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Form **990-PF** 

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.lrs.gov/form990pf.

OMB No 1545-0052

Dep	artme			cial security number					2010
		evenus Service Information about start year year 2015 or tax year beginning	DEC		arate ı	nstructions . and e		NOV 30, 2016	Open to Public Inspection
		of foundation	ع م	1, 2015		, allu e	ii u ii ii y	A Employer identification	
		RTHWEST OKLAHOMA OSTE	אם ער	THIC				A Employer Identification	number
		INDATION	/	.1110				73-0622115	
		and street (or P O box number if mail is not delivered to	street a	ddress)			Room/suite	B Telephone number	
4	12	25 WEST OWEN K GARRIOT	гт в	≀D			A-1	580-234-60	61
		town, state or province, country, and ZIP or fore					<del></del>	C If exemption application is p	
		D, OK 73703-9446							
-		k all that apply: Initial return		Initial return	of a fo	rmer public o	harity	D 1. Foreign organizations	, check here
		Final return		Amended ret	urn		•		
		Address change		Name change	e			Foreign organizations me check here and attach co	eting the 85% test, mputation
H (	Chec	k type of organization: Section 501(c)	(3) exer	mpt private foundation	on			E If private foundation state	tus was terminated
	_l <u>S</u>	ection 4947(a)(1) nonexempt charitable trust	<b>X</b> 0	ther taxable private f	ounda	tion		under section 507(b)(1)	
			:ounting	g method: C	ash	X Accr	ual	  F   If the foundation is in a (	60-month termination
		Part II, col. (c), line 16)		er (specify)				under section 507(b)(1)	(B), check here
	<u>\$</u>	3,944,037. (Part I,	colum	n (d) must be on c	ash b	asıs.)			
<u> </u>	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may necessarily equal the amounts in column (a))	not	(a) Revenue and expenses per boo		( <b>b)</b> Net in		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received		114,19	7.				
	2	Check If the foundation is not required to attach Sch	В	· · · · · · · · · · · · · · · · · · ·					
	3	Interest on savings and temporary cash investments	L		25.		25.		STATEMENT 1
	4	Dividends and interest from securities	L	51,75	_		1,755.		STATEMENT 2
	5a	a Gross rents	L	1,30	)3.		<u>1,303.</u>	1,303.	STATEMENT 3
	b	Net rental income or (loss) 1,303	3.						· · · · · · · · · · · · · · · · · · ·
ē	6a	A Net gain or (loss) from sale of assets not on line 10		167,19	8.				
Revenue	b	dasets of fille da	<u>•</u> -						
è	7		ļ-			16	<u>7,198.</u>		
	8	Net short-term capital gain	-					0.	
	9 10a	Income modifications Gross sales less returns	-		+				
		and allowances Uses Cost of goods sold	$\dashv$						
	ì	Gross profit or (loss)							
	11	Other income		16,64	4.		370.	16.644.	STATEMENT 4
<u>}</u> _	12	Total Add lines 1 through 11	-	351,12		22	0,651.	69,727.	
7	13	Compensation of officers, directors, trustees, etc		6,65	_		1,135.	2,675.	0.
9	14	Other employee salaries and wages	コ「	82,59	5.	1	4,105.	33,231.	0.
<b>&gt;</b>	15	Other employee salaries and wages Pension plans, employee benefits ED	1 [	2,02	22.		404.	607.	0.
Ses	16a	Legal fees	<i>සි\</i>						
_ Pe⊓		Accounting Bes Other professional fees N 2 4 STMT	78.78c	6,38			<u>1,276.</u>	1,914.	0.
Ž	C		巡儿	73,84	5.	4	<u>2,897.</u>	11,606.	0.
Ne F	17	Interest W							
L a	18	Taxes OGDENTATION	- was	7,32			<u>1,266.</u>	2,898.	0.
Administrative Expenses	19	Depreciation and depletion	<u> </u>	1,07			215.	323.	
75	20	Occupancy	F	13,49			0.	13,494.	0.
₽,.≪	21	Travel, conferences, and meetings	-	34,96	2.		<u>6,991.</u>	10,488.	0.
(0)	22	Printing and publications	,	OC AE	0		2 2 4 4	74,756.	
E.	23	Other expenses STMT 8	' <b>⊢</b>	86,45	00.		<u>3,344.</u>	74,750.	0.
era	24	Total operating and administrative expenses. Add lines 13 through 23		314,80	a l	7	1,633.	151,992.	0.
ဝိ	25	Contributions, gifts, grants paid	$\vdash$	74,79			<u> </u>	131,334.	74,791.
			$\vdash$	1-112					<u> </u>
	_0	Add lines 24 and 25		389,59	9	7	1,633.	151,992.	74,791.
-	27	Subtract line 26 from line 12:		207,33		<u>-</u>	<u> </u>		, <u>, , , , , , , , , , , , , , , , , , </u>
		Excess of revenue over expenses and disbursements		-38,47	7.				
Ì		Net investment income (if negative, enter -0-)			-	14	9,018.		
		Adjusted net income (if negative, enter -0-)					- ,	0.	

### NORTHWEST OKLAHOMA OSTEOPATHIC FOUNDATION

Fo	rm 9	90-PF (2015) <b>FOUNDATION</b>		73-0	0622115 Page 2
1	Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
~	ait	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	42,298.	6,847.	6,847.
	2	Savings and temporary cash investments	201,606.	249,441.	249,441.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts	2,500.		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	1	Less; allowance for doubtful accounts		ļ	
S	8	Inventories for sale or use	3,584.	3,584.	3,584.
Assets	9	Prepaid expenses and deferred charges	4,172.	3,584. 3,639.	3,584. 3,639.
Ÿ	10a	Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
	Į.	Investments - land, buildings, and equipment: basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			·····
		Investments - other STMT 9	3,138,347.	3,082,310.	3,675,363.
	1	Land, buildings, and equipment; basis ► 123,054.	3,130,317.	3/002/3200	3707373031
	1	Less accumulated depreciation 117,891.	6,238.	5,163.	5,163.
	15	Other assets (describe )	0,250.	3,103.	3,103.
	1	Total assets (to be completed by all filers - see the			
	'	instructions. Also, see page 1, item i)	3,398,745.	3,350,984.	3,944,037.
_	17	Accounts payable and accrued expenses	6,038.	4,645.	J, J==, 031.
	18	Grants payable	0,030.	4,043.	
	19	Deferred revenue			
Liabilities	1				
Ξ		Loans from officers, directors, trustees, and other disqualified persons		<del></del>	
Lia	21	Mortgages and other notes payable  Other liabilities (describe ► STATEMENT 10)	139.	288.	
	22	Other liabilities (describe   STATEMENT 10)	139.	400.	
	00	Total liabilities (add lines 17 through 90)	6,177.	4,933.	
_	23	Total liabilities (add lines 17 through 22)' Foundations that follow SFAS 117, check here	0,1//	4,333.	
		· · · · · · · · · · · · · · · · · · ·	Ì		
S		and complete lines 24 through 26 and lines 30 and 31.	2 202 560	2 246 051	
ĕ	24	Unrestricted	3,392,568.	3,346,051.	
ala	25	Temporarily restricted	, ,		
Net Assets or Fund Balances	26	Permanently restricted			
Ë	ļ	Foundations that do not follow SFAS 117, check here			
<u></u>		and complete lines 27 through 31.			
sts	27	Capital stock, trust principal, or current funds	<del></del>		
SSE		Paid-in or capital surplus, or land, bldg., and equipment fund	<del></del>	<del></del>	
ž A	1	Retained earnings, accumulated income, endowment, or other funds	2 200 560	2 246 051	
ž	30	Total net assets or fund balances	3,392,568.	3,346,051.	
			2 200 545	2 250 004	
	31	Total liabilities and net assets/fund balances	3,398,745.	3,350,984.	<del></del>
Р	art l	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	10		
		t agree with end-of-year figure reported on prior year's return)		1	3,392,568.
		amount from Part I, line 27a	2	-38,477.	
		increases not included in line 2 (itemize)		3	0.
		nes 1, 2, and 3		4	3,354,091.
		ases not included in line 2 (itemize) INCOME TAX EXPE	ense	5	8,040.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, col		6	3,346,051.
		7.55 1			Form 900-PE (2015)

