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EXTENDED TO NOVEMBER 15, 2016

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.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	calendai	r year 2015 or tax year	beginning		, and ending		
Nar	ne of for	undation		<u> </u>		A Employer identificatio	n number
D	EXTE	ER G. JOHNS	ON EDUCATIO	NAL &			
В	ENEV	VOLENT TRUS	${f T}$			23-7389204	1
Nun	nber and s	street (or P O box number if	te B Telephone number				
_P	.0.	BOX 1620				918-588-64	107
			ntry, and ZIP or foreign p $1-1620$	ostal code		C If exemption application is	pending check here
			Initial return	Initial return of a fo	ormer public charity	D 1 Foreign organization	is, check here
	moon un		Final return	Amended return			
			Address change	Name change		2 Foreign organizations m check here and attach or	eeting the 85% test,
H C	Check typ		X Section 501(c)(3) ex		· 	E If private foundation st	
	_ ′.	on 4947(a)(1) nonexemp		Other taxable private found:	ation	under section 507(b)(1	
I Fa		et value of all assets at er			Accrual	F If the foundation is in a	
		t II, col (c), line 16)	· —	her (specify)		under section 507(b)(1	
	\$	4,436		mn (d) must be on cash	basis)	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pa	ال * * ! !	Analysis of Revenue and The total of amounts in column secessarily equal the amounts	Expenses ons (b) (c) and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	_	ontributions, gifts, grants		· · · · · ·			(cds/r bds/s orriy)
		neck X if the foundation			*.		
	I nte	terest on savings and tempor	ary				
	1	ish investments Ividends and interest from	m securities	83,460.	83,46	0.	STATEMENT 1
	1	ross rents		,			
	1	et rental income or (loss)			1 6 5 1		
_	6a No	et gain or (loss) from sale of a	ssets not on line 10	177,425.	, in ski som		<u> </u>
Jue -	b Gro	oss sales price for all sets on line 6a	553,707.	· ·	1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Fig. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Revenue	7 Ca	apital gain net income (from P	Part IV, line 2)		177,42	5. \$ 3.77.	
ď	8 Ne	et short-term capital gair	1	,	A 24 1 19 5	∵ N/A	
		come modifications			. 2 % july	9 4 17 4	-
	10a Gro	ross sales less returns ad allowances				Service Company	
	b Les	ess Cost of goods sold			· · · · · · · · · · · · · · · · · · ·	**	
	c Gr	ross profit or (loss)			1,12.377		
	11 Ot	ther income		19,585.	19,58		STATEMENT 2
	12 To	otal Add lines 1 through	111	280,470.	28.0, 4.7		
		ompensation of officers direc			F. SULLEY		
		ther employee salaries ar	•	45,000	- 0 200	0.101	45,000.
ý		ension plans, employee t	penefits	100	AUG 29 201		
enses		egal fees	amra 3	13.415.		07 0 0	12 415
be	b Ac	ccounting fees	STMT 3	13,415			13,415.
Ω a	C Of	ther professional fees			C		
at Č	17 Int	iterest	STMT 4	3,407.	83	0. 0.	3,064.
and Administrative Expo	18 Ta 19 De	axes epreciation and depletion		3,407.			3,004.
<u> </u>	20 Oc	epreciation and depletion ccupancy	ı	3,378.		0. 0.	3,378.
Pd h	20 Oc	ccupancy ravel, conferences, and n	neations	3,370.	,	<u> </u>	3,370:
ام ک	22 Pr	rinting and publications	ricciiriys				
g	23 Ot	ther expenses	STMT 5	14,758.	8,91	5. 0.	5,843.
Operating	24 To	otal operating and admi					
ers	ex	xpenses Add lines 13 th		108,823.	9,74	5. 0.	99,565.
ŏ	25 Cd	ontributions, gifts, grants	-	266,537.			266,537.
		otal expenses and disbu			-		1
		dd lines 24 and 25		375,360.	9,74	5. 0	366,102.
		ubtract line 26 from line	12 ⁻				
	l	cess of revenue over expens		<94,890.			
		et investment income (#			270,72		
	C A	djusted net income (if ne				0.	
5235 11-2	01 4-15 L		eduction Act Notice, see	instructions			Form 990-PF (2015)

