	<u> </u>	131,975.	0.	17,079
(45) William Smallwood	50.00	1								
Exec VP Advancement		<u> </u>	<u> </u>	х	<u> </u>			102,796.	0.	15,038
		1								
	<del>-</del> -									<del></del>
Total to Part VII, Section A, line 1c								492,632.		165,538

## Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 -

OMB No. 1545-1709

X

• If you a	re filing for an Automatic 3-Month Extension, complete	te only Pa	rt I and check this box			X						
	re filing for an Additional (Not Automatic) 3-Month Ex											
Do not co	mplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	sly filed Fo	rm 8868.							
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months for a com	ooration						
	o file Form 990-T), or an additional (not automatic) 3-moi											
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers A	Associated With C	ertain						
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details (	on the elec	tronic filing of this	form,						
visit www	irs.gov/efile and click on e-file for Charities & Nonprofits											
Part I	Automatic 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded).								
A corpora	tion required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and	complete								
Part I only	,			•	•	• <b></b>						
All other o	corporations (including 1120-C filers), partnerships, REM	ICs, and to	rusts must use Form 7004 to reques	st an exten	sion of time							
	ome tax returns.				er's identifying nu	mber						
Type or	Name of exempt organization or other filer, see instru-	ctions.			identification num							
print				' ′		` ,						
<b>-</b>	Oklahoma Baptist University				73-0579264							
File by the due date for												
filing your	gyour 500 W. University Box 61207											
return See instructions	ırn See											
	Shawnee, OK 74804											
_	· · · · · · · · · · · · · · · · · · ·											
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,									
Applicati	on	Return	Application			Return						
is For	<del></del>	Code	Is For			Code						
	or Form 990-EZ	01	Form 990-T (corporation)			07						
Form 990		02	Form 1041-A			08						
	0 (individual)	03	Form 4720 (other than individual)		<del>.</del>	09						
Form 990		04	Form 5227	-		10						
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11						
-	-T (trust other than above)	06	Form 8870			12						
101111 330	Lauri Fluke, AVP Finar			<del></del>								
• The be	ooks are in the care of <b>&gt;</b> 500 W University, Box											
	one No. ► 405-585-5130		Fax No.									
		o in the life										
	organization does not have an office or place of business is for a Group Return, enter the organization's four digit			lf this is fo	r the whole group	chock this						
. [	. If it is for part of the group, check this box	,										
box 🕨					ers the extension	15 101.						
1   re	quest an automatic 3-month (6 months for a corporation January 15, 2015 , to file the exemp				The extension							
6		i organiza	tion return for the organization nam	eu above.	THE extension							
IS I	or the organization's return for:											
	calendar year or X tax year beginning AUG 1, 2013		d ending MAY 31, 2014									
	x tax year beginning AUG 1, 2013	, an	d ending MAT 51, 2014		<b>-</b> ·							
	and the state of t		[	<b>5</b> 1 4								
	ne tax year entered in line 1 is for less than 12 months, o	neck reas	on:	Final retur	n							
<u> </u>	Orialigo iir adddariiiiig period			- T								
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			^						
	nrefundable credits. See instructions.		<del></del>	3a	\$	0.						
	nis application is for Forms 990-PF, 990-T, 4720, or 6069			1		_						
	mated tax payments made. Include any prior year over			3b	\$	0.						
	ance due. Subtract line 3b from line 3a. Include your pa					_						
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.						
Caution.	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	8453-EO a	nd Form 8879-EO	for payment						

Form 8	8868 (Rev. 1-2014)					Page 2
	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box		▶ x
Note.	Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously fi	led Form	8868.	
• If yo	u are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).			
Part	II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies nee	ded).
			Enter filer's	identifyir	ng number,	see instructions
Туре	Name of exempt organization or other filer, see instru	ictions.		Employe	dentificati	on number (EIN) or
print						
File by th	e Oklahoma Baptist University				73-0579	264
due date	T NUMBER SIEEL AND ROOM OF SUITE NO. II A F.O. DOX. S	ee instruc	tions.	Social se	curity numb	er (SSN)
return S						
instruction	City, town or post office, state, and ZIP code. For a fo	oreign add	Iress, see instructions			
	Shawnee, OK 74804					
Enter t	he Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
		<del>,</del> .				
Applic	ation	Return	Application			Return
<u>Is For</u>	<del>_</del>	Code	Is For			Code
Form 9	990 or Form 990-EZ	01	· · · · · · · · · · · · · · · · · · ·			
Form 9	990-BL	02	Form 1041-A			_08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	990-PF	04	Form 5227			10
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	990-T (trust other than above)	06	Form 8870			12
STOP:	Do not complete Part II if you were not already granted			iously file	d Form 88	<u> </u>
	Lauri Fluke, AVP Finan					
	books are in the care of <b>500 W University</b> , Box	61207 -				
	ephone No   405-585-5130		Fax No.			. —
	ne organization does not have an office or place of busines					<b>L</b>
	nis is for a Group Return, enter the organization's four digit	7				-
box			ch a list with the names and EINs of	all memb	ers the exte	ension is for.
		April 1	_ <del>'</del>			
	,,	AUG 1, 2		_		·
6	f the tax year entered in line 5 is for less than 12 months, o	check reas	on:	Fınal r	eturn	
_	Change in accounting period					
	State in detail why you need the extension	V25 100	OVERTING DAMA MO			
-	ADDITIONAL TIME IS NEEDED TO GATHER AND ANAL	YZE ACC	JUNTING DATA TO			<u> </u>
-	PREPARE AN ACCURATE RETURN.			-		
	15 th	0000				
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any	_ ا		0.
	nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069	<b>..</b>		8a	\$	
		•	•			
	tax payments made. Include any prior year overpayment al	iowed as a	a credit and any amount paid			0.
•	previously with Form 8868.		the Above forms if any usual business	8b	\$	<u> </u>
	Balance due. Subtract line 8b from line 8a. Include your pa	•	m this form, if required, by using		<b>.</b>	0.
	EFTPS (Electronic Federal Tax Payment System). See instru Signature and Verificat		st be completed for Part II o	<u>  8c</u>	\$	
Under p	penalties of perjury, I declare that I have examined this form, include, correct, and complete, and that I am authorized to prepare this fo	ling accomp	-	-	f my knowled	lge and belief,
Signati	1	CPA, Par	tner	Date	1/14/1	5
Signati	THE THE PARTY OF T	,		Date		