	90-FF (2013) FOO	NDATION		<del></del>				/3-062	<u> 2115</u>	Page 3
Parl	IV Capital Gains	and Losses for Tax on In	vestment					·	<del>,</del>	
	(a) List and descr 2-story brick wa	ribe the kind(s) of property sold (e.g. irehouse; or common stock, 200 shs	, real estate, . MLC Co.)		( <b>b)</b> H	low acquired Purchase Donation		) Date acquired (mo., day, yr.)	(d) Date (mo., da	
1a E	DWARD JONES (	SHORT TERM)				P	V	ARIOUS	VARIO	วับร
bΕ	DWARD JONES (	LONG TERM)				P		ARIOUS	VARIO	วบร
c J	UNKED EQUIPME	NT				P	0	3/10/87	10/04	1/16
<u>d</u> C	APITAL GAINS	DIVIDENDS					_			
<u>e</u>	<del></del>								L	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (loss (e) plus (f) minus		<del></del>
<u>a</u>	26,217.			26,21						-2.
<u> </u>	578,212.			508,85					69	,355.
C	20.	6,915.		6,91	5.		_			20.
<u>d</u>	97,825.								97	,825.
e Co	malata anti tarananta at aurus		h	- 40/04/00					<del></del>	
	) F.M.V. as of 12/31/69	g gain in column (h) and owned by t (j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1)	$\dashv$		col. (k	ains (Col. (h) gair i), but not less tha osses (from col.	n -0-) <b>or</b>	
a						.,				-2.
b									69	,355.
C										20.
d									97	825.
е										-
<b>2</b> Cap	ital gain net income or (net ca	pital loss) { If gain, also enter			}	2			167	,198.
lf ga	in, also enter in Part I, line 8,	s) as defined in sections 1222(5) and column (c).	d (6):		}					•
Part	oss), enter -0- in Part I, line 8	nder Section 4940(e) for	Daduand	I Toy on Not		3				<u>-2.</u>
	<del></del>	<del></del>					IIICO	me .		
(For op	tional use by domestic private	foundations subject to the section 4	940(a) tax on	i net investment ind	come	.)				
If sectio	n 4940(d)(2) applies, leave th	ns part blank.								
		ion 4942 tax on the distributable am		•	od?				Yes	X No
		fy under section 4940(e). Do not cor			trico	-		<del> </del>		
1 EIII	er the appropriate amount in e	ach column for each year; see the in	structions be	iore making any en				<del></del>	(d)	
Color	Base period years	(b) Adjusted qualifying dist	ributions	Net value of non	(c) ichari	table-use ass	ets	Distrit	oùtion ratio /ided by col.	(c))
Caler	ndar year (or tax year beginnin	19 111/	3,439.	Not value of flori		164,6		(cor. (b) ur		34442
	2014		0,208.	·		243,8				35395
	2013 2012		8,506.			808,9				33738
	2012		6,950.	·		285,6				11681
	2010		9,213.			287,9				30175
	2010_		<i>7 , 2 <u>4 9 </u> </i>			<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>			<del>, , , , ,</del>
) Tota	I of line 1, column (d)							2	. 17	75431
		i-year base period - divide the total o	n line 2 hv 5	or by the number of	of ves	ıre				<u> </u>
	oundation has been in existen			or by the number (	J1 y 00	110		3	. 03	35086
1110	oundation has been in existen	ide ii ieda tilali o yeara						<del>-                                    </del>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ente	r the net value of noncharitabl	e-use assets for 2015 from Part X, II	ne 5					4	3,928,	540.
Mult	iply line 4 by line 3							5	137	837.
Ente	r 1% of net investment incom	e (1% of Part I, line 27b)					ļ	6	1	490.
Add	lines 5 and 6							7	139,	327.
Ente	qualifying distributions from	Part XII, line 4						8	157,	056.
	e 8 is equal to or greater than the Part VI instructions.	line 7, check the box in Part VI, line	1b, and comp	lete that part using	a 1%	tax rate.				

