** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning JUL 1, 2018 and ending	JUN 30, 2019	
B	Check if applicable	C Name of organization	D Employer identifi	cation number
	Addres	ROSE STATE COLLEGE FOUNDATION		
	Name change		73-1	345128
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) Room/si 6420 SE 15TH STREET	•	r 736-0315
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	851,490.
	Amend		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: SUSAN ROGERS		? Yes X No
	pendin		3 H(b) Are all subordinates in	
ī	Гах-ехе	mpt status: X 501(c)(3)		list. (see instructions)
J١	Nebsit	e:▶ WWW.ROSE.EDU	H(c) Group exemption	n number
K	orm of	organization: X Corporation	ear of formation: 1977	M State of legal domicile: OK
Pa	art I	Summary		
a)	1 1	Briefly describe the organization's mission or most significant activities: TO RAISE		
Governance	:	RESOURCES, AND DIRECT EXPENDITURES TO REFLECT	ITS DEDICATI	ON TO ROSE
ž.	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		15
ص ھ	1 -	Number of independent voting members of the governing body (Part VI, line 1b)		15
es		Total number of individuals employed in calendar year 2018 (Part V, line 2a)		0
Activities &		Total number of volunteers (estimate if necessary)		0
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, line 38		0.
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Prior Year 472,840.	Current Year 653,585.
ne	8	Contributions and grants (Part VIII, line 1h)	4/2,040.	053,565.
en.	9	Program service revenue (Part VIII, line 2g)	32,691.	26,230.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	23,940.	11,271.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	529,471.	691,086.
_		Forats and similar amounts paid (Part IX, salumn (A), lines 1.2)	386,273.	178,972.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	45 .	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ben	b.	Fotal fundraising expenses (Part IX, column (D), line 25)		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	46,960.	71,760.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	433,233.	250,732.
	1	Revenue less expenses. Subtract line 18 from line 12	96,238.	440,354.
Net Assets or			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	4,930,040.	5,474,312.
t As	21	Total liabilities (Part X, line 26)	35,637.	28,026.
캺	22	Net assets or fund balances. Subtract line 21 from line 20	4,894,403.	5,446,286.
	art II	Signature Block		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and stat		knowledge and belief, it is
true	, correc	a, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.	
۵.		Signature of officer	I Date	
Sig			Date	
Her	e	SUSAN ROGERS, TREASURER Type or print name and title		
		7	Date Check	PTIN
Paid	, [Print/Type preparer's name JOSH MULLINS Prepared's signature Prepared's signature	Mario 29- SDS & it self-employ	
	oarer	Firm's name ARLEDGE & ASSOCIATES, P.C.	Firm's EIN	73-1185089
	Only	Firm's address 309 N. BRYANT AVENUE	I IIIII 2 EIIN	.5 1105005
230	J,	EDMOND, OK 73034	Phone no 40	5-348-0615
May	the IF	S discuss this return with the preparer shown above? (see instructions)	11 110110 110. 2 0	X Yes No

Form		age 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO RAISE FUNDS, INVEST RESOURCES, AND DIRECT EXPENDITURES TO REFLECT ITS DEDICATION TO ROSE STATE COLLEGE'S ABILITY TO FULFILL ITS MISSION	
	TO PROVIDE AVENUES FOR SUCCESSFUL LIFELONG LEARNING THROUGH PROGRAMS	
	AND SERVICES FOR A DIVERSE COMMUNITY.	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X	٦
		_ No
	If "Yes," describe these new services on Schedule O.	٦
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	_ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$178,972. including grants of \$178,972. (Revenue \$	
4a	(Code:) (Expenses \$178,972. including grants of \$178,972.) (Revenue \$ TO RAISE FUNDS, INVEST RESOURCES, AND DIRECT EXPENDITURES TO REFLECT)
	ITS DEDICATION TO ROSE STATE COLLEGE'S ABILITY TO FULFILL ITS MISSION	
	TO PROVIDE AVENUES FOR SUCCESSFUL LIFELONG LEARNING THROUGH PROGRAMS	
	AND SERVICES FOR A DIVERSE COMMUNITY.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 178,972.	
	Form 990	(2018)

Form 990 (2018) ROSE STATE COLLEGE FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
0	, ,	8	Х	
^	Schedule D, Part III	<u> </u>	21	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		77	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			T -
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 1.2		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
.5	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		 ^ `
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_V
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form **990** (2018)

Form 990 (2018) ROSE STATE COLLEGE
Part IV Checklist of Required Schedules (continued)

