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Earm	99	$\cap$	DE	
Form	99		~-	

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

mation about Form 990-DF and its separate instructions is at www.irs.gov/form.

		idar year 2014 or tax year beginning		m 990-PF and its separate i			Open to Public Inspection
			DEC	1, 2014	, and ending	NOV 30, 2015	
		foundation THERE OF A HOMA OF	me on a	MILT C		A Employer identification	number
_		THWEST OKLAHOMA OS	TEOPA	THIC		72 0622115	
		NDATION  nd street (or P O box number if mail is not deliv	ared to street	addrass)	Room/suite	73-0622115	
		5 WEST OWEN K GARR		•		B Telephone number	<i>C</i> 1
						580-234-60	
		own, state or province, country, and ZIP of D , OK 73703-9446	or roreign p	ostai code		C If exemption application is p	ending, check here
		all that apply Initial return		Initial return of a for	rmor public charity	D 1. Foreign organizations	ohack bora
u One	56K	Final return		Amended return	THE PUBLIC CHARTLY	i. Foreigh organizations	s, check here
		Address chan	<b>70</b>			2 Foreign organizations me check here and attach co	eting the 85% test,
H Cha	a c l		<u> </u>	Name change kempt private foundation		1	
		ction 4947(a)(1) nonexempt charitable tr			tion	E If private foundation state under section 507(b)(1)	
				ng method: Cash	X Accrual	1 ' ' ' '	. ,.
		Part II, col (c), line 16)	$\overline{}$	ther (specify)	LAL Accidal	F If the foundation is in a ( under section 507(b)(1)	
<b>▶</b> \$		4 061 572		mn (d) must be on cash b	asis )		(b), check here
Part		Analysis of Revenue and Evnenses				(a) Adjusted not	(d) Disbursements
- 41	•	(The total of amounts in columns (b), (c), and (necessarily equal the amounts in column (a))	d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
$\neg \top$	1	Contributions, gifts, grants, etc., receive		115,475.	-		(Oddin Dadio Unity)
	2	Check If the foundation is not required to at		113,113			
) '	3	Interest on savings and temporary cash investments	OUII D	1,235.	1,235.	1 235	STATEMENT 1
	٥ 4	Dividends and interest from securities		65,291.	65,291.		STATEMENT 2
		Gross rents		2,100.	2,100.		STATEMENT 3
,			100.	2,100.	2,100.	2,100.	DIRIBMENT 5
١,		<del></del>		360,888.		<del></del>	·
g '	va b	Net gain or (loss) from sale of assets not on line Gross sales price for all assets on line 6a		300,000.			
Revenue	7	_		IVED	360,888.	-	
& ∣	, 8	Net short-term capital gain	RECE	700	300,000.	16,881.	
	9	Income modifications		1011	<del></del>	10,001.	
i '	ə Oa	Gross sales less returns	2 NAL	5 2016	······································		
''		191	Jrii -				
		Gross profit or (loss)	OGE	EN. UT			
1	1	Other income		22,013.	1,036.	22.013.	STATEMENT 4
12		Total Add lines 1 through 11		567,002.	430,550		
1;	_	Compensation of officers, directors trustees, e		3,040.	507		
1.	-	Other employee salaries and wages	ic	79,966.	13,339		
1		Pension plans, employee benefits		7,031.	1,406.		
S		Legal fees		7,031.		2,203.	
Sus			T 5	6,725.	1,345.	2,018.	0.
ď		<u> </u>	T 6	195,859.	71,563.		
9 1		Interest	- •	133,033.	, _ , _ , _ ,		<u> </u>
Operating and Administrative Expense			T 7	6,368.	1,063.	2,649.	0.
ust.		Depreciation and depletion		1,255.	251.		
E 2		Occupancy		13,494.	0.		
Adr 2		Travel, conferences, and meetings		51,521.	10,305		
D 2		Printing and publications					
E 2			т 8	73,898.	3,793.	60,622.	0.
atin 2		Total operating and administrative	- <del>-</del>	,			
] je	-	expenses Add lines 13 through 23		439,157.	103,572	178,194.	0.
ဝီ <sub>2</sub>	5	Contributions, gifts, grants paid		73,265.			73,265.
20		Total expenses and disbursements					
	-	Add lines 24 and 25		512,422.	103,572	178,194.	73,265.
2	7	Subtract line 26 from line 12:					
-		Excess of revenue over expenses and disburse	ments	54,580.		1	
		Net investment income (if negative, enter			326,978		
_	C	Adjusted net income (if negative, enter -0-				0.	
423501 11-24-1	4	LHA For Paperwork Reduction Act N		instructions			Form <b>990-PF</b> (2014)

<u>F0</u>	m 95	90-PF (2014) FOUNDATION	December of trees		0622115 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing	293,715.	42,298.	
	1	Savings and temporary cash investments	172,383.	201,606.	201,606.
	1	Accounts receivable	172,303.	201,000.	201,000:
	ľ	Less: allowance for doubtful accounts			
	4	Pledges receivable ► 2,500.			
		Less allowance for doubtful accounts ▶	2,500.	2,500.	2,500.
	5	Grants receivable	, , , , ,		
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less. allowance for doubtful accounts ▶	_		
ţ	8	Inventories for sale or use	3,848.	3,584.	3,584.
Assets	9	Prepaid expenses and deferred charges	4,774.	4,172.	4,172.
⋖	10a	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	C	Investments - corporate bonds			
- 1	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	l	Investments - mortgage loans		2 1 2 2 2 1 5	0.004.454
	13	Investments - other STMT 9	2,930,771.	3,138,347.	3,801,174.
	14	Land, buildings, and equipment: basis ► 129,969.	7 404	6 000	115 402
	4.5	Less accumulated depreciation 123,731.	7,494.	6,238.	-117,493.
	1	Other assets (describe )			
	10	Total assets (to be completed by all filers - see the	3,415,485.	3,398,745.	4,061,572.
-	17	Instructions. Also, see page 1, item I) Accounts payable and accrued expenses	69,366.	6,038.	4,001,572.
	1	Grants payable	09,300.	0,030.	
s	19	Deferred revenue			
Liabilities	i	Loans from officers, directors, trustees, and other disqualified persons	-		
ΪĠ		Mortgages and other notes payable	-	<del></del>	
ڐ		Other liabilities (describe > STATEMENT 10)	213.	139.	
	23	Total liabilities (add lines 17 through 22)	69,579.	6,177.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
or Fund Balances	24	Unrestricted	3,345,906.	3,392,568.	
alan	25	Temporarily restricted			
Ä	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
P.		and complete lines 27 through 31			
	27	Capital stock, trust principal, or current funds			
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
¥	29	Retained earnings, accumulated income, endowment, or other funds	2 245 006	2 202 ECO	
ž	30	Total net assets or fund balances	3,345,906.	3,392,568.	
		Takel Bakillalar and ask social Hand balance	3,415,485.	3,398,745.	
_		Total liabilities and net assets/fund balances		3,330,143.	1
LP	<u>art</u>	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	3,345,906.
2		amount from Part I, line 27a		2	54,580.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	3,400,486.
5	Decr	eases not included in line 2 (itemize)   INCOME TAX EXP	ENSE	5	7,918.
<u>6</u>	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olurnn (b), line 30	6	3,392,568.
					Form <b>990-PF</b> (2014)