Part VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(b), or 4948 - see instructions)		m 990-PF (2015)			<u>0622</u>			Page 4
Date for fulling or determination letter:    Cattack copy of letter if necessary-see instructions)   1, 4.90.cof Part I, line 27b   1, 1, 1, 2, 1, 2, 2, 3, 3, 4, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	P	art VI Excise Tax Based on Investment Income (Section 4940(a), 49	940(b), 4940(e), or	1948 ·	- see i	nstru	ictio	ns)
Date for fulling or determination letter:    Cattack copy of letter if necessary-see instructions)   1, 4.90.cof Part I, line 27b   1, 1, 1, 2, 1, 2, 2, 3, 3, 4, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	1	a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A"	on line 1.					
b Domestic foundations that meet the section 494/0(c) requirements in Part V, check here ► X and enter 1% of Part I, lane 172 oct. (b).  1, 490.  of Part I, lane 172 oct.  e All other damestic foundations enter 2% of the 27b. Exempt foreign organizations enter 4% of Part I, lane 172 oct. (b).  2		• • •						
of Part I, line 27b  Add fines 1 and 2  Tax under section 941(a)(1) trusts and taxable foundations only. Others enter -0-)  Add fines 1 and 2  Sybtitile A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Add fines 1 and 2  Sybtitile A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  5  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  5  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  5  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  5  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  5  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  5  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  6  Exempt foreign organizations - tax withheld at source  1 Exempt foreign organizations - tax withheld at source  1 Exempt foreign organizations - tax withheld at source  1 Exempt foreign organizations - tax withheld at source  1 Exempt foreign organizations - tax withheld at source  1 Exempt foreign organizations - tax withheld at source  1 Exempt foreign organizations - tax withheld at source  1 Exempt foreign organizations - tax withheld at source  1 Exempt foreign organizations - tax withheld at source  1 Exempt foreign organizations - tax withheld at source  1 Exempt foreign organizations - tax withheld at source  1 Exempt foreign organizations - tax withheld at source  1 Exempt foreign organizations and the source organization organization organization at the source organization and the source organization at the source organization and the source organization at the source organization organization of the source organization organizat	i			1 1			1.4	90.
c All Other dimensitic foundations enter 2% of the 27h. Exempt foreign organizations enter 4% of Peart I, line 12, col. (b).  2			ind small 170	<u> </u>			<u>+,_=</u>	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2 3 1,490.  Add lines 1 and 2 3 1,490.  Subtile A (income) tax (domestic section 4947(a)(1) trusts and faxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. if zero or liss, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. if zero or liss, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. if zero or liss, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. if zero or liss, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. if zero or liss, enter -0- 5 Tax based on investment income. Subtract line 4 from line 5. if zero or liss, enter -0- 6 B		·	l line 12 col (h)					
3 1,490.  Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  6 CreditisPayments:  2 015 estimated tax payments and 2014 overpayment credited to 2015  6 Exempl foreign organizations - tax withheld at source  6 B  6 Exempl foreign organizations - tax withheld at source  6 B  6 Exempl foreign organizations - tax withheld at source  6 B  6 Exempl foreign organizations - tax withheld at source  6 B  6 Exempl foreign organizations - tax withheld at source  7 Total credits and payments. Add lines 6a through 6d  8 Enter any penalty for underpayment of estimated tax. Check here in 1f Form 2220 is attached  8 Exempl foreign organizations - tax withheld at source  9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount over  10 Total credits and payments. Add lines 6a through 6d  8 Enter any penalty for underpayment of estimated tax. Check here in 1f Form 2220 is attached  9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount over  10 Total credits and payments. Add lines 6a through 6d  11 Enter the amount of line 10 to be Credited to 2016 estimated tax Payment of line 10 to be Credited to 2016 estimated tax Payment of line 10 to be Credited to 2016 estimated tax Payment of line 10 to be Credited to 2016 estimated tax Payment of line 10 to be Credited to 2016 estimated tax Payment of line 10 to be Credited to 2016 estimated tax Payment of line 10 to be Credited to 2016 estimated tax Payment of line 10 to be Credited to 2016 estimated tax Payment of line 10 to be Credited to 2016 estimated tax Payment of line 10 to be Credited to 2016 estimated tax Payment of line 10 to be Credited to 2016 estimated tax Payment of line 10 to be Credited to 2016 estimated tax Payment of line 10 to be Credited to 2016 estimated tax Payment of line 10 to be Credited to 2016 estimated tax Payment of line 10 to be Credited to 2016 estimated tax Payment of li			• •	١,				0 -
4 Subtitlé A (nocme) lax (domestic section 447(a)(1) trusts and laxable foundations only. Others enter-0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter-0- 6 Credist Payments: 2 2015 estimated tax payments and 2014 overpayment credited to 2015 6 Exempt foreign organizations: - tax withheld at source 6 Exempt foreign organizations: - tax withheld at source 6 Exempt foreign organizations: - tax withheld at source 6 Exempt foreign organizations: - tax withheld at source 6 Exempt foreign organizations: - tax withheld at source 6 Exempt foreign organizations: - tax withheld at source 6 Exempt foreign organizations: - tax withheld at source 6 Exempt foreign organizations: - tax withheld at source 7 Tax day with application for extension of time to file (Form 8868) 6 Ede de de dead of the company organizations: - tax withheld at source 6 Exempt foreign organizations: - tax withheld at source 6 Exempt foreign organizations: - tax withheld at source 6 Exempt foreign organizations: - tax withheld at source 6 Exempt foreign organization o			51 - <del>0-)</del>				1 4	90
5 1 x based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- Credits/Payments: 2 2015 estimated tax payments and 2014 overpayment credited to 2015 6 b Exempl foreign organizations - tax withheld at source 6 c a x pay and what pepication for extension of time to file (Form 8868) 6 d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here	_		or O \				<u> </u>	
6 CreditsPayments: a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Evempt foreign organizations - tax withhold at source c Tax paid with application for extension of time to file (Form 8868) d Eachup with application for extension of time to file (Form 8868) d Eachup with application for extension of time to file (Form 8868) d Sachup witholding erroneously withhold T Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here	_		.61 -0-)		_		1 /	
a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations - I ax withheld at source c   Tax paid with application for extension of time to the (Form 9868) d Backup withholding erroneously withheld 7   Total credits and payments. Add innes 5 at through 60 B Entire any perality for underpayment of estimated tax. Check here   If Form 2220 is attached 9   Tax due. If the total of lines 5 and 8 is emore than line 7, enter amount owner 10   Tax due. If the total of lines 5 and 8 is emore than line 7, enter amount owner 10   Tax due. If the total of lines 5 and 8 is emore than line 7, enter amount owner 11   Enter the amount of here 10 to be: Credited to 2016 estimated tax   1,500   Refunded   11   3,610   11   Enter the amount of here 10 to be: Credited to 2016 estimated tax   1,500   Refunded   11   3,610   12   During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any pollucal campaign? 12   During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any pollucal campaign? 13   During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any pollucal campaign? 14   During the tax year is 0 fa or 1b, attach a detailed description of the activities. 15   During the tax year is 0 fa or 1b, attach a detailed description of the activities. 16   During the top with refundation in connection with the activities. 17   On the foundation hill provide the provide provided to the intervention of the definition)? 18   X   19   The foundation in Form 1120-POL for this year? 20   Less the foundation in Park 117   September 11				0			<u> </u>	<del>90.</del>
b Exempl toreign organizations - tax withheld at source of Tax paid with application for extension of time to file (Form 8868) d Sackup withholding erroacousty withheld 7 Total credits and payments. Add lines 6a through 6d 8		1 1	6 600	'	1			
c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withhold 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due, if the total of lines 5 and 8 is more than line 7, enter a mount owed 9 Tax due, if the total of lines 5 and 8 is more than line 7, enter a mount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax ► 1, 500 . Refunded 11 1 3, 610 .  Part VII-A   Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities.  1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities.  1c Did the foundation. ► S O. 2 On foundation managers. ► \$ O. 3 Enter the amount (if any) paid by the foundation during the year?  1c			0,000	4	ĺ			
d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here				-				
To Total credits and payments. Add lines 8a through 8d 8 Enter any pensity for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 The title the amount of line 10 beb. Credited to 2016 estimated tax. ►  1				-				
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11 Enter the amount of time 10 to be: Credited to 2016 estimated tax ▶ 1,500. Refunded ▶ 11 3,610. Part VII-A Statements Regarding Activities  1 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  1 bild it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  1 the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.  2 bild it is founded by the foundation in connection with the activities.  3 bild it is foundation in the form 1120-Pol. for this year?  4 the first the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  4 the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.  5 that the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.  6 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.  7 If "Yes," attach a detailed description of the activities.  8 If "Yes," attach a detailed description of the activities.  9 If "Yes," attach a detailed description of the activities.  9 If "Yes," attach the statement required by General Instruction 7.  1 the foundation have unrelated business gross income of \$1,000 or more during the year?  1 If "Yes," attach the statement required by General Instruction 7.  1 the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV  1 the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV  2 If the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV  3 Enter the states to which the foundation furnished a copy of Form 990-PF to the Attor				_	,			
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4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, dissolution, or substantial contraction during the year?  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 either:  By language in the governing instrument, or  By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV  7 X  8a Enter the states to which the foundation reports or with which it is registered (see instructions)  OK  b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or 4942(i)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV  9 X  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	3		nt, articles of incorporation,	Or				7.7
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10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses 10 X	٠		*** * * * * * * * * * * * * * * * * * *			9	x	
	10							x
		217 por como occorrio occorrina cominidatora durinty trio tax year: il 165, attach a schedule listing in	ion names and addresses		For		)-PF	