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Page 2

<u></u>	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	
	art	column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	162,796.	46,622.	46,622.
	3	Accounts receivable ►			
		Less. allowance for doubtful accounts	and the second s		
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts			,
	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			
G	l a	Inventories for sale or use	-· -		
Assets		Prepaid expenses and deferred charges			<u> </u>
As		Investments - U.S and state government obligations		-	
	l	Investments - corporate stock			
		Investments - corporate stock			
	l				
	''	Investments - land buildings and equipment basis			
	10	Less accumulated depreciation			
	ŀ	Investments - mortgage loans Investments - other STMT 6	4,657,469.	4,330,784.	4,330,784.
	i i	204	4,037,403.	4,330,704.	4,330,764.
	14	224			-
			12,670.	12,670.	58,755.
		Other assets (describe OIL & GAS MINERALS)	12,070.	12,070.	36,733.
	16	Total assets (to be completed by all filers - see the	4 022 025	4 300 076	4 436 161
_		instructions. Also, see page 1, item I)	4,832,935.	4,390,076.	4,436,161.
	ı	Accounts payable and accrued expenses			•
	l	Grants payable			,
es	19	Deferred revenue			
Ħ	20	· · · · · · · · · · · · · · · · · · ·			
Liabilities	ı	Mortgages and other notes payable			
_	22	Other habilities (describe)			
			0	0	•
_	23	Total liabilities (add lines 17 through 22)	0.	0.	:
		Foundations that follow SFAS 117, check here			,
G		and complete lines 24 through 26 and lines 30 and 31			
ances	24	Unrestricted			
	25	Temporarily restricted			
ä	26	Permanently restricted			
Ĭ		Foundations that do not follow SFAS 117, check here			
Ä.		and complete lines 27 through 31			
ts	27	Capital stock, trust principal, or current funds	4,832,935.	4,390,076.	
sse	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
Net Assets or Fund Ba	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Š	30	Total net assets or fund balances	4,832,935.	4,390,076.	
	ļ				
	31	Total liabilities and net assets/fund balances	4,832,935.	4,390,076.	
Р	art	III Analysis of Changes in Net Assets or Fund B	alances		
\equiv					
		I net assets or fund balances at beginning of year - Part II, column (a), line	30		4 022 025
	•	st agree with end-of-year figure reported on prior year's return)		1	4,832,935.
		r amount from Part I, line 27a		2	<94,890.>
		er increases not included in line 2 (itemize)			0.
		lines 1, 2, and 3	ana	4	4,738,045.
		eases not included in line 2 (itemize) UNREALIZED LOS		5	347,969.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	4,390,076.
					Form 990-PF (2015)

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		Losses for Tax on In	vestment	Income				<u> </u>	<u> </u>
Ŀ	(a) List and describe the	ne kind(s) of property sold (e.g.	, real estate,		(6) H	ow acquired Purchase Donation		acquired	(d) Date sold
	2-story brick warehouse; or common stock, 200 shs. MLC Co.)				D-	Donation	(mo , d	iay, yr.)	(mo., day, yr)
1a									
b	SEE ATTACHED ST	TATEMENTS							
				-	ļ				
_d					ļ				
e	· · · · · · · · · · · · · · · · · · ·	/// Depression allowed	(a) Coo	t or other basis	 		/h) C	ain or (loss)	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				s (1) minus (
		<u> </u>			\dashv				
b	· · · · · · · · · · · · · · · · · · ·					·			
c	:								
d									· · · · · · · · · · · · · · · · · · ·
_e			<u> </u>	376,28	2.				177,425
_	Complete only for assets showing gain							Col (h) gain not less thai	
	(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any				(from col (
_ a	1								
b									
_					_				
e				 	_				177,425
		(If goin also onto	r in Part I line	7	7				
	Capital gain net income or (net capital	(' (' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		7	<i></i>	2			177,425
3	Net short-term capital gain or (loss) as If gain, also enter in Part I, line 8, colui		nd (6):		}	,			<144
ſĒ	If (loss), enter -0- in Part I, line 8 Part V Qualification Unde	r Section 4940(e) for	Reduced	Tax on Net	Inve	estment Inc	ome		(111)
_	or optional use by domestic private four								
•	·		` '			,			
11:	section 4940(d)(2) applies, leave this pa	rt diank.							
W	as the foundation liable for the section 4	942 tax on the distributable an	nount of any ye	ear in the base pei	rıod?				Yes X No
	"Yes," the foundation does not qualify ur				ntrion				
_	Enter the appropriate amount in each (a)		nstructions be	ore making any e					(d)
	Base periód years	(b) Adjusted qualifying dis	stributions	Net value of no	(c) onchari	table-use assets	-		oùtión ratio rided by col. (c))
_	Calendar year (or tax year beginning in 2014		0,238.		4.	908,206	+	(001. (0) 01.	.067283
_	2013		6,427.			642,432			.053081
_	2012	20	5,150.			244,250			.048336
	2011		6,362.			124,235			.047612
_	2010	17	4,615.		3,	770,704	<u> </u>	т	.046308
									262620
	Total of line 1, column (d)		t O b. C	au hii dha aireahar			2		.262620
3	Average distribution ratio for the 5-year the foundation has been in existence if		on line 2 by 5,	or by the number	UI yea	11.5	3	1	.052524
	the foundation has been in existence in	icss than 5 years					<u> </u>		7 7 7 7 7 7
4	Enter the net value of noncharitable-us	e assets for 2015 from Part X,	line 5				4		4,658,352
5 Multiply line 4 by line 3							5		244,675
6	Enter 1% of net investment income (1	% of Part I, line 27b)					6		2,707
		,					7		247,382
	Add lines 5 and 6								
8	Enter qualifying distributions from Par						8	L	366,102
	If line 8 is equal to or greater than line See the Part VI instructions.	7, check the box in Part VI, line	e 1b, and comp	olete that part usir	ng a 1%	6 tax rate.			