1,

L	Part IV   Capital Gains	and Losses for Tax on In	vestment	Income						
		ribe the kind(s) of property sold (e.g. trehouse; or common stock, 200 shs			( <b>b)</b> F	low acquire - Purchase - Donation	d (c	) Date acquir (mo., day, yr.	ed .)	(d) Date sold (mo., day, yr.)
1:	EDWARD JONES I	NVESTMENT CO				P	v	ARIOUS	3	VARIOUS
⊒	EDWARD JONES I	NVESTMENT CO				P	V	ARIOUS	3	VARIOUS
_	JUNKED SAVIN C	OPIER/PRINTER				P	0	6/15/0	)6	11/30/15
_	CAPITAL GAINS	DIVIDENDS								
_	<u>e</u>									
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (e) plus (f) m		
	1,130,467.			910,10						220,364.
	97,312.			80,43						16,881.
	<u> </u>	6,681.		6,68	1.					0.
_	123,643.									123,643.
	<u>e                                      </u>			10/04/00						
_	Complete only for assets showing	ng gain in column (h) and owned by t						ains (Col. (h) (), but not les		
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any				osses (from		
_		as 01 12/3 1/09	Over	Col. (j), ii aliy				***		220 264
	<u>a</u>				+					220,364.
	<u> </u>	·								16,881.
	<u> </u>				$\rightarrow$					0.
_	<u>d</u>									123,643.
_'	B									
2	Capital gain net income or (net ca	$\{$ If gain, also enter in the point $\{$ If (loss), enter -0-	in Part I, line - in Part I, line	7 7	}	2		<u> </u>		360,888.
3	Net short-term capital gain or (los	ss) as defined in sections 1222(5) an	d (6):		1					
	If gain, also enter in Part I, line 8,	column (c).								16 001
	If (loss), enter -0- in Part I, line 8	Inder Section 4940(e) for	<del></del>	T N-4		3	T			16,881.
_										
(۲	or optional use by domestic private	e foundations subject to the section 4	1940(a) tax on	net investment in	icome	:.)				
Ιf	section 4940(d)(2) applies, leave the	his nart hlank								
	33011011 13 13(4)(2) applies, 19440 ii	no part blank								
W	as the foundation liable for the sec	tion 4942 tax on the distributable am	ount of any ye	ear in the base per	rıod?					Yes X No
		lify under section 4940(e). Do not co								
1		each column for each year; see the ir	nstructions be	fore making any e						(4)
	(a) Base period years	(b)	tht.ooo	Mat value of pa	(c)		conto	l	Distri	(d) bution ratio
_	Calendar year (or tax year beginni			Net value of no				(col. (	(b) di	vided by col. (c))
_	2013		0,208.			,243,				.035395
_	2012		8,506.			,808,				.033738
_	2011		6,950.			<u>,285,</u>				.041681
_	2010		9,213.			,287,				.030175
_	2009	14	2,763.		3_	,428,	<u>531.</u>	1		.041640
										<b></b>
2	Total of line 1, column (d)							2	_	.182629
3	Average distribution ratio for the	5-year base period - divide the total o	on line 2 by 5,	or by the number	of ye	ars		[ ]		
	the foundation has been in existe	nce if less than 5 years						3		.036526
4	Enter the net value of noncharital	ole-use assets for 2014 from Part X,	line 5					4		<u>4,164,683.</u>
5	Multiply line 4 by line 3							5		152,119.
	, ,									
6	Enter 1% of net investment incon	ne (1% of Part I, line 27b)						6		3,270.
-		, , , , , , , , , , , , , , , , , , , ,								
7	Add lines 5 and 6							7		155,389.
•										
8	Enter qualifying distributions from	·						8		143,439.
	If line 8 is equal to or greater than See the Part VI instructions.	n line 7, check the box in Part VI, line	1b, and comp	olete that part usin	ng a 1°	% tax rate.				

	1990-PF (2014) <b>FOUNDATION</b>						0622			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940	l(a),	49	940(b), 4940(	e), or 4	948	- see i	nstru	ction	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and en	ter "N	I/A"	on line 1.	)					
	Date of ruling or determination letter (attach copy of letter if nece									
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	·	] a	nd enter 1%	<b>)</b>	1			<u>6,5</u>	<u>40.</u>
	of Part I, line 27b									
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%				J					_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	ners e	ente	er -0-)		2				<u>0.</u>
	Add lines 1 and 2					3_			6,5	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	hers e	ent	er -0-)		4				0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-					5_			6,5	<u>40.</u>
	Credits/Payments.		1	_	4.00					
	2014 estimated tax payments and 2013 overpayment credited to 2014	<u>6a</u>	_	5,	<u>100.</u>					
	Exempt foreign organizations - tax withheld at source	6b	$\neg$		-					
	Tax paid with application for extension of time to file (Form 8868)	6c								
	Backup withholding erroneously withheld	6d		<del></del>	<del></del>	_			r 1	00
	Total credits and payments Add lines 6a through 6d					7			<u>5,1</u>	00.
	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attac	ned			_	8			1 4	40
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed					9	<del>-</del>		1,4	<u>40.</u>
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			، ما		10	-		-	
Da	Enter the amount of line 10 to be. Credited to 2015 estimated tax ▶ rt VII-A Statements Regarding Activities			Retui	nded 🚩	11_				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation	otion .	01	did it portionate or	.ntorvono				Yes	No.
10	any political campaign?	alion	U	ulu it participate or	IIIIEIVEIIE	""		1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposi	00 (00	۱ ۵۵	netructions for the	definition	١2		1b		X
Ū	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and							10		
	distributed by the foundation in connection with the activities	COP	nes.	or arry materials	publishe	,u 0/		·		
c	Did the foundation file Form 1120-POL for this year?							1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	vear.								
	(1) On the foundation. > \$ 0 . (2) On foundation managers.				0.			ļ		
	Enter the reimbursement (if any) paid by the foundation during the year for political expendit									
Ī	managers. ► \$ 0 .									i
2	Has the foundation engaged in any activities that have not previously been reported to the IR	S?						2		X
	If "Yes," attach a detailed description of the activities									
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	strun	mer	nt, articles of incorp	oration, o	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change							3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year	?						4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?					N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?							5		X_
	If "Yes," attach the statement required by General Instruction T									
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	her:								
	<ul> <li>By language in the governing instrument, or</li> </ul>							ĺ		
	• By state legislation that effectively amends the governing instrument so that no mandatory	direc	ctio	ons that conflict wit	h the state	law				
	remain in the governing instrument?							6_		_X_
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com	plete	e P	art II, col (c), and	d Part XV	,		7	<u>X</u> _	
		_							1	
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ıs) 🕨	<b>&gt;</b> _	· <u>-</u>						
	OK					<del></del>		1	ĺ	Ì
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torne	y G	ieneral (or designa	te)				,.	
_	of each state as required by General Instruction G? If "No," attach explanation				<b>.</b>	4.		8b_	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of sec				5) for cale	ndar			٠,,	
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," co							9	X	-
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedul	e listin	ng ti	neir names and addres	ses			10	<u> </u>	<u> </u>

orm	1990-PF (2014) FOUNDATION 73-0	622115	; ;	Page 5
	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			v
10	section 512(b)(13)? If "Yes," attach schedule (see instructions)	, 11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	1	1	v
12	If "Yes," attach statement (see instructions)	12	х	<u>X</u>
10	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address   N/A		Α_	
14	The books are in care of ► ANITA L. LUETKEMEYER  Telephone no. ► 580	-234-6	071	
		<b>▶</b> 73703		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	I/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	<u> </u>	<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the	1		
Б.	foreign country			
P &	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<del></del> -	Yes	No
4	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<del> </del> -	res	NO
ıa	During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X	No		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	""		
	a disqualified person?	No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<b>I</b>		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	[		
	for the benefit or use of a disqualified person)?	No		
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	No		
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	7 1		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  Occupiations solves an appropriate page disaster assistance about here.	A   1b_	-	
	Organizations relying on a current notice regarding disaster assistance check here  Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	_		
·	before the first day of the tax year beginning in 2014?	10		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	<u> </u>		
_	defined in section 4942(j)(3) or 4942(j)(5)):		1	
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014? Yes X	No	1	
	If "Yes," list the years $\blacktriangleright$			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	λ <u>α</u> ι		
_	,	A 2b	<del>  -</del>	<del> </del>
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
0.0	during the year?	No	ł	}
b	of "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			1
	Form 4720, to determine if the foundation had excess business holdings in 2014)	'A <u>3b</u>	<del> </del>	<del></del>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<del></del>	X_
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	۱		
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b Form <b>99</b>	   -  -	(2014)
		1 01111 33	- I	(41 04)