NORTHWEST OKLAHOMA OSTEOPATHIC Form 990-PF (2015) FOUNDATION 73-0622115 Page 5 Part VII-A | Statements Regarding Activities (continued) No Yes 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 X 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) Х 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 \_\_N/A Website address 14 The books are in care of ▶ ANITA L. LUETKEMEYER Telephone no. > 580-234-6071Located at ► 4125 W. GARRIOTT, STE. A-1, ENID, OK ZIP+4 ►73703 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A **▶** 15 | and enter the amount of tax-exempt interest received or accrued during the year No Yes 16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 X See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): 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) Yes X No a disqualified person? Yes X No (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 Yes X No 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 Yes X No termination of government service, if terminating within 90 days.) 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)? 1b 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 Х 10 before the first day of the tax year beginning in 2015? 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)): a 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 」Yes Ⅸ No 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 N/Astatement - see instructions.) **2**b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No 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

Form **990-PF** (2015)

X

36

4a

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2015.)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be F	Required (contro	/3-06221	12	Page 6
	romi 4720 Way be r	required (continu	uea)		
5a During the year did the foundation pay or incur any amount to:	- 4045/-//0		s X No		
<ol> <li>Carry on propaganda, or otherwise attempt to influence legislation (section).</li> <li>Influence the outcome of any specific public election (see section 4955);</li> </ol>	, ,,		S LALINO		
any voter registration drive?	or to carry on, directly or indire		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	.o		s X No	ì	1
• • • • • • • • • • • • • • • • • • • •		L 1t	טוו בבי צי		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section		es X No	1	
4945(d)(4)(A)? (see instructions)	or adventional aurages or f		s LALINU	İ	1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or i		s X No	[	
the prevention of cruelty to children or animals?	dar the averations described i		טאו בבו פּי	į	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	·	n Regulations	N/A	5b	-
section 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check h	•			30	
		unod.		ļ	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		. —	s 🔲 No	ł	
expenditure responsibility for the grant?		I∕A ∟ Ye	8 NO	ŀ	
If "Yes," attach the statement required by Regulations section 53.494  6a Did the foundation, during the year, receive any funds, directly or indirectly, to			}	Ì	
	pay premiums on	[	s X No		
a personal benefit contract?	naraanal hamafet aant-aat?		S LALINO	6ь	x
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<del> </del>	מס	
If "Yes" to 6b, file Form 8870.	ahaltar tanana dan O	[] v.	s X No	- 1	-
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y6	· · ·	7b	
Part VIII Information About Officers, Directors, Trust		nagara Highly	<del></del>	70	
Paid Employees, and Contractors	ees, roundation wa	magers, migni	,		
List all officers, directors, trustees, foundation managers and their	compensation.				
	<del>,</del>	(c) Compensation	(d) Contributions to	(e	) Expense
(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	acc	) Expense ount, other lowances
	το μοσιτίστι	enter-0-)	compensation	<del>  - "</del>	TOWATICOS
	-				
SEE STATEMENT 11	1	6,650.	0.		0.
JUL DIALBRENI II		0,030.		<del>                                     </del>	
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	1				
Compensation of five highest-paid employees (other than those inc	luded on line 1), If none.	enter "NONE."			
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e	) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	acc	ount, other lowances
ANITA LUETKEMEYER	ADMINISTRATOR		compensation	<del>  "</del>	1011411000
1002 CHEYENNE AVE, ENID, OK 73703	40.00	75,400.	1,950.		0.
1002 CHETENNE AVE, ENID, OR 15105	40.00	73,400.	1,550.	<del> </del>	
	1				
				<del> </del>	
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		ļ ————————————————————————————————————		+	
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otal number of other employees paid over \$50 000	<u> </u>	l		Ь	<u>_</u>
COME NUMBER OF OTHER ETHINOVEES DAILY OVER \$500 FROM					1.7

Form 990-PF (2015) FOUNDATION		622115 Page 7
Part VIII Information About Officers, Directors, Trustees, Founds Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
	_	
<del></del>		
<del></del>		
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 stati	stical information such as the	<del></del>
number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1 N/A		
·		
2		<del></del>
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 or	lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total Add lines 1 through 3		0.

FOUNDATION

4940(e) reduction of tax in those years.

For	rm 990-PF (2015) <b>FOUNDATION</b>	73-	0622115	Page 8
_P	Part X Minimum Investment Return (All domestic foundations must complete this part Foreign for	oundations,	see instructions )	
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	3,738	,269.
þ	Average of monthly cash balances	1b	250	,096.
C	Fair market value of all other assets	1c		
đ	Total (add lines 1a, b, and c)	1d	3,988	<u>,365.</u>
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	<u>.</u>		
2	Acquisition indebtedness applicable to line 1 assets	2		0.
3	Subtract line 2 from line 1d	3	3,988	
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	59	,825.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,928	<u>,540.</u>
6_	Minimum investment return. Enter 5% of line 5	6	196	,427.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	and certain		
	foreign organizations check here 🕨 🗓 and do not complete this part.)	<del></del>		
1	Minimum investment return from Part X, line 6	1		
2a	Tax on investment income for 2015 from Part VI, line 5	_		
b	Income tax for 2015. (This does not include the tax from Part VI.)	_		
C	Add lines 2a and 2b	2c		
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		
P	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	<u> 157</u>	<u>,056.</u>
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:			
а	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	157	,056.
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		,490.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	155	,566.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	n qualifies for	the section	

Part XIII Undistributed Income (se	<del></del>	N/A	<del></del>	T
	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI.	Corpus	rears prior to 2014	2014	2013
line 7				
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only	· · · · · · · · · · · · · · · · · · ·			
<b>b</b> Total for prior years:				
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
<b>b</b> From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e				
4 Qualifying distributions for 2015 from	<del></del>			
Part XII, line 4: ► \$				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2015 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2015				
(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;				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5				
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				
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016			<u></u>	<u> </u>
7 Amounts treated as distributions out of				ļ
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)			<u> </u>	
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a				
O Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				

NORTHWEST OKLAHOMA OSTEOPATHIC Form 990-PF (2015) 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 2015, enter the date of the ruling X 4942(1)(3) or 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 2 a Enter the lesser of the adjusted net Tax year Prior 3 years **(b)** 2014 (a) 2015 (c) 2013 (d) 2012 (e) Total income from Part I or the minimum investment return from Part X for 0. each year listed 0 0 0 0 0 0 0 **b** 85% of line 2a 0 0. c Qualifying distributions from Part XII. 157,056 143,439 150,208 128,506 579,209. line 4 for each year listed 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. 157,056. 143,439 150,208 128,506. 579,209. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: 3,944,037. 4,061,572. 4,429,748. 4,391,456.16,826,813. (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) 3,944,037. 4,061,572. 4,429,748. 4,391,456.16,826,813. 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 section 4942(j)(3)(B)(III) 0. (3) Largest amount of support from 0. an exempt organization (4) Gross investment income Part XV 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. NONE 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:

NORTHWEST OKLAHOMA OSTEOPATHIC

Form 990-PF (2015) FOUNDATION

Part XV | Supplementary Information (continued) 73-0622115 Page 11

3 Grants and Contributions Paid During the		Payment	<del></del>	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Of Substantial Contributor	recopien		
ENID COMMUNITY CLINIC 1106 E BROADWAY ENID OK 73701	NONE	PUBLIC CHARITY	HEALTH CLINIC FOR LOW INCOME	60,441
LOAVES & FISHES 701 E MAINE ENID, OK 73701	NONE	PUBLIC CHARITY	NUTRITION EDUCATION PROGRAM	3,000
RETIRED SENIOR VOLUNTEER PROGRAM 502 S VAN BUREN ENID, OK 73703	NONE	PUBLIC CHARITY	SENIOR FEEDING PROGRAM	5,000
YWCA OF ENID 525 S QUINCY ENID, OK 73701	NONE	PUBLIC CHARITY	GIRL POWER PROGRAM	1,500
OKLAHOMA OSTEOPATHIC ASSOCIATION 848 N LINCOLN BLVD	NONE	PUBLIC CHARITY	SCHOLARSHIP PROGRAM	2_000
Total SEE CO.	NTINUATION SHE	ET(S)	▶ 3a	74.791
b Approved for future payment  NONE				
Total			<b>▶</b> 3b	

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a PROGRAM FEES					13,074
b					
C	1				
d					
e					
g Fees and contracts from government agencie	s				
2 Membership dues and assessments					3,200
3 Interest on savings and temporary cash					
investments			14	25.	
4 Dividends and interest from securities			14	51,755.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property			1.0	1 202	<del></del>
b Not debt-financed property			16	1,303.	
6 Net rental income or (loss) from personal					
7 Other investment income	<del></del>		15	370.	
8 Gain or (loss) from sales of assets other			+++-	3,0.	
than inventory			14	97,825.	69,373
9 Net income or (loss) from special events		·-			
O Gross profit or (loss) from sales of inventory					
1 Other revenue:		·			
a					
b					
C					
d			1 1	•	
d				151 279	85 647
e			0.	151,278.	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)		C		151,278.	
e 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 calcul	lations.)			13	
d e 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 calcul Part XVI-B Relationship of Acti Line No. Explain below how each activity for v	vities to the Accom	nplishment of look	Exempt Po	13	236,925
d e 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 calcul Part XVI-B Relationship of Acti Line No. Explain below how each activity for with the foundation's exempt purposes (c)	vities to the Accomunities to the Accomunities in come is reported in content than by providing funds	aplishment of I olumn (e) of Part XV of for such purposes).	Exempt Pu	Irposes Importantly to the accomp	236,925
d e 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 calcular to the foundation's exempt purposes (c) PROGRAM FEES & MEM	vities to the Accomplished in contract than by providing funds BERSHIP DUES	olumn (e) of Part XV for such purposes). SUPPORT	Exempt Pu	Irposes Importantly to the accomp	
d e 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 calcul Part XVI-B Relationship of Acti Line No. Explain below how each activity for with the foundation's exempt purposes (c)	vities to the Accomplished in contract than by providing funds BERSHIP DUES	olumn (e) of Part XV for such purposes). SUPPORT	Exempt Pu	Irposes Importantly to the accomp	236,925
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d e 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 calcular to the foundation's exempt purposes (c) PROGRAM FEES & MEM	vities to the Accomplished in contract than by providing funds BERSHIP DUES	olumn (e) of Part XV for such purposes). SUPPORT	Exempt Pu	Irposes Importantly to the accomp	236,925
d e 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 calcular XVI-B  Relationship of Acti Line No.  Explain below how each activity for with the foundation's exempt purposes (c)  PROGRAM FEES & MEM	vities to the Accomplished in contract than by providing funds BERSHIP DUES	olumn (e) of Part XV for such purposes). SUPPORT	Exempt Pu	Irposes Importantly to the accomp	236,925
d e 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 calcular to the foundation's exempt purposes (c) PROGRAM FEES & MEM	vities to the Accomplished in contract than by providing funds BERSHIP DUES	olumn (e) of Part XV for such purposes). SUPPORT	Exempt Pu	Irposes Importantly to the accomp	236,925
d e 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 calcular to the foundation's exempt purposes (c) PROGRAM FEES & MEM	vities to the Accomplished in contract than by providing funds BERSHIP DUES	olumn (e) of Part XV for such purposes). SUPPORT	Exempt Pu	Irposes Importantly to the accomp	236,925
d e 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 calcular to the foundation's exempt purposes (c) PROGRAM FEES & MEM	vities to the Accomplished in contract than by providing funds BERSHIP DUES	olumn (e) of Part XV for such purposes). SUPPORT	Exempt Pu	Irposes Importantly to the accomp	236,925
d e 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 calcular to the foundation's exempt purposes (c) PROGRAM FEES & MEM	vities to the Accomplished in contract than by providing funds BERSHIP DUES	olumn (e) of Part XV for such purposes). SUPPORT	Exempt Pu	Irposes Importantly to the accomp	236,925
d e 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 calcular to the foundation's exempt purposes (c) PROGRAM FEES & MEM	vities to the Accomplished in contract than by providing funds BERSHIP DUES	olumn (e) of Part XV for such purposes). SUPPORT	Exempt Pu	Irposes Importantly to the accomp	236,925
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d e 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 calcular to the foundation's exempt purposes (c) PROGRAM FEES & MEM	vities to the Accomplished in contract than by providing funds BERSHIP DUES	olumn (e) of Part XV for such purposes). SUPPORT	Exempt Pu	Irposes Importantly to the accomp	236,925
d e 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 calcular XVI-B  Relationship of Acti Line No.  Explain below how each activity for with the foundation's exempt purposes (c)  PROGRAM FEES & MEM	vities to the Accomplished in contract than by providing funds BERSHIP DUES	olumn (e) of Part XV for such purposes). SUPPORT	Exempt Pu	Irposes Importantly to the accomp	236,925

Form 990-PF (2015) FOUNDATION 73-0622115 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) (2) Other assets X 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (c) Description of relationship (a) Name of organization (b) Type of organization N/A Under genalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete. Declaration of preparer (other than taxpaver) if Sign return with the prepare Here X Yes Signature of officer or trustee Title Check PTIN Print/Type preparer's name Preparer's signature Date ıf self-employed Paid 1-17-17 CHERYL BRYAN CPA P00239811 Preparer Firm's EIN ► 73-1463197 Firm's name ► COLLINS, BUTLER & CO., **Use Only** 

Form **990-PF** (2015)

(580)233-1144

Phone no.