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	art VII-A Statements Regarding Activities (continued)			ugo (
Pa	Int VII-A Statements Regarding Activities (continued)	Τ- Τ	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
• •	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		_	
,,	If "Yes," attach statement (see instructions)	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► BANK OF OKLAHOMA, N.A. Telephone no. ► 918-5	38-6	407	
	Located at ► TRUST TAX DEPT-BTC 1W APT# 6242 E 41ST STREET, SO ZIP+4 ►7	4135		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2015, 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		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		٠	
	foreign country			
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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.) Yes X No		,	-
	termination of government our rest, it terminating manufactures		ì	\$ \$*
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b	- ~	` -
	Social do 1011(a) of marginal relationship transfer and the social relationship trans	10		
	Organizations relying on a current notice regarding disaster assistance check here			
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1c	<u></u>	X
	before the first day of the tax year beginning in 2015?	''		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)). At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	V V u			
	before 2015? If "Yes," list the years ,,,,,,,,			
	b Are there any years listed in 2a for which the foundation is not 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.) N/A	2 Ď		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		_	
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Ī	during the year?			
	b if "Yes," did it have excess business holdings in 2015 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		İ	
	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,			
	Form 4720, to determine if the foundation had excess business holdings in 2015) N/A	3b		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		Х
_	F	orm 99 0)-PF	(2015

Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)			
5a During the year did the foundation pay or incur any amount to.						
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	es X No	- 1		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly,						
any voter registration drive?						
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7	Y6	es X No			
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section					
4945(d)(4)(A)? (see instructions)		Ye	es X No	- 1		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		١,,		
the prevention of cruelty to children or animals?		Ye	es X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	n Regulations			,	
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b		
Organizations relying on a current notice regarding disaster assistance check hi	ere					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ined]			
expenditure responsibility for the grant?	N	T/A 🔲 Ye	es 🔲 No		1	
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d)				l i	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to g	oay premiums on					
a personal benefit contract?		Y6	s X No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6 b	X	
If "Yes" to 6b, file Form 8870						
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y6	es X No			
b If "Yes," did the foundation receive any proceeds or have any net income attribu		 		7b		
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma	nagers, Highly	/			
Paid Employees, and Contractors						
List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(-) Evr	0000	
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp account allowa	, other nces	
ROBERT HENRY PRESIDENT OCU	TRUSTEE					
2501 N. BLACKWELDER						
OKC, OK 73106	1.00	0.	0.		0.	
	TRUSTEE			_		
660 PARRINGTON OVAL						
NORMAN, OK 73019	1.00	0.	0.		0.	
	TRUSTEE					
107 WHITEHURST						
STILLWATER, OK 74078	1.00	0.	0.		0.	
	AGENT					
P.O. BOX 880						
TULSA, OK 74101-0880	10.00	28,865.	0.		<u>0.</u>	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(a) Evr	onco	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp account allowa	other nces	
NONE						
Total number of other employees paid over \$50,000					0	
TOTAL INTITUOS OF OTHER EMPROYEES PAID OVER \$20,000			Form	990-PF		
			1 0/111		(=010)	

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
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 relevant statistical	information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produce	ed, etc.	Expenses
1 REVIEW APPLICATIONS TO DETERMINE IF LOW INCOM		
NEED FINANCIAL ASSISTANCE WITH MEDICAL OR EDUC		
	CATTONAL	0
EXPENSES.		0.
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line	is 1 and 2	Amount
	s ranu z.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
	•	0.
Total. Add lines 1 through 3		
		Form 990-PF (2015)