22 X 23 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, county (A), in 22 If y 17 res, 2 complete Schedule I. Part I and off III and III		·		Yes	No
23 Dit the organization is answer "Yes" to Part VII, Section A, line 3, 4 or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 24 Pa Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? 25 Post-buside K. B' No," go to line 25a. 26 Did the organization minimal and an exercised of tax-exempt bonds beyond a temporary period exception? 26 Did the organization minimal an exercise account of the than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization at an an 'on behalf off issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 27 Did the organization at as an 'on behalf off issuer for bonds outstanding at any time during the year? 28 Section \$10(58), \$50(164), 4 and \$50(16)(28) organizations. Did the organizations are also as the analysis of the segmentation are as a few transpaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I is to the organization aware that the regnaped in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990 EZZ If "Yes," complete Schedule I, Part II is to the organization provide a grant or Other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule I, Part II is not to remer officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule I, Part II is not the organization provide a grant or other assistance to an officer, director, trustee, key employees? If "Yes," complete Schedule I, Part IV is not A mently of which a current or former officer, director, trustee, or key employees? If "Yes," complete Schedu	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes, "complete Schedule I, Part IV as usual date December 31, 2002? If "Yes, "answer lines 240 through 24d and complete schedule I, If "No." go to line 25a Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b Did the organization mixed any proceeds of tax exempt bonds beyond a temporary period exception? 24c Did the organization mixed any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization mixed any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization mixed as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and the association of the organization behalf of the organization behalf of the organization engage in an excess benefit transaction with a disqualified person during the year? Did the organization expert and the organization on the organization in a prior year, and that the transaction have the expert and in an excess benefit transaction with a disqualified person on in a prior year, and that the transaction have the expert and the organization prompts and that the transaction have not prompt of the organization prompts and that the transaction have not prompt of the organization prompts of the organization prompts of the organization prompts of the organization organization reported any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustee, key employees or of disqualified persons? If "Yes," complete Schedule I, Part IV and the organization provide a grant or other assistance to an officer, director, trustee, key employees or of assignment of the proper in the process of the organization or organization organization organiz		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
Schedule / Late to organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. b Did the organization mives at any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization mives at any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization markain an ascrov account other than a refunding escore at any time during the year to defease any tax-exempt bonds? d Did the organization markain an ascrov account other than a refunding escore at any time during the year? d Did the organization cat as an "on behalf of "issuer for bonds outstanding at any time during the year? d Did the organization access benefit transaction with a disqualified person outing the year? If "Yes," complete Schedule L, Part I 25a Section 90(16)3, 901(16)4, and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II 25b L Schedule L, Part II 27b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former offeriar, directors, tustes, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these person?" If "Yes," complete Schedule L, Part II 27b Did the organization provide a grant or other assistance to an officer, director, tustes, or key employee? If "Yes," complete Schedule L, Part IV 27c, and any of these person?" If "Yes," complete Schedule L, Part IV 27c, organization provide a grant or former officer, director, tustes, or five, complete Schedule L, Part IV 27c, and an exemption of former officer, director, tustes, or key employee? If "Yes," complete Schedule L, Par	23				
Schedule / Was the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule // "No" of to line 95a					
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. 5. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any fux exempt bonds? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any fux exempt bonds? 24d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization are with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part II Schedule L, Part II Polit the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, functions, and exceptions are contributed from organization provide a grant or other assistance to an officer, director, function of any other part of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions; a A current or former officer, director, function, organization and provide a part or former officer, director, function or year year year year. Carpitals Schedule L, Part IV Polit the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV Polit he organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV Polit he orga		, ,	23		X
Schedule K. If "No." go to fine 25a	24a				
Schedule K. If "No." go to fine 25a		last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b C Did the organization maintain an earcow account other than a refunding oscrow at any time during the year to defease any tax-exempt bonds? 40 Did the organization asset as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25b Is the organization aware that the engaged in an excess benefit transaction with a disqualified person during the year? 25b Is the organization aware that the engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25c Schedule L, Part I 25d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 5% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or engloyee thereof, a grant selection committee member, or to a 5% controlled entity or family member of any of these persons? If "Yes," complete Schedule C, Part II 28d Was the organization receive more than \$256,000 in non-cash contributions of Ir Yes, "complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions? 29 Did the organization receive more than \$256,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV, If Yes, "complete Schedule L, P			24a		Х
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? d Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year? d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	b		24b		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 258 Section 501(28), 501(24), 40a 501(29) and 501(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if 'Yes,' complete Schedule L, Part I 258 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 500 or 590E-27 if 'Yes,' complete Schedule L, Part I 259 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, ordisqualified persons? If 'Yes,' complete Schedule L, Part II 260 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III 271 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable ling thresholds, conditions, and exceptions): 272 An entity of which a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV instructions for applicable ling thresholds, conditions, and exceptions; 273 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule L, Part IV instructions of If 'Yes,' complete Schedule L, Part IV instructions of If 'Yes,' complete Schedule L, Part IV instructions of If 'Yes,' complete Schedule L, Part IV instructions of If 'Yes,' complete Schedule L, Part IV instructions of If 'Yes,' complete Schedule L, Part IV instructions of If 'Yes,' complete Schedule L, Part IV instructions of If 'Yes,' complete Schedule L, Part IV instructions of If 'Yes					
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 258 Section 501(28), 501(40), 4an 501(40)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if 'Yes,' complete Schedule L, Part I 258 X 259 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 950 or 950E-27 if 'Yes,' complete Schedule L, Part I 250 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II 251 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 252 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable ling thresholds, conditions, and exceptions): 253 a Acurrent or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 254 An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member ther		any tax-exempt bonds?	24c		