423541 11-24-14

NORTHWEST OKLAHOMA OSTEOPATHIC Form 990-PF (2014) FOUNDATION 73-0622115 Page 6 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did'the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for 🗌 Yes 🕱 No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations 5b section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/AOrganizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained Yes No N/A expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? 6b X b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b b. If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (e) Expense account, other allowances (b) Title, and average hours per week devoted (If not paid, (a) Name and address to position enter -0-) 0 0. SEE STATEMENT 11 3,040. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred (b) Title, and average (e) Expense account, other (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation allowances compensation ANITA LUETKEMEYER ADMINISTRATOR 0. 1002 CHEYENNE AVE, ENID, 73703 40.00 67,300 1.947 OK

Form **990-PF** (2014)

Total number of other employees paid over \$50,000

FOUNDATION FOUNDATION	73-0	522115 Page 7
Part VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)	oundation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If non-	e, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
STEVE WHITFILL		ļ
1502 OSAGE, ENID, OK 73703	CONSULTING	154,740.
	·	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include releva	nt statistical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research paper	ers produced, etc.	Exhenses
1 N/A		
2		
3		
1		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2.	Amount
1N/A		
2		
All other program-related investments. See instructions.		
3		

0 • Form **990-PF** (2014)

Total. Add lines 1 through 3

-or	NORTHWEST OKLAHOMA OSTEOPATHIC m 990-PF (2014) FOUNDATION	73-	0622115 Page 8
	Part X Minimum Investment Return (All domestic foundations must complete this part Foreign		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	_1a	3,873,104.
b	Average of monthly cash balances	1b	355,001.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	4,228,105.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,228,105.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	63,422.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,164,683.
6	Minimum investment return Enter 5% of line 5	6	208,234.
<u> </u>	foreign organizations check here     X   and do not complete this part.)	1 1	
1	Minimum investment return from Part X, line 6	1 1 -	
2 a	· · · · · · · · · · · · · · · · · · ·		
		<b>—</b>	
C	Add lines 2a and 2b	2c	<del> </del>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	· · · · · · · · · · · · · · · · · · ·
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
Ρ	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	143,439.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2014)

143,439.

3a

3b

4

Amounts set aside for specific charitable projects that satisfy the

Adjusted qualifying distributions Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

a Suitability test (prior IRS approval required)

income. Enter 1% of Part I, line 27b

**b** Cash distribution test (attach the required schedule)

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Part XIII Undistributed Income (see	instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2013	2013	2014
1 Distributable amount for 2014 from Part XI, line 7			<u> </u>	
2 Undistributed income, if any as of the end of 2014				
a Enter amount for 2013 only	·			
<b>b</b> Total for prior years				
3 Excess distributions carryover, if any, to 2014.			<del> </del>	
<b>a</b> From 2009				
<b>b</b> From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e				
4 Qualifying distributions for 2014 from	<del></del>			
Part XII, line 4: ► \$				
a Applied to 2013, but not more than line 2a				<del> </del>
b Applied to undistributed income of prior				
years (Election required - see instructions)	<del>-</del>			
c Treated as distributions out of corpus				
(Election required - see instructions)			<del></del>	<del> </del>
d Applied to 2014 distributable amount		<del></del>	<del></del>	
e Remaining amount distributed out of corpus				<del></del>
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below.				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5		1		
b Prior years' undistributed income Subtract				
line 4b from line 2b				
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount - see instructions				<u> </u>
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015			<u> </u>	
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		ì		
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)				
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2015				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2010				
<b>b</b> Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				
423581 11-24-14				Form <b>990-PF</b> (2014

Form 990-PF (2014) FOUNDATION 73-0622115 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling 4942(j)(5) **b** Check box to indicate whether the foundation is a private operating foundation described in section X 4942(j)(3) or 2 a Enter the lesser of the adjusted net Prior 3 years Tax year (a) 2014 **(b)** 2013 (c) 2012 (d) 2011(e) Total income from Part I or the minimum investment return from Part X for 0. 0 0 0 0 each year listed 0 0 **b** 85% of line 2a 0 0 О. c Qualifying distributions from Part XII, line 4 for each year listed 143,439 150,208 128,506 136,950 559,103. d Amounts included in line 2c not used directly for active conduct of 0 0 0 0 0. exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 143,439 <u>150,</u>208 128,506 136,950 559,103. Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: 4,429,748. 3,866,682,16,749,458, 4,391,456. (1) Value of all assets 4,061,572 (2) Value of assets qualifying under section 4942(j)(3)(B)(i) 4,061,572 4,429,748 4,391,456. 3,866,682.16,749,458. b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year 0. listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 0. 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in 0. section 4942(j)(3)(B)(iii) (3) Largest amount of support from 0. an exempt organization 0. Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here LX if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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Form 990-PF (2014) FOUNDATION	KLAHOMA OSTEOPA	THIC	73-062	2115 Page 11
Part XV Supplementary Information				
3 Grants and Contributions Paid During the Recipient	If recipient is an individual.	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
ENID COMMUNITY CLINIC 1106 E BROADWAY ENID OK 73701	NONE	PUBLIC CHARITY	DONATION	63,535
ENID, OK 73701				
MISCELLANEOUS CHARITIES	NONE	PUBLIC CHARITIES	DONATION	
ENID, OK 73701				9,730,
Total			<b>▶</b> 3a	73,265
b Approved for future payment			- 01	
NONE				

**▶** 3b Form **990-PF** (2014)

Total

Form 990-PF (2014)

FOUNDATION

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Part XVI-A Analysis of Income-Producing Activ
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	(a) Business	(b) Amount	(C) Exclu- sion	( <b>d)</b> Amount	(e) Related or exempt function income
1 Program service revenue;	code	711100111	code		
a PROGRAM FEES					18,427
b	-			-	
c		<del></del> .	<u> </u>		
d			<u> </u>		
e	<u> </u>				
f			ļ		<del></del>
g Fees and contracts from government agencies			<u>                                     </u>		· · · · · · · · · · · · · · · · · · ·
2 Membership dues and assessments					2,550
3 Interest on savings and temporary cash					
investments		<u> </u>	14	1,235. 65,291.	<u> </u>
4 Dividends and interest from securities			14	65,291.	
5 Net rental income or (loss) from real estate:			<u> </u>		
a Debt-financed property					<del></del>
b Not debt-financed property			16	2,100.	
6 Net rental income or (loss) from personal					
property					
7 Other investment income			15	1,036.	
8 Gain or (loss) from sales of assets other					
than inventory	1		14	123,643.	237,245
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory		-			
11 Other revenue:					
a					
b					
C					
d					
e		0.		193.305.	258.222
e		0.		193,305.	
e		0.		193,305.	
e				13	
e				13	
2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t	to the Acc	omplishment of Ex	kemp	13 t Purposes	451,527
2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No Explain below how each activity for which inco	to the Acc	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 t Purposes	451,527
e	to the Accome is reported by providing fu	omplishment of Exincolumn (e) of Part XVI-Aunds for such purposes).	<b>kemp</b>	t Purposes  uted importantly to the accom	451,527
e	to the Accome is reported by providing fu	omplishment of Exinct column (e) of Part XVI-Ainds for such purposes).  S SUPPORT HE	<b>kemp</b>	t Purposes  uted importantly to the accom	451,527
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73-0622115

Page 13

	10 // 11	Exempt Organ		31612 10 8	and Transactions a	iliu nelalionsi	inha with Monchai	ILADI	7	
1	Did the or			of the followin	g with any other organization	on described in secti	on 501(c) of	T	Yes	No
	_				?7, relating to political organ		011 30 1(0) 01		.00	
		from the reporting found			· • · · · · · · · · · · · · · · · · · ·	iizations.				
	(1) Cash	on the reporting realist	anon to a nononaria	ole exempt of	gamzation of			1a(1)		_x_
	(2) Other	assets						1a(2)		X
b	Other tran							14(2)		
		of assets to a noncharita	hle exempt organizat	ion				1b(1)		<u>x</u> _
		ases of assets from a no						1b(2)		X
		l of facilities, equipment,	•	ganization				1b(3)		X
		oursement arrangements						1b(4)		X
		s or loan guarantees						1b(5)		X
		rmance of services or me	mharchin ar fundrais	rina calicitatia	ine			1b(6)		X
		facilities, equipment, ma						10(0)		X
			_		ployees dule. Column (b) should alv	wave chow the fair m	arket value of the goods of	-	otc	
·				_	ed less than fair market valu				,,	
		) the value of the goods,			eu iess man ian market vait	ic in any transaction	or snaring arrangement, s	1011		
		(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, and s	haring ar	rangeme	nts
<del>` ′</del>		(4)	(o)			(0)				
				14/11			<del></del>			
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22	Is the four	ndation directly or indirec	tly affiliated with or r	elated to one	or more tay-eyempt organi	zations described				
						zanons described	Г	Yes	X	No
				(3)) 01 111 3661	11011 327 ·				L##	
	11 100, 00				(h) Type of organization		(c) Description of relations	מור	_	
			jumzunon		(b) Type of organization		(v) Boomphon of voluments.			
		N/ A				<del></del>				
			<del> </del>					<del></del> -	_	
	Under	the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under pegalties an equivy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, compet, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  The property of the following schedules and statements, and to the best of my knowledge and belief, it is true, compet, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  The property of the following schedules and statements, and to the best of my knowledge and belief, it is true, compet, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief. The property of the following schedules and statements.								
Sig	1						has any knowledge retu	rn with th	e prepar	rer
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		lature of officer or trustee	<u> </u>	<u> </u>	Date	Title		2 168		J No
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#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2014