Part X Minimum Investment Return (All domestic foundations must complete this part	Foreign foundations, s	ee instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	1	
a Average monthly fair market value of securities	1a	4,584,330
b Average of monthly cash balances	1b	48,812
c Fair market value of all other assets	1c	96,149
d Total (add lines 1a, b, and c)	1d	4,729,291
e 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	4,729,291
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	70,939
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,658,352
6 Minimum investment return Enter 5% of line 5	6	232,918
Part No Distributable Amount (see instructions) (Section 4942(1)(3) and (j)(5) private operating for foreign organizations check here and do not complete this part)	oundations and certain	
1 Minimum investment return from Part X, line 6	1	232,918
2a Tax on investment income for 2015 from Part VI, line 5	2,707.	
b Income tax for 2015. (This does not include the tax from Part VI.)	7.2	
c Add lines 2a and 2b	2c	2,707
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	2,707
4 Recoveries of amounts treated as qualifying distributions	4	0 .
5 Add lines 3 and 4	5	230,211
6 Deduction from distributable amount (see instructions)	6	0 .
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	230,211
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	30	· · · · · · · · · · · · · · · · · · ·
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	366,102
b 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	
3 Amounts set aside for specific charitable projects that satisfy the	4.20/	
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	366,102
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
income. Enter 1% of Part I, line 27b	5	2,707
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,707. 363,395.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	e foundation qualifies for t	he section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,		· ·		
line 7				230,211.
2 Undistributed income, if any as of the end of 2015				
a Enter amount for 2014 only			46,998.	,
b Total for prior years:				<u>'</u>
C Total To Prior yourse		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
				1
e From 2014	- - -			
f Total of lines 3a through e				
4 Qualifying distributions for 2015 from				
Part XII, line 4 ►\$ 366,102.			46 000	1
a Applied to 2014, but not more than line 2a			46,998.	
b Applied to undistributed income of prior		•		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				230,211.
e Remaining amount distributed out of corpus	88,893.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d) the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
•	88,893.			,
a Corpus Add lines 3f, 4c and 4e Subtract line 5	00,055.			· · · · · · · · · · · · · · · · · · ·
b Prior years' undistributed income. Subtract		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable		0		
amount - see instructions		0.		<u></u>
e Undistributed income for 2014 Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.	i		
9 Excess distributions carryover to 2016				
Subtract lines 7 and 8 from line 6a	88,893.			
10 Analysis of line 9				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015 88,893.				

523581 11-24-15

Form 990-PF (2015) BENEVOL	ENT TRUST			23-73	389204 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	·A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	r 2015, enter the date of	the ruling	>		
b Check box to indicate whether the found	dation is a private operati	ng foundation described i	n section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		_
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,			-		
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter					
(1) Value of all assets		 			 -
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed		l			
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public		· · · · · · · · · · · · · · · · · · ·			
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization	İ	ļ		ļ	
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundatio	n had \$5,000 or m	ore in assets
at any time during				•	
1 Information Regarding Foundation					,
a List any managers of the foundation wh		than 2% of the total cont	ributions received by th	ne foundation before the clo	ose of any tax
year (but only if they have contributed r	nore than \$5,000) (See	section 507(d)(2).)	·		
NONE					
b List any managers of the foundation wh	10 own 10% or more of the	he stock of a corporation	(or an equally large por	tion of the ownership of a p	partnership or
other entity) of which the foundation ha				,	•
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., Pi	rograms:		
Check here ▶ ☐ If the foundation of	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc	(see instructions) to indi	viduals or organizations u	inder other conditions,	complete items 2a, b, c, an	d d
a The name, address, and telephone num	iber or e-mail address of	the person to whom appl	ications should be addr	essed:	
SEE STATEMENT 7					
b The form in which applications should i	oe submitted and informa	ation and materials they sl	hould include		
c Any submission deadlines					
d Any restrictions or limitations on award	s, such as by geographic	cal areas, charitable fields,	kinds of institutions, or	r other factors:	

23-7389204

BENEVOLENT TRUST

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient a Paid during the year PUBLIC EDUCATIONAL NONE UNIVERSITY OF OKLAHOMA PO BOX 1620 TULSA, OK 74101-1620 46,000. PUBLIC EDUCATIONAL OKLAHOMA CITY UNIVERSITY NONE PO BOX 1620 46,000. TULSA, OK 74101-1620 PUBLIC EDUCATIONAL OKLAHOMA STATE UNIVERSITY NONE PO BOX 1620 TULSA, OK 74101-1620 46,000. ARLEDGE, MARY KATHLEEN NONE PUBLIC MEDICAL EXPENSES PO BOX 1620 11,000. TULSA, OK 74101-1620 NONE PUBLIC MEDICAL EXPENSES BITNER, RHEANNA PO BOX 1620 TULSA, OK 74101-1620 2,934. SEE CONTINUATION SHEET(S) **▶** 3a 266,537. Total b Approved for future payment NONE Total