Firm's address ▶ 901 W MAPLE AVE

ENID, OK 73701-3899

## 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

Name of the organization

NORTHWEST OKLAHOMA OSTEOPATHIC FOUNDATION

Employer identification number

<u>73-0622115</u>

Organization type (check one):							
Filers o	f:	Section:					
Form 99	90 or 990-EZ	501(c)( ) (enter	number) organization				
		4947(a)(1) nonexem	npt charitable trust <b>not</b> tre	ted as a private foundation			
		527 political organia	zation				
Form 99	00-PF	501(c)(3) exempt pr	rivate foundation				
		4947(a)(1) nonexem	npt charitable trust treated	as a private foundation			
		X 501(c)(3) taxable pr	vate foundation				
Note. ○ General	nly a section 501(c)( Rule For an organization	iling Form 990, 990-EZ, o	can check boxes for both	the General Rule and a Special l ing the year, contributions totali ions for determining a contribut	ing \$5,000 or more (in money or		
Special	Rules						
	sections 509(a)(1) a any one contributor	id 170(b)(1)(A)(vi), that ch	ecked Schedule A (Form 9 atributions of the greater of		ort test of the regulations under Sa, or 16b, and that received from ount on (i) Form 990, Part VIII, line 1h,		
	year, total contribut	ons of more than \$1,000		aritable, scientific, literary, or edi	m any one contributor, during the ucational purposes, or for		
	year, contributions is checked, enter he purpose. Do not co	xclusively for religious, ch re the total contributions to aplete any of the parts un	aritable, etc., purposes, buthat were received during	t no such contributions totaled he year for an exclusively religion lies to this organization because	us, charitable, etc.,		
out it mu	ı <b>st</b> answer "No" on F	art IV, line 2, of its Form 9		e H of its Form 990-EZ or on its	e B (Form 990, 990-EZ, or 990-PF), Form 990-PF, Part I, line 2, to		

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) (2015)

Name of organization
NORTHWEST OKLAHOMA OSTEOPATHIC
FOUNDATION

Employer identification number

73-0622115

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional 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	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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 Oncash 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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization NORTHWEST OKLAHOMA OSTEOPATHIC FOUNDATION

Employer identification number

73-0622115

Part II	<b>Noncash Property</b>	(see instructions).	Use duplicate copies of Part II	ıf addıtıonal space ıs needed.
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Part II	Noncash Property (see instructions). Use duplicate copies of P	art 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. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. om art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. om art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_   .			
3453 10-26-1	15	\$Schedule B (Forms	990, 990-EZ, or 990-F

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization Employer identification number NORTHWEST OKLAHOMA OSTEOPATHIC FOUNDATION 73-0622115 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Part III Use duplicate copies of Part III if additional space is needed. (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and 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 gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FOUNDATION 73-0622115

3 Grants and Contributions Paid During the	Year (Continuation)		· · · · · · · · · · · · · · · · · · ·	ļ
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		<u> </u>
MISCELLANEOUS CHARITIES	NONE	PUBLIC	DONATIONS	
		CHARITIES		
ENID, OK 73701				2,850
		-		
				<del>                                     </del>
		1		
		<u> </u>		
		<del> </del>		<del> </del> -
				<del> </del>
		<u> </u>		<u> </u>
Total from continuation sheets				2 850

FORM 990-PF INTERE	ST ON SAVINGS	S AND T	EMPOR/	ARY C	ASH	INV	EST	MENTS	STA	TEMENT	1
SOURCE			(A) EVENUE R BOOKS		NET	INV	B) EST OME			(C) DJUSTED T INCOM	
EDWARD JONES				25.				25.			25.
TOTAL TO PART I, LI	NE 3			25.		-		25.			25.
FORM 990-PF	DIVIDENDS A	AND IN	TEREST	FROM	I SEC	URI	TIE	s	STA	TEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	1S	REV	A) ENUE BOOK			(B) INVES T INCO		(C) ADJUST NET INC	
EDWARD JONES	149,580.	97	825.	5	1,75	55.		51,75	<u> </u>	51,7	55.
TO PART I, LINE 4	149,580.	97	825.	5	1,75	55.		51,75	5 · =	51,7	55.
FORM 990-PF	I	RENTAL	INCOM	<u> </u>					STA	TEMENT	3
KIND AND LOCATION OF	F PROPERTY							IVITY MBER	REN	GROSS ITAL INC	OME
RENTAL								1	-	1,3	03.
TOTAL TO FORM 990-P	F, PART I, L	INE 5A						:		1,3	03.
FORM 990-PF		ОТНЕ	RINCOL	ME					STA	TEMENT	4
	-		-	(A)				в)		(C)	ın.
DESCRIPTION			REV	JENUE BOOK				NVEST- INCOME		ADJUSTE IET INCO	
DESCRIPTION  ROYALTY INCOME  PROGRAM FEES  MEMBERSHIP DUES AND	ASSESSMENTS		REV	BOOK 13,		ME			_ N	ET INCO	ME 70. 74.

FORM 990-PF	ACCOUNTI	NG FEES	ST	ATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	6,380.	1,276.	1,914.	0.
TO FORM 990-PF, PG 1, LN 16B	6,380.	1,276.	1,914.	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	35,160. 38,685.		0. 11,606.	0.
TO FORM 990-PF, PG 1, LN 16C	73,845.	42,897.	11,606.	0.
FORM 990-PF	TAX	ES	Sī	'ATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROPERTY TAX PAYROLL TAXES	419. 6,908.	84.	126. 2,772.	0.
TO FORM 990-PF, PG 1, LN 18 =	7,327.	1,266.	2,898.	0.
FORM 990-PF	OTHER E	XPENSES	Si	PATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE ADVERTISING & PROMOTION OFFICE EXPENSE PROGRAM EXPENSES	7,318. 2,300. 8,788. 62,774.	1,464. 460. 1,135. 0.	2,195. 690. 4,816. 62,774.	0. 0. 0.
TELEPHONE, INTERNET & UTILITIES	3,854.	0.	3,854.	0.

NORTHWEST OKLAHOMA OSTEOPATH	IC FOUNDATIO			73-0622115
DUES & SUBSCRIPTIONS	1,424.	285	5. 42	27. 0.
TO FORM 990-PF, PG 1, LN 23	86,458.	3,344	74,75	0.
FORM 990-PF	OTHER INVEST	MENTS		STATEMENT 9
DESCRIPTION	VALUA METH		BOOK VALUE	FAIR MARKET VALUE
EDWARD JONES	cos	T	3,082,310.	3,675,363.
TOTAL TO FORM 990-PF, PART II,	LINE 13		3,082,310.	3,675,363.
FORM 990-PF	OTHER LIABIL	ITIES		STATEMENT 10
DESCRIPTION		I	BOY AMOUNT	EOY AMOUNT
PAYROLL WITHHOLDINGS			139.	288.
TOTAL TO FORM 990-PF, PART II,	LINE 22		139.	288.