Name of the organization

NORTHWEST OKLAHOMA OSTEOPATHIC FOUNDATION

Employer identification number

73-0622115

Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation X 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
NORTHWEST OKLAHOMA OSTEOPATHIC
FOUNDATION

Employer identification number

73-0622115

Part I	Contributors (see instructions). Use duplicate copies of Part Lif additional space is neede
raiti	<b>Contributors</b> (see instructions) Use dublicate copies of Part I if additional space is neede

raiti	Contributors (see instructions) Use duplicate copies of Part I if ad	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	INTEGRIS BASS BAPTIST HOSPITAL  600 S. MONROE  ENID, OK 73701	\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

NORTHWEST OKLAHOMA OSTEOPATHIC FOUNDATION

73-0622115

Part II	Noncash Property (see instructions) Use duplicate copies of P	Part II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No, from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	14	\$	990, 990-EZ, or 990-PF)

Name of organ			Employer identification number								
NORTHWI <u>FO</u> UNDA'	EST OKLAHOMA OSTEOPATHI	C	72 0622115								
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	olumns (a) through (e) and the follow charitable, etc., contributions of \$1,000 or	73-0622115  I in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations riess for the year (Enterthis info once)  \$\frac{1}{2} \frac{1}{2} \f								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
-		(e) Transfer of gif	Tt .								
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
-	Transferee's name, address, an	(e) Transfer of gif	ft  Relationship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
-	(e) Transfer of gift										
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
-		(e) Transfer of gif	ft								
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee								
-											

FORM 990-PF INTERE	ST ON SAVINGS	S AND I	'EMPORA	ARY	CASH	INV	VESTMENTS	ST	ATEMENT	1
SOURCE	SOURCE					IN	(B) INVESTMENT INCOME		(C) ADJUSTED NET INCOME	
EDWARD JONES			1,23	35.			1,235.		1,23	5.
TOTAL TO PART I, LI	NE 3		1,2	35.			1,235.		1,23	5.
FORM 990-PF	DIVIDENDS A	INI DNA	EREST	FRO	M SEC	UR:	ITIES	ST	ATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	IS	RE	(A) VENUE BOOK		(B) NET INVES MENT INCO		(C) ADJUSTE NET INCO	
EDWARD JONES	188,934.	123,	643.		65,29	1.	65,29	1.	65,291	
TO PART I, LINE 4	123,	123,643. 65,291			1.	65,29	1.	65,291.		
FORM 990-PF	]	RENTAL	INCOM	E				ST	ATEMENT	3
KIND AND LOCATION C	F PROPERTY						ACTIVITY NUMBER	RE	GROSS NTAL INCO	ME
RENTAL							1		2,10	00.
TOTAL TO FORM 990-F	F, PART I, L	INE 5A							2,10	0.
FORM 990-PF		ОТНЕР	RINCO	ME		-		ST	ATEMENT	4
DESCRIPTION			RE	(A) VENU BOO			(B) ET INVEST- ENT INCOME		(C) ADJUSTEI NET INCOI	
ROYALTY INCOME PROGRAM FEES MEMBERSHIP DUES AND	) ASSESSMENTS			18	,036. ,427.				1,03 18,42 2,5	27.
TOTAL TO FORM 990-F	PF, PART I, L	INE 11		22	,013.		1,036	<u> </u>	22,0	13.

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT !			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING FEES	6,725.	1,345.	2,018.	0.		
TO FORM 990-PF, PG 1, LN 16B	6,725.	1,345.	2,018.	0.		
FORM 990-PF	OTHER PROFES	SIONAL FEES	ST	'ATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
INVESTMENT FEES CONSULTING FEES	40,615. 155,244.	40,615. 30,948.	0. 46,926.	0.		
TO FORM 990-PF, PG 1, LN 16C	195,859.	71,563.	46,926.	0.		
FORM 990-PF	TAX	ES	STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
PROPERTY TAX PAYROLL TAXES	414. 5,954.	83. 980.	124. 2,525.	0.		
TO FORM 990-PF, PG 1, LN 18	6,368.	1,063.	2,649.	0.		
			STATEMENT 8			
FORM 990-PF	OTHER E	XPENSES	ST	ATEMENT 8		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE		

NORTHWEST OKLAHOMA OSTEOPATH	IC FOUNDAT	PIO		73-0622115
DUES & SUBSCRIPTIONS	993.		199. 2	98. 0.
TO FORM 990-PF, PG 1, LN 23 =	73,898.	3,	793. 60,6	22. 0.
FORM 990-PF	OTHER IN	/ESTMENTS		STATEMENT 9
DESCRIPTION		ALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
EDWARD JONES		COST	3,138,347.	3,801,174.
TOTAL TO FORM 990-PF, PART II,	LINE 13	-	3,138,347.	3,801,174.
FORM 990-PF	OTHER LIA	ABILITIES		STATEMENT 10
DESCRIPTION			BOY AMOUNT	EOY AMOUNT
PAYROLL WITHHOLDINGS		•	213.	139.
TOTAL TO FORM 990-PF. PART II.	LINE 22	•	213.	139.

STATEMENT 11

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
EDNA MAE HOLDEN P.O. BOX 3833 ENID, OK 73702	DIRECTOR 0.50	285.	0.	0.
LARRY ROYE 2417 N. VAN BUREN ENID, OK 73703	DIRECTOR 0.50	380.	0.	0.
JEFFREY JONES, D.O. 620 S. MADISON, SUITE 209 ENID, OK 73701	DIRECTOR 0.50	285.	0.	0.
KIRK DEPRIEST, D.O. 620 S MADISON, SUITE 108 ENID, OK 73701	DIRECTOR 0.50	285.	0.	0.
JOHN GOULART, D.O. 620 S. MADISON, SUITE 108 ENID, OK 73701	DIRECTOR 0.50	190.	0.	0 .
GARY PATZKOWSKY, D.O. 401 S. THIRD ENID, OK 73701	DIRECTOR 0.50	285.	0.	0.
CHAD OWENS, D.O. 427 E. CHEROKEE AVE. ENID, OK 73701	DIRECTOR 0.50	190.	0.	0 .
TODD EARL P.O. BOX 10249 ENID, OK 73702	SECRETARY/TREA	ASURER 380.	0.	0
AARON SIZELOVE, D.O. 915 E. GARRIOTT, SUITE B ENID, OK 73701	DIRECTOR 0.50	95.	0.	0
JAY NICHOLAS 5605 PHEASANT RUN ENID, OK 73703	DIRECTOR 0.50	285.	0.	0
JONATHAN BUSHMAN, D.O. 915 E. GARRIOTT, SUITE B ENID, OK 73701	PRESIDENT, N.W 0.50	w. DISTRICT 380.	0.	0
TOTALS INCLUDED ON 990-PF, PAG	E 6, PART VIII	3,040.	0.	0