Part XVI-A	Analysis	of Income-	Producing	Activities
------------	----------	------------	-----------	------------

Enter gross amounts unless otherwise indicated.	Unrelated t	usiness income		y section 512, 513 or 514	(e)	
	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
1 Program service revenue.	code			- +	· -	
a b					<u> </u>	
c		<u> </u>	- +		-	
4			- - - 	-		
e	-					
•	-		-			
g Fees and contracts from government agencies	-		- -			
g Fees and contracts from government agencies2 Membership dues and assessments			- - - 			
3 Interest on savings and temporary cash	1	·		-		
investments						
4 Dividends and interest from securities		-	14	83,460.		
	 		13			
5 Net rental income or (loss) from real estate:						
a Debt-financed property			+ +			
b Not debt-financed property			+ + -			
6 Net rental income or (loss) from personal						
property 7 Other reventment income			15	19,585.		
7 Other investment income				17,303.		
8 Gain or (loss) from sales of assets other			18	177,425.		
than inventory			10	1//,423.		
9 Net income or (loss) from special events	-					
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:			†			
a	_					
b			+ +-			
·	-		+ + -			
d	_		+			
e	-		. - -	200 470		
12 Subtotal. Add columns (b), (d), and (e)	'		J • _	280,470.	0.	
13 Total Add line 12, columns (b), (d), and (e)				13	280,470.	
(See worksheet in line 13 instructions to verify calculations.)	1		**			
Part XVI-B Relationship of Activities	to the Accon	plishment of	Exempt Pu	ırposes		
Line No. Explain below how each activity for which inc		valume (a) of Dort V	// A contributed	.magaztanth, ta tha assama	habmant of	
Explain below how each activity for which include the foundation's exempt purposes (other that	come is reported in C an by providing fund	:Olullili (8) Ol Pari XV : for such nurnoses)	1-A contributed	importantly to the accomp	aistiment of	
the foundation's exempt purposes (office the	an by providing fund	s for such purposes).	·			
		 . -				
						
						
					_	
						
	 					

Form **990-PF** (2015)

523621 11-24-15

Form 990		R G. JOHNSON OLENT TRUST	EDUCATIONAL &	23-	7389204	Page 1:
Part 2			To and Transactions	and Relationships With No		
	Exempt Organ			<u> </u>		
1 Did	the organization directly or ind	rectly engage in any of the f	ollowing with any other organiza	tion described in section 501(c) of		Yes No
the	Code (other than section 501(o	e)(3) organizations) or in sec	ction 527, relating to political org	anizations?		
a Tra	nsfers from the reporting found	lation to a noncharitable exe	mpt organization of:		1.	
(1)	Cash				1a(1)	X
(2)	Other assets				1a(2)	X
b Oth	er transactions:					
(1)	Sales of assets to a noncharita	ible exempt organization			1b(1)	X
	Purchases of assets from a no	· -	ation		1b(2)	Х
	Rental of facilities, equipment,				1b(3)	Х
	Reimbursement arrangements	3			1b(4)	X
٠,	Loans or loan guarantees				1b(5)	X
	Performance of services or me	•			1b(6)	X
	ring of facilities, equipment, ma	• • •	· -		1c	X
				always show the fair market value of the c		ets,
				alue in any transaction or sharing arrange	ment, snow in	
(a)Line no	imn (d) the value of the goods, (b) Amount involved		aritable exempt organization	(d) Description of transfers transaction		
(a)cine no	(b) Amount involved	<u> </u>	/A	(u) Description of transfers transaction	ons, and snaring arm	Ingements
			/ A			
					·	
-						
		<u> </u>		- 		
						
				-		
	+				-	
	•					
	-					
	- 					

		-				
2a Is th	ne foundation directly or indirec	tly affiliated with, or related	to, one or more tax-exempt orga	nizations described		
ın s	ection 501(c) of the Code (othe	r than section 501(c)(3)) or	ın section 527?		Yes	X No
b If "Y	es," complete the following sch	edule.				
	(a) Name of or	ganization	(b) Type of organization	(c) Description of re	lationship	
	N/A				-	
			_			