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sport proms 990 or 990-EZ? If "Yes," complete Schedule I., Part I	d		24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spiror Forms 950 or 990 E27 "Yes," complete Schedule L, Part I 25b	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I I I I I I I I I I I I I I I I I I I		transaction with a disqualified person during the year? If "Yes." complete Schedule L. Part I	25a		X
Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV director, trustee, or director or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV director, trustee, or director or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV director, trustee, or direct or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV director, trustee, or director or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV director, trustee, or director or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. did the organization includiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II did the organization oredive organization explained in the p	b	, , ,			
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officertos, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	38				
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(gambling) winnings to prize winners?					
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2a filed for the calendar year ending with or within the year covered by this return If at least one is reported on ine 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a_nite been instructions. 3b Did the organization have unleaded business greas incomer of \$1,000 or more during the year? 3r If "Yes," has it filed a Form 990°T for this year? If 'No' to line 3b, provide an explanation in Schedule 0 3r If 'Yes, and the during the calendary year, did the organization have an interest, no a singstance or other authority over, a financial account in a foreign country. Even the name of the free free year will be a financial account in a foreign country. Even 14A, Report of Foreign Bank and Financial account? 5b If 'Yes,' and the sort of the interest of the section 48A organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not acceptable or a contribution solicit any contributions that were not tax deductibles and exhaustation of the year of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or advantable contributions and party for goods and services provided to the payor? 7c Organization shall executable or a stream of the years of the goods or services provided? 7c Did the organization shall, exchange, or otherwise dispose of tangible personal property for which it was required to the foreign East and the organization receive a payment in excess QSTs and such garden and payment of the organization receives a payment in excess QSTs and such garden and payment of the goods or services provided? 7c Organization shall exceed the payment of the goods or services provided? 7d If 'Yes,' indicate the number of Forms 8282 Ried during the year 9d Did the organization receive a payment in excess QSTs and such garden payment year. Payment of the good		. (continued)		Yes	No							
their for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e_fig. (see instructions)	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.										
b It all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines I and 2a is greater than 50, you may be required to _e-gic per instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? # 'Yo' to line 30, provide an application in Schedule 0 3b If "Yes," and the day Form 990-T for this year? # 'Yo' to line 30, provide an application in Schedule 0 3b If "Yes," and the analy of the foregin country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account; PBAFI. 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to line 6a or 50, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to line 6a or 50, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to line 6a or 50, did the organization that were year carbriable contributions? 6c If "Yes' to line 6a or 50, did the organization that were year carbriable contributions? 6c If "Yes' to line 6a or 50, did the organization in felt that deductibles a charitable contributions? 6c If "Yes' to line docuble the year year that the year year year that such contributions or grits were not tax docubletibles of extrabatic contributions on the year year year year year year year yea		· · · · · · · · · · · · · · · · · · ·										
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3a X												
b If Yes,* has it field a Form 990-T for this year? If Yes' to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If Yes,* enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a X b If Yes,* enter the mane of the foreign country (such as a bank account, securities account, or other financial account)? 5b Was the organization a party to a prohibitotic transaction at any time during the tax year? 5a Was the organization a party to a prohibitotic transaction at any time during the tax year? 5a Did any taxabile party nority the organization file Form 8888-17 6b Does the organization store a manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c X 5 If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes,* did the organization receive a payment in excess of \$15 made party as a contribution and party for yoods and services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes,* did the organization receive a payment in excess of \$15 made party as a contribution and party for yoods and services provided to the payor? 7 If X 7 If Yes,* did the organization receive a payment in excess of \$15 made party as a contribution and party for yoods and services provided to the payor? 7 If Yes,* did the organization received a contribution of understance of tangible personal property for which it was required to file Form 8282? 7 If Yes,* did the organization received an ontribution o	За		За		Х							
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X				
<u>Sec</u>	tion A. Governing Body and Management										
						Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		<u>15</u>							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b		15							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	anv other	\neg							
	officer, director, trustee, or key employee?				2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the			···	_						
•	of officers, directors, or trustees, or key employees to a management company or other person?				3		х				
4	Did the organization make any significant changes to its governing documents since the prior Form 99			Г	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's asset				5		X				
_	6 Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?										
_	Did the organization have members of stockholders, or other persons who had the power to elect or ap			···	6		X				
7a		•			7.	Х					
	more members of the governing body?			··· ⊦	7a	-22					
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				-		v				
_	persons other than the governing body?				7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	•			v					
a	The governing body?			- 1	8a	X	77				
b	Each committee with authority to act on behalf of the governing body?				8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>renue</u>	Code.)								
				_		Yes	No				
	Did the organization have local chapters, branches, or affiliates?				10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			[10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form	?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	L	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe								
	in Schedule O how this was done			[12c	Х					
13	Did the organization have a written whistleblower policy?			[13	X					
14	Did the organization have a written document retention and destruction policy?				14	Х					
15	Did the process for determining compensation of the following persons include a review and approval										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-									
а	The organization's CEO, Executive Director, or top management official				15a		Х				
	Other officers or key employees of the organization				15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	ith a								
	taxable entity during the year?				16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			···	-						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi										
	exempt status with respect to such arrangements?			- 1	16b						
Sec	tion C. Disclosure				100						
17	List the states with which a copy of this Form 990 is required to be filed ▶OK										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 99n-	T (Section 501/o	2)(3)s	onlv) =	availah	ole				
	for public inspection. Indicate how you made these available. Check all that apply.		,======	,,,_,	, .						
		in Sc	andula (1)								
X Own website X Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and											
IJ	statements available to the public during the tax year.	mot 0	micrest policy,	anu I	ıı ıaı ıcı	aı					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke on	d records								
20	SUSAN ROGERS - 405-677-8022	no all									
	3320 SUNNYLANE ROAD, DEL CITY, OK 73115										
	3320 DOMNITHAME NOAD, DED CITI, OK /3113										