# NORTHWEST OKLAHOMA OSTEOPATHIC FDN Depreciation Expense [Depreciation] Federal Tax

For the Period December 1, 2014 to November 30, 2015

Section NWOOF   Class COMP   Class EQIP   Class EQIP   Class EQIP   Class EQIP   Class COMP   Class COMP	/06/2007 TOP & TYP /29/2007 IMA 771 PF /07/2008 MPUTER - E /12/2010 PAVILLION /25/2014 EWRITER /16/1992	SL100FM RS (2) MC200AHY NID TYPEWRITE SL100FM EWRITER (ENID SL100FM ROJECTOR SL100FM SL100FM SL100FM SL100FM SL100FM SL100FM SL100FM RINTER SL100FM	50 DTYPEWR 50 50 YPEWRITE 50	2,919 1,423 R) 1,347	0 0 0 180 92 272	Beginning Accum Depr  11,897 594 3,321 2,193 2,919 1,423 1,167 23 23,537  140 6,200 647	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	Net Additions Deletions  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	594 3,321 2,193 2,919 1,423 1,347 115 23,809
Class COMP  000055  NET 04  000057  BAT 08  000129  HP C 03  000130  COM 02  000132  LAP 11  000133  OPT 02  000134  COMP (8)  Class: EQIP  000001  TYPI 04  000002  COP 11  000005  PAN 01  000007  AER 09  000008  CAN 0000093  FAX 11  000094  FAX 100  000120  ELIP 0000121  ARD	/28/1992 TERY BAC /31/1992 COMPUTER /07/2006 //PUTER (E /06/2007 TOP & TYP /29/2007 IMA 771 PP /07/2008 //PUTER - E /12/2010 PAVILLION /25/2014  EWRITER /16/1992 PIER /29/1994 ASONIC PP /29/1996 OBICS EQI	KUP SL100FM RS (2) MC200AHY NID TYPEWRITE SL100FM EWRITER (ENID SL100FM ROJECTOR SL100FM SL100FM SL100FM SL100FM SL100FM SL100FM SL100FM RINTER SL100FM	5 0 5 0 ER) 5 0 D TYPEWR 5 0 YPEWRITE 5 0 TOP COMPI 5 0 5 0	594 3,321 2,193 ITER) 2,919 1,423 R) 1,347 UTER 460 24,154 140 6,200	0 0 0 0 180 92 272	594 3,321 2,193 2,919 1,423 1,167 23 23,537	0 0 0 0 180 92 272	0 0 0 0 0	0 0 0 0 0	594 3,321 2,193 2,919 1,423 1,347 115 23,809
000055 NET 04, 04, 04, 05, 06, 06, 06, 07, 08, 07, 08, 07, 08, 07, 08, 07, 08, 07, 08, 07, 08, 07, 08, 08, 08, 08, 08, 08, 08, 08, 08, 08	/28/1992 TERY BAC /31/1992 COMPUTER /07/2006 //PUTER (E /06/2007 TOP & TYP /29/2007 IMA 771 PP /07/2008 //PUTER - E /12/2010 PAVILLION /25/2014  EWRITER /16/1992 PIER /29/1994 ASONIC PP /29/1996 OBICS EQI	KUP SL100FM RS (2) MC200AHY NID TYPEWRITE SL100FM EWRITER (ENID SL100FM ROJECTOR SL100FM SL100FM SL100FM SL100FM SL100FM SL100FM SL100FM RINTER SL100FM	5 0 5 0 ER) 5 0 D TYPEWR 5 0 YPEWRITE 5 0 TOP COMPI 5 0 5 0	594 3,321 2,193 ITER) 2,919 1,423 R) 1,347 UTER 460 24,154 140 6,200	0 0 0 0 180 92 272	594 3,321 2,193 2,919 1,423 1,167 23 23,537	0 0 0 0 180 92 272	0 0 0 0 0	0 0 0 0 0	594 3,321 2,193 2,919 1,423 1,347 115 23,809
044 000057 BAT 086 000129 HP C 033 000130 COM 022 000132 LAP 11, 000133 OPT 02, 000134 COM 08, 000136 HP F 09, Subtotal COMP (8)  Class' EQIP 000001 TYPI 04, 000002 COP 11, 000005 PAN, 01, 000005 PAN, 01, 000007 AER 09, 000008 CAN 11, 0000093 FAX 11, 0000094 FAX 100, 000120 ELIP 12, 000121 AIRD	/28/1992 TERY BAC /31/1992 COMPUTER /07/2006 //PUTER (E /06/2007 TOP & TYP /29/2007 IMA 771 PP /07/2008 //PUTER - E /12/2010 PAVILLION /25/2014  EWRITER /16/1992 PIER /29/1994 ASONIC PP /29/1996 OBICS EQI	KUP SL100FM RS (2) MC200AHY NID TYPEWRITE SL100FM EWRITER (ENID SL100FM ROJECTOR SL100FM SL100FM SL100FM SL100FM SL100FM SL100FM SL100FM RINTER SL100FM	5 0 5 0 ER) 5 0 D TYPEWR 5 0 YPEWRITE 5 0 TOP COMPI 5 0 5 0	594 3,321 2,193 ITER) 2,919 1,423 R) 1,347 UTER 460 24,154 140 6,200	0 0 0 0 180 92 272	594 3,321 2,193 2,919 1,423 1,167 23 23,537	0 0 0 0 180 92 272	0 0 0 0 0	0 0 0 0 0	594 3,321 2,193 2,919 1,423 1,347 115 23,809
000057 BAT 08 000129 HP C 08 000130 COM 02 000132 LAP 11, 000133 OPT 02, 000134 COM 08, 000136 HP F 09, Subtotal COMP (8)  Class: EQIP 000001 TYPI 04, 000002 COP 11, 000005 PAN, 01, 000007 AER 09, 000008 CAN 02, 000093 FAX 11, 000094 FAX 10, 0000120 ELIP 12, 000121 AIRD	TERY BAC /31/1992 COMPUTER /07/2006 //PUTER (E /06/2007 TOP & TYP /29/2007 IMA 771 PP /07/2008 //PUTER - E /12/2010 PAVILLION /25/2014  EWRITER /16/1992 PIER /29/1994 ASONIC PP /29/1996 OBICS EQI	KUP SL100FM RS (2) MC200AHY NID TYPEWRITE SL100FM EWRITER (ENID SL100FM ROJECTOR SL100FM SL100FM SL100FM SL100FM SL100FM SL100FM SL100FM RINTER SL100FM	5 0 5 0 ER) 5 0 D TYPEWR 5 0 YPEWRITE 5 0 TOP COMPI 5 0 5 0	594 3,321 2,193 ITER) 2,919 1,423 R) 1,347 UTER 460 24,154 140 6,200	0 0 0 0 180 92 272	594 3,321 2,193 2,919 1,423 1,167 23 23,537	0 0 0 0 180 92 272	0 0 0 0 0	0 0 0 0 0	594 3,321 2,193 2,919 1,423 1,347 115 23,809
08, 000129	/31/1992 COMPUTER /07/2006 //PUTER (E /06/2007 TOP & TYP /29/2007 IMA 771 PF /07/2008 //PUTER - E /12/2010 PAVILLION /25/2014 EWRITER /16/1992 PER /29/1994 ASONIC PF /29/1996 OBICS EQI	SL100FM RS (2) MC200AHY NID TYPEWRITE SL100FM EWRITER (ENID SL100FM ROJECTOR SL100FM SL100FM SL100FM SL100FM SL100FM SL100FM SL100FM RINTER SL100FM	5 0 ER) 5 0 D TYPEWR 5 0 YPEWRITE 5 0 FOP COMPI 5 0 5 0	3,321 2,193 ITER) 2,919 1,423 R) 1,347 UTER 460 24,154 140 6,200	0 0 0 180 92 272	3,321 2,193 2,919 1,423 1,167 23 23,537	0 0 0 180 92 272	0 0 0 0 0 0	0 0 0 0 0	3,321 2,193 2,919 1,423 1,347 115 23,809