]				nd statements and to the best of my knowledge ormation of which preparer has any knowledge	May the IRS di	scuss this
Sign		<u> </u>	, ,		return with the shown below (preparer see instr)?
Here			8/26/16	OFFICER	_ X Yes	☐ No
	Signature of officer or trustee		Date	Title	DT:111	
	Print/Type preparer's n	arne Prepa	arer's signature	Date Check If self-employed	PTIN	

(405) 239-7961 Form **990-PF** (2015)

P00112450

Firm's EIN ► 42-0714325

Phone no

Paid

Preparer

Use Only

ELLAN WRIGHT

Firm's name ► RSM US LLP

Firm's address ▶ 531 COUCH DR.

OKLAHOMA CITY, OK 73102

2 Capital gain net income or (net capital loss)2 Net about tour pointel gain as (loss) as defined.

{ If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c).
If (loss), enter "-0-" in Part I, line 8

** (SHORT-TERM)

2

523591 04-01-15

Part IV Capital Gains and Lo	sses for Tax on Investment Income			
(a) List and 2-story br		(d) Date sold mo , day, yr)		
1a PERMANENT PORTFOLIO			12/05/120	9/04/15
b PERMANENT PORT	04/13/120	9/04/15		
c PERMANENT PORT	02/13/120	9/04/15		
d PERMANENT PORT	FOLIO		12/07/110	
e PERMANENT PORT	FOLIO		11/03/110	9/04/15
PERMANENT PORT	FOLIO		04/07/110	9/04/15
g CAPITAL GAINS	DIVIDENDS			
h		***************************************		
1				
1		·		
k				
1				
m				
n				
0				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 343.		446.		<103.>
b 15,945.		20,600.		<4,655.>
c 1,365.		1,800.	-	<435.>
d 182.		233.		<51.>
e 916.		1,206.		<290.>
f 27,739.		35,578.		<7,839.
g 100,073.			1	00,073.
h				
T.				
<u>J</u>				
k				
1				
m				
n				
0	(1)	10/04/60		
Complete only for assets snowin	ng gain in column (h) and owned by	, ·	(I) Losses (from col (h)) Gains (excess of col. (h) gain over co	vi (F)
(i) F.M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any	but not less than "-0-")	
a				<103.>
b	<u> </u>			<4,655.>
C				<435.>
d				<51.>
<u>e</u>			<u> </u>	<290.>
<u>f</u>				< 7,839. >
g				00,073.
<u>h</u>				
1				
<u></u>		 		
<u>k</u>		 		
<u> </u>		 		
<u>m</u>		 - - - - - 		
<u>n</u>		 		
0		 		
2 Capital gain net income or (net ca	apital loss) { If gain, also enter If (loss), enter "-(r in Part I, line 7)-" in Part I, line 7	2 1	77,425.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,	column (c).	nd (6)		.1.4.4

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or **Amount** status of recipient any foundation manager contribution Name and address (home or business) or substantial contributor NONE PUBLIC MEDICAL EXPENSES BUENTELLO, JENNA PO BOX 1620 TULSA, OK 74101-1620 2,218. COPELAND, AINSLEY NONE PUBLIC MEDICAL EXPENSES PO BOX 1620 TULSA, OK 74101-1620 6,800. EATON, GABRIELLE NONE PUBLIC MEDICAL EXPENSES PO BOX 1620 TULSA, OK 74101-1620 7,485. JANWAY, JAYCE NONE PUBLIC MEDICAL EXPENSES PO BOX 1620 TULSA, OK 74101-1620 6,300. LEE, PAUL NONE PUBLIC MEDICAL EXPENSES PO BOX 1620 TULSA, OK 74101-1620 9,500. PUBLIC MEDICAL EXPENSES LINDBERG, ANZLIE NONE PO BOX 1620 TULSA, OK 74101-1620 4,000. NONE PUBLIC MEDICAL EXPENSES LOTT, KINLEY PO BOX 1620 8,254. TULSA, OK 74101-1620 MARTIN, VIVIAN NONE PUBLIC MEDICAL EXPENSES PO BOX 1620 TULSA, OK 74101-1620 12,400. POUND, BRAXTON NONE PUBLIC MEDICAL EXPENSES PO BOX 1620 TULSA, OK 74101-1620 8,000. PUGSLEY, MASON NONE PUBLIC MEDICAL EXPENSES PO BOX 1620 TULSA, OK 74101-1620 8,000. 114,603. Total from continuation sheets