Form **990** (2018)

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

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

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

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

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

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

(A)	(B)	l		((<u></u>		out	(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	ndividual trustee or director	a)			rted		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e e	suadi		(W-2/1099-MISC)		organization
	organizations below	lual tr	tional		nploye	st com	_			and related organizations
	line)	Indivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CINDY MIKEMAN	40.00									
EXECUTIVE DIRECTOR		Х						10,000.	0.	71,828.
(2) ROGER FORD	1.00									
TRUSTEE		Х						0.	0.	0.
(3) VINCENT FRIEDERICH	1.00								_	_
TRUSTEE		Х						0.	0.	0.
(4) CLINT GREENHAW	1.00									
TRUSTEE	1 00	Х						0.	0.	0.
(5) KAY HUGHES	1.00									•
TRUSTEE	1 00	Х				_		0.	0.	0.
(6) DARRELL PATTERSON	1.00								•	•
TRUSTEE	1 00	Х						0.	0.	0.
(7) FRED QUINN TRUSTEE	1.00	Х						0.	0.	0
(8) TONY THOMAS	1.00	Λ						0.	0.	0.
TRUSTEE	1.00	Х						0.	0.	0.
(9) CHRIS TYTANIC	1.00	Δ						0.	0.	<u> </u>
TRUSTEE	1.00	Х						0.	0.	0.
(10) RANDY SMITH	1.00	22						0.	.	
TRUSTEE	1100	х						0.	0.	0.
(11) JOHN CROAK	1.00								•	
TRUSTEE		Х						0.	0.	0.
(12) SUSAN ROGERS	2.00									
TREASURER		Х		Х				0.	0.	0.
(13) HANK LAAKMAN	2.00									
VICE-CHAIRMAN		Х		Х				0.	0.	0.
(14) BRIAN RENZ	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(15) NANCY RICE	2.00									
SECRETARY		Х		X				0.	0.	0.
(16) GARY BACHMAN	2.00									
GENERAL COUNSEL		Х		Х				0.	0.	0.

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73-1345128

	(A) Name and title	(B) Average hours per week	box	not c	Pos heck i ss per	more rson i	than o s both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fr orga	pensa om the anizati d relate	e ion ed
											\top			
											+			
											\top			
											\top			
											\top			
											\top			
											\top			
	Sub-total							>	10,000.		0.	7:	1,82	28.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)							>	10,000.		0.	7:	1,82	
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable				0
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>											3		X
4	For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes, accrue compen	" co sati	<i>mple</i> on fr	ete S om	S <i>che</i> any	edule unre	e <i>J f</i> e	or such individualed organization or individ	lual for services		4		X
Sec	rendered to the organization? If "Yes." com											5		Х
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	nsati	ion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	ndir	ig w	ith c	or wi	thin T		ear.			••	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Co	(C omper	r) nsatio	า
2	Total number of independent contractors (ii	•	ot lin	nited	d to	thos		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	zaliUII					,				-	Form ⁹	990 (2	2018)

832008 12-31-18

Form 990 (2018) ROSE ST
Part VIII Statement of Revenue

		Check if Schedule O contain	ins a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ပ္ မ	1 a	Federated campaigns	1a					
an		Membership dues						
2 8		Fundraising events		36,455.				
ifts ir A		Related organizations						
nik G		Government grants (contributio						
Sig		All other contributions, gifts, grants						
ber her		similar amounts not included above	l I	617,130.				
	а	Noncash contributions included in lines 1a		26 455				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			653,585.			
				Business Code				
ø	2 a							
Z Š	b							
Se	С							
am	d							
Program Service Revenue	е							
P	f	All other program service reven	ue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including d	lividends, intere	est, and				
		other similar amounts)		▶	23,965.			23,965.
	4	Income from investment of tax-	exempt bond p	oroceeds >				
	5	Royalties						
		<u> </u>	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities					
		assets other than inventory	35,495.	78,862.				
	b	Less: cost or other basis						
		and sales expenses	33,692.	78,400.				
	С	Gain or (loss)	1,803.	462.				
		Net gain or (loss)		·	2,265.			2,265.
nue	8 a	Gross income from fundraising including \$36,45						
Other Reven		contributions reported on line 1						
r R		Part IV, line 18	а	59,583.				
the	b	Less: direct expenses		48,312.				
0	С	Net income or (loss) from fundra	aising events		11,271.			11,271.
		Gross income from gaming acti						
		Part IV, line 19						
	b	Less: direct expenses						
	С	Net income or (loss) from gamir	ng activities					
		Gross sales of inventory, less re						
		and allowances	а					
	b	Less: cost of goods sold						
	С	Net income or (loss) from sales	of inventory .					
[Miscellaneous Revenue		Business Code				
	11 a							
	b							
	С							<u> </u>
		All other revenue						
	е	Total. Add lines 11a-11d			604 655			25.51
	12	Total revenue. See instructions .		>	691,086.	0.	0.	37,501.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 178,972. 178,972. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees): Management Legal 10,989. 10,989. Accounting Lobbying Professional fundraising services. See Part IV, line 17 5,820. 5,820. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 100. 100. column (A) amount, list line 11g expenses on Sch O.) 900. 900. Advertising and promotion 12 482. 482. Office expenses 13 4,163. 4,163. Information technology 14 Royalties 15 446. 446. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 1,935. 1,935. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 32,173. 32,173. SPECIAL PROJECTS EXECUTIVE DIRECTOR COST 10,000. 10,000. 2,502. 2,502. **MEALS** $1,\overline{231}$ 1,231. SPECIAL PROJECTS SUPPOR 1.019. 1.019. All other expenses 250,732. 178,972. 71,760. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2018)