000129	COMPUTER (07/2006 MPUTER (E /06/2007 TOP & TYP /29/2007 IMA 771 PF /07/2008 MPUTER - E /12/2010 PAVILLION /25/2014 EWRITER /16/1992 PIER /29/1994 ASONIC PF /29/1996 OBICS EQI	RS (2) MC200AHY MC200AHY NID TYPEWRITE SL100FM EWRITER (ENID SL100FM ELAINE (ENID TY SL100FM SL100FM SL100FM SL100FM SL100FM SL100FM RINTER SL100FM	5 0 ER) 5 0 D TYPEWR 5 0 YPEWRITE 5 0 FOP COMPI 5 0 5 0	3,321 2,193 ITER) 2,919 1,423 R) 1,347 UTER 460 24,154 140 6,200	0 0 0 180 92 272	3,321 2,193 2,919 1,423 1,167 23 23,537	0 0 0 180 92 272	0 0 0 0 0 0	0 0 0 0 0	3,321 2,193 2,919 1,423 1,347 115 23,809
033 000130 COM 022 000132 LAP 11, 000133 OPT 02, 000134 COM 08, 000136 HP F 09, Subtotal COMP (8)  Class: EQIP 000001 TYPI 04, 000002 COP 11, 000005 PAN, 01, 000007 AER 09, 000008 CAN 02, 000093 FAX 11, 000094 FAX 10, 000120 ELIP 12, 000121 AIRD	/07/2006 //PUTER (E //06/2007 TOP & TYP //29/2007 IMA 771 PF //07/2008 //PUTER - E //12/2010 PAVILLION //25/2014 EWRITER //16/1992 !IER //29/1994 ASONIC PF //29/1996 OBICS EQI	MC200AHY NID TYPEWRITE SL100FM EWRITER (ENID SL100FM ROJECTOR SL100FM SL100FM SL100FM SL100FM SL100FM SL100FM RINTER SL100FM	ER) 50 D TYPEWR 50  50 YPEWRITE 50 FOP COMPI 50 50 50	2,193 ITER) 2,919 1,423 R) 1,347 UTER 460 24,154	0 0 180 92 272	2,193 2,919 1,423 1,167 23 23,537 140 6,200	0 0 180 92 272	0 0 0 0 0	0 0 0	2,193 2,919 1,423 1,347 115 23,809
000130 COM 022 000132 LAP 11, 000133 OPT 02, 000134 COM 08, 000136 HP F 09, Subtotal COMP (8)  Class: EQIP 000001 TYPI 04, 000002 COP 11, 000005 PAN, 01, 000007 AER 09, 000008 CAN 02, 000093 FAX 11, 000094 FAX 10, 000120 ELIP 12, 000121 AIRD	MPUTER (E //06/2007 TOP & TYP //29/2007 IMA 771 PF //07/2008 MPUTER - E //12/2010 PAVILLION //25/2014  EWRITER //16/1992 PIER //29/1994 ASONIC PF //29/1996 OBICS EQI	NID TYPEWRITE SL100FM EWRITER (ENIE SL100FM ROJECTOR SL100FM SL100FM 500-336 DESKT SL100FM SL100FM SL100FM RINTER SL100FM	ER) 50 D TYPEWR 50  50 YPEWRITE 50 FOP COMPI 50 50 50	2,193 ITER) 2,919 1,423 R) 1,347 UTER 460 24,154	0 0 180 92 272	2,193 2,919 1,423 1,167 23 23,537 140 6,200	0 0 180 92 272	0 0 0 0 0	0 0 0	2,193 2,919 1,423 1,347 115 23,809
0200132 LAP' 11, 000133 OPT 02, 000134 COM 08, 000136 HP F 09, Subtotal COMP (8)  Class' EQIP 000001 TYPI 04, 000002 COP 11, 000005 PAN, 01, 000007 AER, 09, 000008 CAN, 02, 000093 FAX 11, 000094 FAX 10, 000120 ELIP 12, 000121 AIRD	/06/2007 TOP & TYP /29/2007 IMA 771 PF /07/2008 /PUTER - E /12/2010 PAVILLION /25/2014  EWRITER /16/1992 PIER /29/1994 ASONIC PF /29/1996 OBICS EQI	SL100FM EWRITER (ENID SL100FM ROJECTOR SL100FM SL100FM 500-336 DESKT SL100FM SL100FM SL100FM RINTER SL100FM	5 0 D TYPEWR 5 0  5 0 YPEWRITE 5 0 FOP COMPR 5 0 5 0	1,423 R) 1,347 UTER 460 24,154	0 180 92 272 0	2,919 1,423 1,167 23 23,537 140 6,200	0 180 92 272	0 0 0 0 0	0 0 0	2,919 1,423 1,347 115 23,809
000132 LAP 11, 000133 OPT 02, 000134 COM 08, 000136 HP F 09, Subtotal COMP (8)  Class: EQIP 000001 TYPI 04, 000002 COP 11, 000005 PAN, 01, 000007 AER 09, 000008 CAN 02, 000093 FAX 11, 000094 FAX 10, 000120 ELIP 12, 000121 AIRD	TOP & TYP /29/2007 IMA 771 PF /07/2008 /IPUTER - E /12/2010 PAVILLION /25/2014  EWRITER /16/1992 PIER /29/1994 ASONIC PF /29/1996 OBICS EQI	EWRITER (ENIE SL100FM ROJECTOR SL100FM SL100FM 500-336 DESKT SL100FM SL100FM SL100FM RINTER SL100FM	5 0  5 0  YPEWRITE 5 0  FOP COMPI 5 0  5 0  5 0	1,423 R) 1,347 UTER 460 24,154	0 180 92 272 0	2,919 1,423 1,167 23 23,537 140 6,200	0 180 92 272	0 0 0 0 0	0 0 0	2,919 1,423 1,347 115 23,809
11, 000133 OPT 02, 02, 000134 COM 08, 000136 HP F 09, 09, 000001 TYPI 04, 000002 COP 11, 000005 PAN, 01, 000007 AER, 09, 000008 CAN, 01, 000094 FAX 10, 000120 ELIP 12, 000121 AIRD	/29/2007 IMA 771 PF /07/2008 MPUTER - E /12/2010 PAVILLION /25/2014 EWRITER /16/1992 PER /29/1994 ASONIC PF /29/1996 OBICS EQI	SL100FM ROJECTOR SL100FM SLAINE (ENID TO SL100FM 500-336 DESKT SL100FM  SL100FM  SL100FM RINTER SL100FM	5 0 5 0 YPEWRITE 5 0 FOP COMPL 5 0 5 0	2,919 1,423 R) 1,347 UTER 460 24,154 140 6,200	0 180 92 272 0	1,423 1,167 23 23,537 140 6,200	0 180 92 272	0 0 0	0 0	1,423 1,347 115 23,809
000133 OPT 02 000134 COM 08 000136 HP F 09 Subtotal COMP (8)  Class' EQIP 000001 TYPI 04 000002 COP 11 000005 PAN 01 000007 AER 09 000008 CAN 02 000093 FAX 11 000094 FAX 100 000120 ELIP 12 000121 AIRD	IMA 771 PF //07/2008 //PUTER - E //12/2010 PAVILLION //25/2014 EWRITER //16/1992 PIER //29/1994 ASONIC PF //29/1996 OBICS EQI	ROJECTOR SL100FM SL100FM 500-336 DESKT SL100FM SL100FM SL100FM RINTER SL100FM	5 0 YPEWRITE 5 0 TOP COMPI 5 0 5 0	1,423 R) 1,347 UTER 460 24,154 140 6,200	0 180 92 272 0	1,423 1,167 23 23,537 140 6,200	0 180 92 272	0 0 0	0 0	1,423 1,347 115 23,809
021 000134 COM 08i 000136 HP F 09i Subtotal COMP (8)  Class' EQIP 000001 TYPI 04i 000002 COP 11i 000005 PAN 01i 000007 AER 09i 000008 CAN 11i 000094 FAX 10i 000120 ELIP 12i 000121 AIRD	/07/2008 //PUTER - E /12/2010 PAVILLION /25/2014 EWRITER /16/1992 PIER /29/1994 ASONIC PI /29/1996 OBICS EQI	SL100FM SL100FM 500-336 DESKT SL100FM SL100FM SL100FM RINTER SL100FM	YPEWRITE 50 FOP COMPI 50 50 50	R) 1,347 UTER 460 24,154 140 6,200	92 272 0	1,167 23 23,537 140 6,200	92 272 0	0 0	0 0 0	1,347 115 23,809