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	T	1	
•	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
	Nova	DUDI TO	ADDIANT DADDAGE	
SARTIN, ANNIE PO BOX 1620	NONE	PUBLIC	MEDICAL EXPENSES	[
TULSA, OK 74101-1620				6,300
TOLDA, OK 74101 1020				0,300
SARTIN, ELIZABETH	NONE	PUBLIC	MEDICAL EXPENSES	
РО ВОХ 1620	İ			
TULSA, OK 74101-1620				8,300
STAMPER, KARSON	NONE	PUBLIC	MEDICAL EXPENSES	
РО ВОХ 1620				
TULSA, OK 74101-1620				5,965.
WELL ALVOED	NONE	PUBLIC	MEDICAL EXPENSES	
VELA, ALYCEEA PO BOX 1620	NONE	FOBLIC	MEDICAL EXPENSES	
TULSA, OK 74101-1620				6,300.
,				
WILLMON, PAISLEE	NONE	PUBLIC	MEDICAL EXPENSES	
PO BOX 1620				
TULSA, OK 74101-1620				7,000.
WOOLMAN, MADALYN	NONE	PUBLIC	MEDICAL EXPENSES	
PO BOX 1620				7 791
TULSA, OK 74101-1620				7,781.
		<u> </u>		
		-		
Total from continuation sheets				L

FORM 990-PF D	OIVIDENDS	AND INT	EREST	FROM SEC	URITIES	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(A) REVENUE PER BOOKS	(B) NET INVEST S MENT INCOM	
BANK OF OKLAHOMA	183,533.	100,	100,073.		83,460	. 0.
TO PART I, LINE 4	183,533.	100,073.		83,460	83,460	. 0.
FORM 990-PF		OTHER	INCC)ME		STATEMENT 2
DESCRIPTION				(A) EVENUE BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ROYALTY INCOME				19,585.	19,585.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11				19,585.	19,585.	0.
FORM 990-PF		ACCOUN	TING	FEES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOK		(B) ET INVEST- ENT INCOME		(D) CHARITABLE PURPOSES
INDIRECT ACCOUNTING FEES 13,		13,41	5.	0	. 0	. 13,415.
TO FORM 990-PF, PG 1, LN 16B		13,415.		0	. 0	. 13,415.
FORM 990-PF	ORM 990-PF TAXES				STATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOK		(B) ET INVEST- ENT INCOME		(D) CHARITABLE PURPOSES
GROSS PRODUCTION TAXES		83	0.	830	. 0	. 0.
PAYROLL TAXES AND EXCI	.SE	2,57	7.	0	. 0	3,064.
TO FORM 990-PF, PG 1,	LN 18	3,40	7.	830	. 0	3,064.
	===				= ==========	=

FORM 990-PF	OTHER E	XPENSES	STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE OFFICE SUPPLIES MINERAL INTEREST FEES OTHER EXPENSES	500. 2,148. 8,915. 3,195.	0. 8,915.	0. 0. 0.	500. 2,148. 0. 3,195.
TO FORM 990-PF, PG 1, LN 23	14,758.	8,915.	0.	5,843.

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 6
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
AMER BEACON LG CAP VAL-INST FD#0066	FMV	474,430.	474,430.
AMER BEACON INT'L EQ-INST FD#0067	FMV	119,305.	119,305.
CALAMOS MKT NEUT INC-I FD#0629	FMV	20,577.	20,577.
DIAMOND HILL LONG/SHORT-I FD#0011	FMV	80,847.	80,847.
FEDERATED HI YLD BD-INST FD#0900	FMV	119,172.	119,172.
FIDELITY LEVERAGED CO STOCK FD#0122	FMV	29,116.	29,116.
LAZARD EMRG MKTS PORT-IN FD #0638	FMV	123,975.	123,975.
MERGER FD#0260	FMV	39,940.	39,940.
MFS INTL NEW DISCOVERY FD #0874	FMV	158,323.	158,323.
NEUB BERM GENESIS-INSTL FD#1229	FMV	114,567.	114,567.
PIMCO ALL ASSET-INST FD#0034	FMV	48,952.	48,952.
PIMCO COMMOD RR STRAT-INS FD#0045	FMV	13,603.	13,603.
TEMPLETON GLOBAL BD-ADV FD#0616	FMV	115,382.	115,382.
VANGUARD EXPLORER FD-ADM #5024	FMV	57,643.	57,643.
VANGUARD INSTITUTIONAL INDEX #0094	FMV	478,650.	478,650.
VANGUARD MIDCAP GWTH IN-INV FD#5832	FMV	300,184.	300,184.
VANGUARD SM CP VI IDX- INST FD	FMV		
#0865		112,354.	112,354.
VANGUARD INTERMED INDX-INST FD	FMV		
#0504		185,775.	185,775.
VANGUARD MID CAP INDX-INSTL FD#0864	FMV	264,876.	264,876.
FIDELITY CONTRAFUND INC FD#0022	FMV	309,120.	309,120.
DODGE & COX INCOME #0147	FMV	191,969.	191,969.
ISHARES US PREFERRED STOCK ETF	FMV	129,565.	129,565.
TORTOISE ENERGY INFRASTRUCTY FD	FMV	23,647.	23,647.
CAVANAL HILL WORLD ENRGY-INST #0055	FMV	28,311.	28,311.
JOHN HANCOCK DISC VAL M/C-I #3633	FMV	91,190.	91,190.
OAKMARK INTL-I #0109	FMV	145,951.	145,951.
CAVANAL HILL OPP-INST #0054	FMV	56,071.	56,071.
IVY ASSET STRAT-R6 #0226	FMV	61,682.	61,682.
VANGUARD S/T BD INDX-ADM #5132	FMV	392,966.	392,966.