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Part X | Balance Sheet

Par	tΧ	Balance Sheet						
		Check if Schedule O contains a response or not	e to any	line in this Part X				
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			L	533,242.	1	1,050,003.
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net					4	
	5	Loans and other receivables from current and fo						
		trustees, key employees, and highest compensa	ted emp	lovees. Complete				
		Part II of Schedule L			Г		5	
	6	Loans and other receivables from other disqualit						
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributin	ıg			
		employers and sponsoring organizations of sect						
s		employees' beneficiary organizations (see instr).			Г		6	
Assets	7	Notes and loans receivable, net					7	
As	8	Inventories for sale or use					8	
	9	5			- 1		9	
	10a	Land, buildings, and equipment: cost or other						
			10a	2,863,00	0.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b		0.	2,941,400.	10c	2,863,000.
	11	Investments - publicly traded securities				2,941,400. 1,448,398.	11	2,863,000. 1,554,309.
	12	Investments - other securities. See Part IV, line 1				, ,	12	,
	13	Investments - program-related. See Part IV, line					13	
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11		7,000.	15	7.000.		
	16	Total assets. Add lines 1 through 15 (must equa				4,930,040.	16	7,000. 5,474,312.
	17	Accounts payable and accrued expenses					17	
	18	Grants payable		35,637.	18	28,026.		
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities			20			
	21	Escrow or custodial account liability. Complete I			21			
ω	22	Loans and other payables to current and former						
iţi		key employees, highest compensated employee	s, and di	squalified persons.				
Liabilities					Г		22	
Ľ	23	Secured mortgages and notes payable to unrela			- 1		23	
	24	Unsecured notes and loans payable to unrelated					24	
	25	Other liabilities (including federal income tax, pa			``` Г			
		parties, and other liabilities not included on lines	i 17-24). (Complete Part X of				
		Schedule D			L		25	
	26	Total liabilities. Add lines 17 through 25				35,637.	26	28,026.
		Organizations that follow SFAS 117 (ASC 958), check	here ▶ X and	d			
S		complete lines 27 through 29, and lines 33 an	d 34.					
nce	27	Unrestricted net assets			L	259,819.	27	370,757.
ala	28	Temporarily restricted net assets				1,035,198.	28	0.
g B	29	Permanently restricted net assets		<u></u>	L	3,599,386.	29	5,075,529.
Fu		Organizations that do not follow SFAS 117 (A	┚║					
ō		and complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds	L		30			
\ss	31	Paid-in or capital surplus, or land, building, or ed	quipment	fund	L		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or	other funds	L		32	
Ž	33	Total net assets or fund balances			L	4,894,403.	33	5,446,286.
	34	Total liabilities and net assets/fund balances				4,930,040.	34	5,474,312.

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Pai	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>86.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2			32.				
3	Revenue less expenses. Subtract line 2 from line 1	3			54.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,89		$\frac{03.}{29.}$				
5	Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	5,44	6,2	86.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule) .							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit							
	Act and OMB Circular A-133?		3a		<u> </u>				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2018)				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **Employer identification number** ROSE STATE COLLEGE FOUNDATION 73-1345128 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	214,034.	305,891.	914,593.	472,840.	653,585.	2560943.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	214,034.	305,891.	914,593.	472,840.	653,585.	2560943.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1228257.
6	Public support. Subtract line 5 from line 4.						1332686.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	214,034.	305,891.	914,593.	472,840.	653,585.	2560943.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	16,216.	17,549.	15,541.	13,645.	23,965.	86,916.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							2647859.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	81,427.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	50.33 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	56.89 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pai	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶∐
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	•		*	•	. , . ,	
<u></u>	check this box and stop here						.
	ction C. Computation of Publi					T I	
	Public support percentage for 2018 (I					15	<u>%</u>
<u>16</u>	Public support percentage from 2017					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	7 in not
198	a 33 1/3% support tests - 2018. If the						. .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation If the organization	n did not chack a	boy on line 14, 10	or 10h chock th	nic boy and soo in	etructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
-		
2		
За		
- Oa		
3b		
3с		
4-		
4a		
4b		
4c		
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5c		
6		
7		
8		
9a		
9b		
30		
9с		
10a		
. 30		
401		
10b		