000134 COM 08i 000136 HP F 09i Subtotal COMP (8)  Class' EQIP 000001 TYPP 04i 000002 COP 11i 000005 PANi 01i 000007 AER 09i 000008 CANi 002i 000093 FAX 11i 000094 FAX 10i 000120 ELIP 12i 000121 AIRD	MPUTER - E /12/2010 PAVILLION /25/2014 EWRITER /16/1992 PIER /29/1994 ASONIC PI /29/1996 OBICS EQI	SL100FM SL100FM SL100FM SL100FM SL100FM SL100FM RINTER SL100FM	YPEWRITE 50 FOP COMPI 50 50 50	R) 1,347 UTER 460 24,154 140 6,200	92 272 0	1,167 23 23,537 140 6,200	92 272 0	0 0	0 0 0	1,347 115 23,809
08, 000136	/12/2010 PAVILLION /25/2014 EWRITER /16/1992 PIER /29/1994 ASONIC PI /29/1996 OBICS EQI	SL100FM 500-336 DESKT SL100FM SL100FM SL100FM RINTER SL100FM	5 0 FOP COMPT 5 0  5 0  5 0	1,347 UTER 460 24,154 140 6,200	92 272 0	23 23,537 140 6,200	92 272 0	0	0	23,809
000136 HP F 099 Subtotal COMP (8)  Class' EQIP 000001 TYPE 000002 COP 11, 000005 PAN, 01, 000007 AER 09, 000008 CAN' 02, 000093 FAX 11, 000094 FAX 100, 000120 ELIP 12, 000121 AIRD	EWRITER /16/1992 PIER /29/1994 ASONIC PI /29/1996 OBICS EQI	SL100FM  SL100FM  SL100FM  SL100FM  RINTER SL100FM	5 0 5 0 5 0	140 6,200	92 272 0	23 23,537 140 6,200	92 272 0	0	0	23,809
09/ Subtotal COMP (8)  Class: EQIP  000001 TYPI 04/ 000002 COP 11/ 000005 PAN/ 01/ 000007 AER( 09/ 000008 CAN' 02/ 000093 FAX 11/ 000094 FAX 10/ 000120 ELIP 12/ 000121 AIRD	EWRITER /16/1992 !IER /29/1994 ASONIC PI /29/1996 OBICS EQI	SL100FM SL100FM SL100FM RINTER SL100FM	5 0 5 0	460 24,154 140 6,200	272 0 0	23,537 140 6,200	272 0	0	0	23,809
Subtotal COMP (8)  Class: EQIP  000001 TYPI 044  000002 COP 117  000005 PAN 017  000007 AER 09  000008 CAN 02  000093 FAX 117  000094 FAX 100  000120 ELIP 122  000121 AIRD	EWRITER /16/1992 !IER /29/1994 ASONIC PI /29/1996 OBICS EQI	SL100FM SL100FM RINTER SL100FM	5 0 5 0	24,154 140 6,200	272 0 0	23,537 140 6,200	272 0	0	0	23,809
Class' EQIP  000001 TYPI  044  000002 COP  114  000005 PAN.  017  000007 AER  096  000008 CAN  027  000093 FAX  117  000094 FAX  100  000120 ELIP  127  000121 AIRD	/16/1992 /IER /29/1994 ASONIC PI /29/1996 OBICS EQI	SL100FM RINTER SL100FM	50	140 6,200	0	140 6,200	0	0	0	) 140
000001 TYPE 044 000002 COP 117 000005 PAN 017 000007 AER 099 000008 CAN 027 000093 FAX 117 000094 FAX 100 000120 ELIP 127 000121 AIRD	/16/1992 /IER /29/1994 ASONIC PI /29/1996 OBICS EQI	SL100FM RINTER SL100FM	50	6,200	0	6,200	0			
000001 TYPE 04/ 000002 COP 11/ 000005 PAN 01/ 000007 AER 09/ 000008 CAN 02/ 000093 FAX 11/ 000094 FAX 10/ 000120 ELIP 12/ 000121 AIRD	/16/1992 /IER /29/1994 ASONIC PI /29/1996 OBICS EQI	SL100FM RINTER SL100FM	50	6,200	0	6,200	0			
04/ 000002 COP 11/ 000005 PAN 01/ 000007 AER 09/ 000008 CAN 02/ 000093 FAX 11/ 000094 FAX 10/ 000120 ELIP 12/ 000121 AIRD	/16/1992 /IER /29/1994 ASONIC PI /29/1996 OBICS EQI	SL100FM RINTER SL100FM	50	6,200	0	6,200	0			
000002 COP 11/ 000005 PAN 01/ 000007 AER 09/ 000008 CAN 02/ 000093 FAX 11/ 000094 FAX 10/ 000120 ELIP 12/ 000121 AIRD	IER /29/1994 ASONIC PI /29/1996 OBICS EQI	SL100FM RINTER SL100FM	50	6,200	0	6,200	0			
11/ 000005 PAN/ 01/ 000007 AER- 09/ 000008 CAN- 02/ 000093 FAX 11/ 000094 FAX 10/ 000120 ELIP 12/ 000121 AIRD	/29/1994 ASONIC PI /29/1996 OBICS EQI	RINTER SL100FM						0	0	6,200
000005 PAN 01/ 000007 AER 09/ 000008 CAN 02/ 000093 FAX 11/ 000094 FAX 10/ 000120 ELIP 12/ 000121 AIRD	ASONIC PI /29/1996 OBICS EQI	RINTER SL100FM						Ū		0,200
01/ 000007 AER 09/ 000008 CAN 02/ 000093 FAX 11/ 000094 FAX 10/ 000120 ELIP 12/ 000121 AIRD	/29/1996 OBICS EQI	SL100FM	30	647	0	647				
000007 AER 099 000008 CAN 022 000093 FAX 111 000094 FAX 100 000120 ELIP 122 000121 AIRD	OBICS EQI			•	ū		0	0	0	647
09/ 000008 CAN 02/ 000093 FAX 11/ 000094 FAX 10/ 000120 ELIP 12/ 000121 AIRD						•	•	•	•	0.,,
02/ 000093 FAX 11/ 000094 FAX 10/ 000120 ELIP 12/ 000121 AIRD		SL100FM	50	509	0	509	0	0	0	509
02/ 000093 FAX 11/ 000094 FAX 10/ 000120 ELIP 12/ 000121 AIRD	ON CALCU	LATOR					-		_	
11/ 000094 FAX 10/ 000120 ELIP 12/ 000121 AIRD	/06/1995	SL100FM	50	92	0	92	0	0	0	92
000094 FAX 10/ 000120 ELIP 12/ 000121 AIRD	SPLINTER									
10/ 000120 ELIP 12/ 000121 AIRD	/05/1994	SL100FM	50	298	0	298	0	0	0	298
000120 ELIP 12/ 000121 AIRD	MACHINE									
12/ 000121 AIRD	/31/1994	SL100FM	10 0	747	0	747	0	0	0	747
000121 AIRD	ITICAL EX	RCISE MACHIN	NE							
	01/2003	SL100FM	70	1,500	0	1,500	0	0	0	1,500
02/	YNE BICY	CLE								
	23/2004	SL100FM	70	650	0	650	0	0	0	650
	PHONE S'									
	01/2003	SL100FM	10 0	7,229	0	7,229	0	0	0	7,229
	N COPIER									
	15/2006	MC200AHY	50	6,681	0	6,681	0	0	-6,681	0
	MACHINE									
	20/2007	SL100FM	70	142	0	142	0	0	0	142
	RIGERATO									
	09/2012	SL100AMQ	70	587	84	178	84	0	0	262
		MO TOP LOAD								
	18/2014	SL100FM	70	139	20	15	20	0	0	35
Less Disposals Adjus	stment to el	minate cost valu	ies of dispos							
Cultivial COID (45)			-	-6,681	104	25 020	104	-6	6.694	40 454
Subtotal EQIP (15)				18,880	104	25,028	104	0	-6,681	18,451
Class: FURN										
	NISHINGS									
	was in this start.	01.400514	20 0	4,950	0	4,950	0	0	0	4,950
		SETUUEM			v	,,000	J	v	·	1,000
J. J	NISHINGS 06/1987 CKING CHA	SL100FM JRS		,,,,,,						