ENID, OK 73701

	- LIST OF OFFICERS, DIRE S AND FOUNDATION MANAGER		STATI	EMENT 11
NAME AND ADDRESS	TITLE AND C AVRG HRS/WK S	OMPEN-	EMPLOYEE BEN PLAN CONTRIB	
EDNA MAE HOLDEN P.O. BOX 3833 ENID, OK 73702	DIRECTOR 0.50	570.	0.	0.
LARRY ROYE 2417 N. VAN BUREN ENID, OK 73703	DIRECTOR 0.50	570.	0.	0.
JEFFREY JONES, D.O. 620 S. MADISON, SUITE 209 ENID, OK 73701	DIRECTOR 0.50	665.	0.	0.
KIRK DEPRIEST, D.O. 620 S MADISON, SUITE 108 ENID, OK 73701	DIRECTOR 0.50	570.	0.	0.
JOHN GOULART, D.O. 620 S. MADISON, SUITE 108 ENID, OK 73701	DIRECTOR 0.50	570.	0.	0.
GARY PATZKOWSKY, D.O. 401 S. THIRD ENID, OK 73701	VICE-PRESIDENT 0.50	570.	0.	0.
CHAD OWENS, D.O. 427 E. CHEROKEE AVE. ENID, OK 73701	DIRECTOR 0.50	665.	0.	0.
TODD EARL P.O. BOX 10249 ENID, OK 73702	PRESIDENT 0.50	665.	0.	0.
AARON SIZELOVE, D.O. RT. 1, BOX 941 ROSSTON, OK 73855	DIRECTOR 0.50	190.	0.	0.
JAY NICHOLAS 5605 PHEASANT RUN ENID, OK 73703	DIRECTOR 0.50	665.	0.	0.
JONATHAN BUSHMAN, D.O. 915 E. GARRIOTT, SUITE B	SECRETARY/TREASUR	ER 665.	0.	0.

NORTHWEST OKLAHOMA OSTEOPATHIC FOUNDAT	73-0622115
3 8 4 4	IDENT, N.W. DISTRICT 0.50 285. 0. 0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART	VIII 6,650. 0. 0.

NORTHWEST OKLAHOMA OSTEOPATHIC FOUNDATION	73-0622115
FORM 990-PF	STATEMENT 12
PART XII QUALIFYING DISTRIBUTIONS	
TOTAL FROM PART I, COLUMN (D) LINE 26 PROGRAM FEES AND EXPENSES INCURRED TO PROMOTE HEALTH & EDUCATION PROGRAMS AND SERVICES TO	74,791
LOW INCOME INDIVIDUALS	82,265
TOTAL PART XII LINE 1A	157,056

## NORTHWEST OKLAHOMA OSTEOPATHIC FDN Depreciation Expense [Depreciation] Federal Tax For the Period December 1, 2015 to November 30, 2016

Asset ID	Placed in	Depr	Life Yr	Book Cost	Depr & AFYD	Beginning	YEA	R TO DATE	Net Additions E	nding Accum
	service	Meth/Conv	Mo	DOOK COSt	This Period	Accum Depr		Sec 179A	Deletions	Depr
Location <sup>-</sup> NWOOF										
Class. COMP										
000055	NETWORK									
000057	04/28/1992	SL100FM	50	11,897	0	11,897	0	0	0	11,897
000057	BATTERY BACK						_	_		
000400	08/31/1992	SL100FM	50	594	0	594	0	0	0	594
000129	HP COMPUTER		5.0	2 224		0.004	•	•	0	0.004
000130	03/07/2006	MC200AHY	5 O	3,321	0	3,321	0	0	0	3,321
000130	COMPUTER (EN 02/06/2007	SL100FM	ER) 50	2,193	0	2 402	0	0	0	2 402
000132	LAPTOP & TYPE			•	U	2,193	U	U	U	2,193
000102	11/29/2007	SL100FM	50	2,919	0	2,919	0	0	0	2,919
000133	OPTIMA 771 PR		00	2,515	v	2,010	v	·	U	2,313
	02/07/2008	SL100FM	50	1,423	0	1,423	0	0	0	1,423
000134	COMPUTER - EL				J	1,1.20	•	•	•	., .25
	08/12/2010	SL100FM	50	1,347	0	1,347	0	0	0	1,347
000136	HP PAVILLION 5	00-336 DESKT	OP COMPL			•				.,
	09/25/2014	SL100FM	50	460	92	115	92	0	0	207
Subtotal: COMP (8)			-	24,154	92	23,809	92	0	0	23,901
Class: EQIP										
000001	TYPEWRITER				_		_	_		
00000	04/16/1992	SL100FM	50	140	0	140	0	0	0	140
000002	COPIER	01.400514	5.0	2 222		0.000	•	•	0.000	
000005	11/29/1994 PANASONIC PR	SL100FM	5 0	6,200	0	6,200	0	0	-6,200	0
000003	01/29/1996	SL100FM	30	647	0	647	0	0	0	647
000007	AEROBICS EQU		30	047	U	047	U	U	U	047
000001	09/20/1999	SL100FM	50	509	0	509	0	0	0	509
000008	CANON CALCUL		30	303	U	303	v	U	U	303
	02/06/1995	SL100FM	50	92	0	92	0	0	0	92
000093	FAX SPLINTER	021007111		02	Ū	02	· ·	·	J	02
	11/05/1994	SL100FM	50	298	0	298	0	0	0	298
000094	FAX MACHINE									
	10/31/1994	SL100FM	10 0	747	0	747	0	0	0	7 <b>47</b>
000120	ELIPITICAL EXE	RCISE MACHIN	٧E							
	12/01/2003	SL100FM	70	1,500	0	1,500	0	0	0	1,500
000121	AIRDYNE BICYC	LE								
	02/23/2004	SL100FM	70	650	0	650	0	0	0	650
000124	TELEPHONE SY	STEM								
	12/01/2003	SL100FM	10 0	7,229	0	7,229	0	0	0	7,229
000131	ICE MACHINE									
	07/20/2007	SL100FM	70	142	0	142	0	0	0	142
000135	REFRIGERATOR							_	_	
		SL100AMQ	70	587	84	262	84	0	0	346
000137	STAINLESS PRIN					2.5	00			
	03/18/2014	SL100FM	70	139	20	35	20	0	0	55
Less Disposals	Adjustment to elin	ninate cost value	es of dispos							
0 11-1-1 FOID (44)			_	-6,200		- 10.151			2.000	
Subtotal: EQIP (14)				12,680	104	18,451	104	0	-6,200	12,354
Class: FURN										
000010	FURNISHINGS									
000010	06/06/1987	SL100FM	20 0	4,950	0	4,950	0	0	0	4.050
000011			20 0	4,930	U	4,900	U	U	U	4,950
J000 I I	STACKING CHAIL 03/10/1987		30	715	^	715	0	n	-715	^
	HON DESK	SL100FM	30	/ 13	0	/ 13	0	0	-/ 13	0
000012										