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization? b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI. 11b C A 39% controlled entity of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI. 11c Section B. Type I Supporting Organizations 1 bit the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI now the supported organizations of directors or trustees at all times during the tax year? If 'No,' describe in Part VI now the supported organization of the third than the supported organization and where conditions or restrictions, if any, applied to such powers during the tax year. 2 bit the organization operate for the benefit carried out the purposes of the supported organization(s) that operated, appendix on operated organization of the present year of the purposes of the supported organization(s) that operated, supervised, or or trustees during the tax year also a majority of the directors. Section C. Type II Supporting Organizations 1 Were a majority of the organization's supported organization, support provided during the provide organization's supported organization or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees the organization or tax year (i) a vincertain organization or tax ye	Pal	Supporting Organizations (Continued)			
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a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's how the organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive? If "Yes," explain in Part VI the organization in (a) constitute activities that, but for the organization's involvement, or the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Sec	tion E. Type III Functionally Integrated Supporting Organizations			
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		За		
	h		- Ju		
	-		3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrated	d Type III supporting orga	inization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	ιv	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2018 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2018 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2018 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2018, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	rero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2018. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions.			
7	Exces	ss distributions carryover to 2019. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а	Exces	s from 2014			
b	Exces	s from 2015			
С	Exces	s from 2016			
d	Exces	s from 2017			
е	Exces	s from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

73-1345128

Name of the organization Employer identification number

ROSE STATE COLLEGE FOUNDATION

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

ROSE STATE COLLEGE FOUNDATION

73-1345128

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 20,705.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 100,500.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 51,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ROSE STATE COLLEGE FOUNDATION

73-1345128

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
823453 11-08-			990 990-F7 or 990-PF) (2018)

Name of organization **Employer identification number** ROSE STATE COLLEGE FOUNDATION 73-1345128 Part III 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.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ROSE STATE COLLEGE FOUNDATION

Employer identification number 73-1345128

Pai	rt I Org	ganizations Maintaining Donor Advised	d Funds or Other Similar Funds or	r Accounts. Complete if the
	orga	anization answered "Yes" on Form 990, Part IV, line	e 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total numb	per at end of year		
2		value of contributions to (during year)		
3	Aggregate	value of grants from (during year)		
4	Aggregate	value at end of year		
5	Did the org	anization inform all donors and donor advisors in v	vriting that the assets held in donor advised	funds
	are the org	anization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the org	anization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only
	for charitab	ole purposes and not for the benefit of the donor or	donor advisor, or for any other purpose con	nferring
Pai	rt II Co	nservation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s)	of conservation easements held by the organization	on (check all that apply).	
	Prese	ervation of land for public use (e.g., recreation or e	ducation) Preservation of a histori	cally important land area
	Prote	ection of natural habitat	Preservation of a certific	ed historic structure
	Prese	ervation of open space		
2	Complete I	ines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	a conservation easement on the last
	day of the	tax year.		Held at the End of the Tax Year
а	Total numb	per of conservation easements		2a
b	Total acrea	ge restricted by conservation easements		2b
С		conservation easements on a certified historic stru		
d		conservation easements included in (c) acquired a		I I
		e National Register		
3	Number of	conservation easements modified, transferred, rele	eased, extinguished, or terminated by the or	ganization during the tax
	year ►			
4		states where property subject to conservation eas		
5		rganization have a written policy regarding the peri		
		and enforcement of the conservation easements it		
6	Staff and v	olunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing conser	vation easements during the year
_	<u> </u>			
7		expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n easements during the year
_	S			
8		conservation easement reported on line 2(d) above		
_		n 170(h)(4)(B)(ii)?		
9		describe how the organization reports conservation		
		applicable, the text of the footnote to the organizati	ion's imanciai statements that describes the	e organization's accounting for
Pai		on easements. ganizations Maintaining Collections of	Art Historical Treasures or Othe	er Similar Assets
		pplete if the organization answered "Yes" on Form		
12		nization elected, as permitted under SFAS 116 (AS		at and halance sheet works of art
ıu	_	reasures, or other similar assets held for public exh	•	
		the footnote to its financial statements that describ		or public service, provide, irri arrivini,
h		nization elected, as permitted under SFAS 116 (AS		nd halance sheet works of art, historical
~	_	or other similar assets held for public exhibition, ed		
		these items:	public	, p.oo and nonling amounts
	-	ue included on Form 990, Part VIII, line 1		> \$
2		nization received or held works of art, historical trea		
-	_	ng amounts required to be reported under SFAS 11	•	71 · · · · · · ·
а		cluded on Form 990, Part VIII, line 1		> \$
				L A
		work Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018