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# NORTHWEST OKLAHOMA OSTEOPATHIC FDN Depreciation Expense [Depreciation] Federal Tax

### For the Period December 1, 2014 to November 30, 2015

Asset ID	Placed in	Depr	Life Yr	<b>Book Cost</b>	Depr & AFYD	Beginning	Current Depr &	EAR TO DATE Net Sec	Net Additions	Ending A	
=	service	Meth/Conv	Мо		This Period	Accum Depr	AFYD	179/Sec 179A	Deletions	Dep	r
Location NWOOF											
Class <sup>.</sup> FURN					_		_	_		_	
	03/10/1987	SL100FM	30	715	0	715	0	0		0	715
000012	HON DESK										
	06/12/1989	SL100FM	15 0	358	0	358	0	0		0	358
000013	DESK CHAIR										
	06/12/1989	SL100FM	15 0	322	0	322	0	0		0	322
000016	DESK CHAIR										
	03/30/1990	SL100FM	15 0	669	0	669	0	0		0	669
000017	COMPUTER CE	NTER									
	06/07/1991	SL100FM	10 0	436	0	436	0	0		0	436
000018	OFFICE DESK				•		•	•		-	
000010	06/12/1991	SL100FM	20 0	1,739	0	1,739	0	0		0	1,739
000019	FILE CABINET	OC 1001 W	200	1,700	U	1,733	U	U		· ·	1,700
000019		C1 400EM	40.0	444	0	444	0	0		^	141
000000	09/09/1991	SL100FM	10 0	141	0	141	0	0		0	141
000020	FILE CABINET	0	40.0	40-		40.0				_	405
	04/21/1992	SL100FM	10 0	195	0	195	0	0		0	195
000021	CHAIR										
	05/19/1992	SL100FM	10 0	172	0	172	0	0		0	172
000023	BOOK CASE										
	08/23/1993	SL100FM	50	114	0	114	0	0		0	114
000024	LOBBY FURNIT	URE									
	09/30/1993	SL100FM	10 0	933	0	933	0	0		0	933
000025	CLOCK & CONF	ERENC RM									
	11/10/1993	SL100FM	10 0	519	0	519	0	0		0	519
000026	CONF. ROOM C				_		_	_		-	
000020	11/10/1993	SL100FM	10 0	1,969	0	1,969	0	0		0	1,969
000027	LOBBY FURNIT		100	1,000	·	1,505	•	Ū		•	1,500
000027	11/10/1993	SL100FM	10 0	1,200	0	1,200	0	0		0	1,200
000000			10 0	1,200	U	1,200	U	U		U	1,200
000029	COMMUNITY RI		40.0	5.740		5 7 40	•	•		•	5 740
*****	11/06/1993	SL100FM	10 0	5,740	0	5,740	0	0		0	5,740
000031	BOOK CASE										
	11/12/1993	SL100FM	50	145	0	145	0	0		0	145
000032	STEP BENCHES										
	01/04/1994	SL100FM	10 0	429	0	429	0	0		0	429
000036	STEP BENCHES	3									
	08/02/1994	SL100FM	10 0	32	0	32	0	0		0	32
000037	DESK										
	10/31/1994	SL100FM	10 0	500	0	500	0	0		0	500
000038	FOUR BOOKCA	SES									
	10/31/1994	SL100FM	10 0	1,475	0	1,475	0	0		0	1,475
000039	BULLETIN BOAI			.,		,					•
	10/31/1994	SL100FM	10 0	250	0	250	0	0		0	250
000040	CONFERENCE		100	250	·	200	·	Ū		•	200
000040	10/31/1994	SL100FM	10 0	275	0	275	0	0		0	275
000044		SCIOURIVI	100	213	U	213	U	U		U	213
000041	LAMP TABLE	01.400514	<b>5</b> 0	407	•	407	•	٥		^	107
	11/11/1994	SL100FM	50	107	0	107	0	0		0	107
000043	CLOCK							_			
	12/16/1993	SL100FM	10 0	37	0	37	0	0		0	37
000048	DESK W/ RETU	RN									
	05/19/1995	SL100FM	50	429	0	429	0	0		0	429
000049	CHAIR										
	05/19/1995	SL100FM	50	162	0	162	0	0		0	162
000050	AEROBICS BEN	ICHES									
	04/10/1997	SL100FM	50	505	0	505	0	0		0	505
000054	OFFICE CHAIR				v	230	ŭ	·			
000051											

# NORTHWEST OKLAHOMA OSTEOPATHIC FDN Depreciation Expense [Depreciation] Federal Tax

For the Period December 1, 2014 to November 30, 2015

Asset ID	Placed in	Depr	Life Yr	Book Cost	Depr & AFYD	Beginning	Current Depr &	YEAR TO DATE Net Sec	Net Additions E	nding Accum
	service	Meth/Conv	Mo		This Period	Accum Depr	AFYD	179/Sec 179A	Deletions	Depr
Location NWOOF										
Class FURN										
200050	09/22/1997	SL100FM	5 0	403	0	403	O	0	0	403
000052	CHROMECRAF		<b>5</b> 0	225	•	205	•		0	225
Subtatal: EUDN (20)	05/19/1995	SL100FM	50_	325 25,246	0	325 25,246			0	325 25,246
Subtotal: FURN (30)				23,240	U	25,240	·	U	Ū	23,240
Class IMPR										
000095	DANCE MIRRO	RS								
	07/01/1988	SL100FM	15 0	518	0	518	C	0	0	518
000096	WATER HEATE									
	01/12/1989	SL100FM	15 0	415	0	415	C	0	0	415
000097	TWO FURNACE						_		_	
	01/30/1989	SL100FM	10 0	1,795	0	1,795	C	0	0	1,795
000098	WAREHOUSE S		45.0	0.440		0.440			•	0.440
000000	07/25/1991	SL100FM	15 0	3,143	0	3,143	C	0	0	3,143
000099	CEILING FANS 08/31/1993	SL100FM	10 0	813	0	813	(	0	0	813
000100	INSTALL CEILIN		100	013	0	013			U	013
000100	10/21/1993	SL100FM	50	465	0	465	(	0	0	465
000101	PRINTS-CONF		30	705	J	400	`	,	v	400
000101	12/14/1993	SL100FM	10 0	93	0	93	(	0	0	93
000102	POSTER FRAM				J		`	-	•	
	12/31/1993	SL100FM	10 0	142	0	142		0	0	142
000103	FRONT DOOR									
	12/15/1995	SL100FM	10 0	1,795	0	1,795	(	0	0	1,795
000104	REMODEL									
	06/05/1987	SL100FM	20	35,963	0	35,963	(	0	0	35,963
000117	AIR CONDITION									
	11/01/2001	SL100FM	50	708	0	708	. (	0	0	708
000126	CARPETING									
	07/11/2005	SL100AHY	15 0	4,250	283	2,692	283	3 0	0	2,975
000127	LEASEHOLD IN									
*****	05/24/2005	SL100AHY	15 0	4,129	275	2,615	275	0	0	2,890
000300	ELECTRICAL U		45.0	0.400	440	4 400	446		•	4.000
000004	04/07/2004	SL100MM	15 0	2,102	140	1,489	140	0	0	1,629
000301	A/C COMPRESS		7.0	2647	0	2 647	,	) 0	٥	2 647
000302	03/07/2006 FRONT WINDO	MC200AHY	70	2,647	0	2,647	(	, ,	0	2,647
000302	07/08/2014	SL100FM	15 0	1,734	116	48	116	0	0	164
000303	BATHROOM FIX			1,754	110	40	710	, ,	· ·	107
30000	11/12/2014	SL100FM	15 0	977	65	5	65	. 0	0	71
Subtotal: IMPR (17)		J2.J01 III	-	61,689	879	55,346			0	56,226
525.6.G				0.,500	373	55,540	0, 0	. •	v	30,220
Subtotal NWOOF (70)			_	129,969	1,255	129,158	1,255	0	-6,681	123,732
			_	100.000		100.455			0.004	400 700
Grand Total			=	129,969	1,255	129,158	1,255	0	-6,681	123,732

Note There may be differences due to rounding