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

For the Period December 1, 2015 to November 30, 2016

Asset ID	Placed in	Depr	Life Yr				Current Depr &	Net Sec	Net Additions	
	service	Meth/Conv	Мо	Book Cost	Depr & AFYD This Period	Beginning Accum Depr	AFYD	179/Sec 179A	Deletions	Ending Accum Depr
Location: NWOOF										
Class. FURN										
	06/12/1989	SL100FM	15 0	358	0	358	(	0	(	0 358
000013	DESK CHAIR									
	06/12/1989	SL100FM	15 0	322	0	322	(	0	(	0 322
000016	DESK CHAIR									
	03/30/1990	SL100FM	15 0	669	0	669		0	1	0 669
000017	COMPUTER CE	NTER								
	06/07/1991	SL100FM	10 0	436	0	436		0	(	0 436
000018	OFFICE DESK									
<b>-</b>	06/12/1991	SL100FM	20 0	1,739	0	1,739	'	0	Į.	0 1,739
000019	FILE CABINET				_			_		_
<b>-</b>	09/09/1991	SL100FM	10 0	141	0	141	,	0		0 14
000020	FILE CABINET				_					
22224	04/21/1992	SL100FM	10 0	195	0	195	ı	0	,	0 19
000021	CHAIR	01.400514	40.0	470	•	470				
000003	05/19/1992	SL100FM	10 0	172	0	172	'	0		0 173
000023	BOOK CASE	OL 400EM	<b>5</b> 0	444	0	444		0 0		0 44
000024	08/23/1993 LOBBY FURNIT	SL100FM	50	114	0	114		0 0		0 114
700024	09/30/1993	SL100FM	10 0	933	0	933		0 0		0 93
000025	CLOCK & CONF		10 0	533	U	933	l	0		J 50.
700023	11/10/1993	SL100FM	10 0	519	0	519		0 0		0 519
000026	CONF ROOM C		10 0	319	U	313	'	0		, ,,,
700020	11/10/1993	SŁ100FM	10 0	1,969	0	1,969	1	0 0		0 1,969
000027	LOBBY FURNIT		100	1,500	v	1,500				, ,,,,,
,00021	11/10/1993	SL100FM	10 0	1,200	0	1,200	1	0 0		0 1,200
000029	COMMUNITY RI		100	1,200	· ·	1,200		•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	11/06/1993	SL100FM	10 0	5,740	0	5,740		0 0		0 5,740
000031	BOOK CASE			0,, 10	ŭ	5,7 .5				-,
	11/12/1993	SL100FM	50	145	0	145	1	0	(	0 14
000032	STEP BENCHES				-					
	01/04/1994	SL100FM	10 0	429	0	429		0	(	0 429
00036	STEP BENCHES	3								
	08/02/1994	SL100FM	10 0	32	0	32	(	0	(	0 32
00037	DESK									
	10/31/1994	SL100FM	10 0	500	0	500	(	0	(	0 500
00038	FOUR BOOKCA	SES								
	10/31/1994	SL100FM	10 0	1,475	0	1,475	(	0	(	0 1,475
00039	BULLETIN BOAF	RD								
	10/31/1994	SL100FM	10 0	250	0	250	(	0	(	250
00040	CONFERENCE I	RM CHAIRS								
	10/31/1994	SL100FM	10 0	275	0	275	(	0	(	275
00041	LAMP TABLE									
	11/11/1994	SL100FM	50	107	0	107	(	0	(	0 107
00043	CLOCK									
	12/16/1993	SL100FM	10 0	37	0	37	(	0	(	37
00048	DESK W/ RETUR	RN								
	05/19/1995	SL100FM	50	429	0	429	(	0	(	3 429
00049	CHAIR									
	05/19/1995	SL100FM	50	162	0	162	(	) 0	(	) 162
00050	AEROBICS BEN	CHES								
	04/10/1997	SL100FM	50	505	0	505	(	0	(	505
00051	OFFICE CHAIR									
	09/22/1997	SL100FM	50	403	0	403	(	0	(	) 403
00052	CHROMECRAFT	CHAIR								

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

For the Period December 1, 2015 to November 30, 2016

Asset ID	Placed in service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depr & AFYD This Period	Beginning Accum Depr	Current Depr &	AR TO DATE Net Sec 9/Sec 179A	Net Additions En	nding Accum Depr
Location: NWOOF										
Class: FURN										
	05/19/1995	SL100FM	50	325	0	325	0	0	0	325
Less Disposals	Adjustment to el	iminate cost vali	ues of dispos	sed assets						
			•	-715						
Subtotal FURN (31)			-	24,531	0	25,246	0	0	-715	24,531
Class IMPR										
000095	DANCE MIRRO	RS								
	07/01/1988	SL100FM	15 0	518	0	518	0	0	0	518
000096	WATER HEATE	R								
	01/12/1989	SL100FM	15 0	415	0	415	0	0	0	415
000097	TWO FURNACE									
	01/30/1989	SL100FM	10 0	1,795	0	1,795	0	0	0	1,795
000098	WAREHOUSE S									
	07/25/1991	SL100FM	15 0	3,143	0	3,143	0	0	0	3,143
000099	CEILING FANS									
	08/31/1993	SL100FM	10 0	813	0	813	0	0	0	813
000100	INSTALL CEILIN				_		_	_	_	
200404	10/21/1993	SL100FM	5 0	465	0	465	0	0	0	465
000101	PRINTS-CONF.				_		_			
000400	12/14/1993	SL100FM	10 0	93	0	93	0	0	0	93
000102	POSTER FRAM		40.0				•		•	440
000402	12/31/1993	SL100FM	10 0	142	0	142	0	0	0	142
000103	FRONT DOOR	CI 400EM	40.0	4 705		4 705	0	^	0	4 705
000104	12/15/1995	SL100FM	10 0	1,795	0	1,795	0	0	0	1,795
000104	REMODEL 06/05/1987	CI 400EM	2.0	25.062		25.002	0	^	0	25.002
000117	AIR CONDITION	SL100FM	20	35,963	0	35,963	0	0	0	35,963
000117	11/01/2001	SL100FM	50	708	0	708	0	0	0	708
000126	CARPETING	SE TOUR IVI	30	700	U	700	U	U	U	700
000120	07/11/2005	SL100AHY	15 0	4,250	283	2,975	283	0	0	3,258
000127	LEASEHOLD IM		130	4,230	203	2,313	203	U	U	3,230
000127	05/24/2005	SL100AHY	15 0	4,129	275	2,890	275	0	0	3,166
000300	ELECTRICAL U		150	4,125	213	2,030	210	•	Ū	0,100
300000	04/07/2004	SL100MM	15 0	2,102	140	1,629	140	0	0	1,769
000301	A/C COMPRESS		15 0	2,102	140	1,023	170	· ·	Ū	1,100
300001	03/07/2006	MC200AHY	70	2,647	0	2,647	0	0	0	2,647
000302	FRONT WINDON		7.0	2,047	U	2,047	U	U	Ū	2,041
70000E	07/08/2014	SL100FM	15 0	1,734	116	164	116	0	0	279
000303	BATHROOM FIX			1,754	110	104	110	U	3	213
	11/12/2014	SL100FM	15 0	977	65	71	65	0	0	136
Subtotal: IMPR (17)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OF 1001 M		61,689	879	56,226	879	0		57,105
Subtotal: NWOOF (70)				123,054	1,075	123,732	1,075	0	-6,915	117,892

Note: There may be differences due to rounding