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

Pai	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Ot	her S	imila	Assets	(contin	ued)	<u>gc – </u>
3	Using the organization's acquisition, accession									
	(check all that apply):	•	,	Ü	Ü					
а	X Public exhibition	d	Loan or exch	nange programs						
b	Scholarly research	е	Other	.						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	exempt	purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	ures, or other sim	ilar as	sets				
	to be sold to raise funds rather than to be ma						Х	Yes		No
Pai	t IV Escrow and Custodial Arrang							ine 9, or		
	reported an amount on Form 990, Par		-							
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	or other assets r	not incl	uded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete it	the organization ans	swered "Yes" on Fo	rm 990, Part IV, li	ne 10.					
		(a) Current year	(b) Prior year	(c) Two years bad		Three y	ears back			
1a	Beginning of year balance	3,599,386.	3,641,634.	2,901,52	6.	2,8	17,647.	2,	732,2	<u> 168.</u>
b	Contributions	54,686.	37,401.	650,60	5.		94,075.		64,5	
С	Net investment earnings, gains, and losses	72,951.	78,912.	89,50	3.	-	10,196.		20,8	337.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	2,951.								
g	End of year balance	3,724,072.	3,757,947.	3,641,63	4.	2,9	01,526.	2,	817,6	547.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a))) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ▶ 100.00	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	d administered fo	r the o	rganiza	ation	_		
	by:								Yes	No
	(i) unrelated organizations							3a(i)	\rightarrow	<u>X</u>
								3a(ii)	\rightarrow	<u>X</u>
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,								
	Description of property	(a) Cost or ot	` '		•	ımulate	ed	(d) Book	(value	Į.
		basis (investm	,	, ,	depre	ciation				
1a	Land	I		0,000.				850	00,00	0.
b	Buildings		2,01	3,000.				2,013	<u>3,00</u>	<u>. 0 . </u>
С	Leasehold improvements									
d	Equipment									
	Other							0 000		
Tata	Add lines 1a through 1e (Column (d) must or		(caluman (D) line 10	۱ م ۱				2.863	s ()()	/ () .

Schedule D (Form 990) 2018 ROSE STATE C	OLLEGE FOIN	DATTON	73-	-1345128	Paga
Part VII Investments - Other Securities.	JOHN TOOM	DITTION		1343120	rage
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11b. See Form 990, F	art X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value		luation: Cost or end-	of-year market v	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11c. See Form 990, P	art X, line 13.		
(a) Description of investment	(b) Book value		luation: Cost or end-	of-year market v	/alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.		•			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11d. See Form 990, F	art X, line 15.		
(a) [Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.))		
Complete if the organization answered "Yes" of	on Form 990 Part IV lin	e 11e or 11f See Form	990. Part X line 25		
1. (a) Description of liability	51111 555, 1 411 17, 1111	(b) Book value	223, 1 4177, 1110 20.		
(1) Federal income taxes		, , , , , , , , , , , , , , , , , , , ,			
(2)					
(3)					

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

		Reconciliation of Revenue per Audited Financial Statemen	nts With	Revenue per Re	turn.	e i e i e i e ge
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		-		
1	Total rev	venue, gains, and other support per audited financial statements			1	918,015.
2	Amount	s included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unre	ealized gains (losses) on investments	2a	111,529.		
b	Donated	services and use of facilities	2b	121,220.		
С		ries of prior year grants				
d		Describe in Part XIII.)				
е	Add line	es 2a through 2d			2e	232,749.
3	Subtrac	t line 2e from line 1			3	685,266.
4		s included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investm	ent expenses not included on Form 990, Part VIII, line 7b	4a	5,820.		
b	Other (D	Describe in Part XIII.)	4b			
С	Add line	s 4a and 4b			4c	5,820.
5	Total rev	venue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	691,086.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Return.	
	(Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total ex	penses and losses per audited financial statements			1	366,132.
2	Amount	s included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated	d services and use of facilities	2a	121,220.		
b	Prior ye	ar adjustments	2b			
С	Other lo	sses	2c			
d	Other (D	Describe in Part XIII.)	2d			
е	Add line	s 2a through 2d			2e	121,220.
3	Subtrac	t line 2e from line 1			3	244,912.
4		s included on Form 990, Part IX, line 25, but not on line 1:				
а	Investm	ent expenses not included on Form 990, Part VIII, line 7b	4a	5,820.		
b	Other (D	Describe in Part XIII.)	4b			
С	Add line	es 4a and 4b			4c	5,820.
5		penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	250,732.
Pa	rt XIII S	Supplemental Information.				
		escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			; Part X,	line 2; Part XI,

PART III, LINE 4:

THE NATIVE AMERICAN ART COLLECTION SHOWCASES IMPRESSIVE DONATED NATIVE

AMERICAN ARTWORK INCLUDING PAINTINGS AND OTHER ARTIFICACTS. IT IS ON

DISPLAY IN THE COLLEGE'S HUMANITIES BUILDING AND IS ACCESSIBLE TO ALL WHO

VISIT THE FACILITY. IT PROVIDES AN AVENUE FOR SUPPORTERS TO DONATE IN A

NON-MONETARY FORMAT (I.E. NATIVE AMERICAN PAINTINGS, BASKETS, AND OTHER

ARTIFACTS).