DEXTER G. JOHNSON EDUCATIONAL & BEI	NEVOLE		23-7389204
INVESCO REAL ESTATE-R6 #5005	FMV	42,641.	42,641.
TOTAL TO FORM 990-PF, PART II, LINE	13	4,330,784.	4,330,784.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DEBRA COOPER 9520 NORTH MAY AVENUE, 2ND FLOOR OKLAHOMA CITY, OK 73120

TELEPHONE NUMBER

405-936-3968

FORM AND CONTENT OF APPLICATIONS

THE APPLICATION SHOULD INCLUDE FINANCIAL INFORMATION, FAMILY HISTORY, PHYSICAL CONDITION, AGE, EDUCATION GOALS AND OTHER DATA NECESSARY TO SHOW NEED FOR LOAN, SCHOLARSHIP OR AN OUTRIGHT GRANT. ASSIST BY OUTRIGHT GRANTS OR LOANS TO PHYSICALLY HANICAPPED CHILDREN, YOUNG MEN OR WOMEN IN OBTAINING:

- 1. CORRECTIVE SURGERY AND HOSPITALIZATION
- 2. NECESSITIES OF LIFE WHILE IN CONVALESCENCE
- 3. VOCATIONAL TRAINING TO ENABLE THEM TO EARN THEIR OWN LIVING

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

N/A

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DEBRA COOPER 9520 NORTH MAY AVENUE, 2ND FLOOR OKLAHOMA CITY, OK 73120

TELEPHONE NUMBER

405-936-3968

FORM AND CONTENT OF APPLICATIONS

CONTINUE - PART XV, LINE 2(B) AND 2(D): TO PROVIDE A STUDENT LOAN FUND TO MAKE LOANS TO DESERVING STUDENTS WHO DO NOT POSSESS AND CANNOT OBTAIN FUNDS ELSEWHERE TO COMPLETE THEIR EDUCATION IN OKLAHOMA HIGH SCHOOLS, OKLAHOMA STATE UNIVERSITY, OKLAHOMA CITY UNIVERSITY AND THE UNIVERSITY OF OKLAHOMA, GIVING PREFERENCE TO THE FOLLOWING:

- 1. PHYSICALLY HANDICAPPED STUDENTS
- 2. STUDENTS WHO BY MISFORTUNE OR CALAMITY CANNOT COMPLETE THEIR EDUCATION.

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

N/A

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DEBRA COOPER 9520 NORTH MAY AVENUE, 2ND FLOOR OKLAHOMA CITY, OK 73120

TELEPHONE NUMBER

405-936-3968

FORM AND CONTENT OF APPLICATIONS

CONTINUE - PART XV, LINE 2(B) AND 2(D): TO PROVIDE A SCHOLARSHIP FUND TO GIVE SCHOLARSHIPS TO DESERVING STUDENTS BASED UPON NEED TO COMPLETE THEIR EDUCATION IN OKLAHOMA HIGH SCHOOLS, OKLAHOMA STATE UNIVERSITY (FORMERLY OKLAHOMA A & M COLLEGE), OKLAHOMA CITY UNIVERSITY AND THE UNIVERSITY OF OKLAHOMA, GIVING PREFERENCE TO THE FOLLOWING:

- 1. PHYSICALLY HANDICAPPED STUDENTS
- 2. STUDENTS WHO BY MISFORTUNE OR CALAMITY CANNOT COMPLETE THEIR EDUCATION

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

N/A