PART X, LINE 2:

THE FOUNDATION IS ORGANIZED AS AN OKLAHOMA NONPROFIT CORPORATION AND HAS

BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM

FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS

Part XIII Supplemental Information (continued)

ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3), QUALIFIES FOR THE CHARITABLE

CONTRIBUTION DEDUCTION UNDER SECTION 17(B)(1)(A)(VI), AND HAS BEEN

DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTIONS 509(A)(1) AND

(3). THE FOUNDATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION

EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE

FOUNDATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM

BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. THE

FOUNDATION HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME

TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

(FORM 990-T) WITH THE IRS.

THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX

POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH,

DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE

FINANCIAL STATEMENTS. THE FOUNDATION WOULD RECOGNIZE FUTURE ACCRUED

INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND

LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE

INCURRED. FEDERAL AND STATE INCOME TAX STATUTES DICTATE THAT TAX RETURNS

FILED IN ANY OF THE PREVIOUS THREE REPORTING PERIODS REMAIN OPEN TO

EXAMINATION.

PART V, LINE 4

FOR A DONOR TO SETUP A PERMANENTLY RESTRICTED SCHOLARSHIP ENDOWMENT THEY

MUST PROVIDE AN INITIAL DONATION OF \$25,000. ONCE A SCHOLARSHIP ENDOWMENT

IS SETUP, IT IS MANAGED AND USED BY THE RSC FOUNDATION FOR THE BENEFIT OF

ROSE STATE COLLEGE. THE ANNUAL DISTRIBUTION IS BASED ON THE INTEREST

EARNED FOR SPENDING, WHICH IS DETERMINED BY THE ENDOWMENT FUNDING

GUIDELINES ESTABLISHED BY THE FOUNDATION'S BOARD OF TRUSTEES, AND IN

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name	of the	organization	

Employer identification number

	ATE COLLEGE FOUNDA				73-1345				
Fundraising Activities. required to complete this par	Complete if the organization answett.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not			
1 Indicate whether the organization rais		g activ	rities. (Check all that apply.					
a Mail solicitations				overnment grants					
b Internet and email solicitations f Solicitation of government grants									
c Phone solicitations	g Special								
d In-person solicitations	-		ŭ						
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees, or				
key employees listed in Form 990, P					Yes	No			
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agreei	ments under which th	ne fundraiser is to be)			
compensated at least \$5,000 by the	organization.								
		T			() () ()				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No						
Total			•						
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from re	gistration			
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Z . 9	Schedule G (Form 9	90 or 990-EZ) 2018			

832081 10-03-18

Pa	ırt I					
		of fundraising event contributions and gr	(a) Event #1 FOUNDATION AUCTION (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	96,038.			96,038.
	2	Less: Contributions	36,455.			36,455.
	3	Gross income (line 1 minus line 2)	59,583.			59,583.
	4	Cash prizes				
ű	5	Noncash prizes	36,455.			36,455.
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ω	8	Entertainment				
	9	Other direct expenses				11,857.
	10	Direct expense summary. Add lines 4 through	,		>	48,312.
	11	Net income summary. Subtract line 10 from I				11,271.
Pa	ırt I	II Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	g	Net gaming income summary. Subtract line 7	7 from line 1 column (d)			
	0	Net garning income summary. Subtract line 7	monnine i, column (a)			
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a	-			Yes No
		No," explain:				
-		· · · · · · · · · · · · · · · · · · ·				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No
b	lf "`	Yes," explain:				
	_					

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Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 ROSE STATE COLLEGE FOUNDATION 73	-1345128	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		40-	07
	The organization's facility		<u>%</u>
	o An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	bliector/officer Employee maependent contractor		
47	Manadakon, diakih, diana.		
	Mandatory distributions:		
а	s the organization required under state law to make charitable distributions from the gaming proceeds to		—
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G	(Form 990 or 990-EZ)	ROSE	STATE	COLLEGE	FOUNDATION	73-1345128	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation ((continued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2018)

ROSE STAT	'E COLLEGE	FOUNDATION					73-1345128	
Part I General Information on Grants a	and Assistance							
1 Does the organization maintain records	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection							
criteria used to award the grants or assi	stance?						X Yes No	
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance to	Domestic Organia	zations and Domestic	Governments.	Complete if the org	anization answered "\	es" on Form 990, Part I	V, line 21, for any	
recipient that received more than	\$5,000. Part II can	1			(6) Mathead of	 		
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	-	-						

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOLARSHIPS	147	178,972.	0.		
Part IV Supplemental Information. Provide the informat	ion required in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
ART I, LINE 2:					
HE SCHOLARSHIP COMMITTEE, COMP	RISED OF ROS	E STATE CO	OLLEGE FACU	LTY AND	
TAFF, SELECTS SCHOLARHIP AND G	RANT RECIPIE	NTS THROUG	H THE NEXT	GEN	
CHOLARSHIP PROGRAM. FINAL REVI	EW OF TRANSC	IPTS IS PE	ERFORMED BY	FOUNDATION	
TAFF. THE FOUNDATION OFFICE MA	INTAINS RECO	RDS ON THE	TYPE AND	AMOUNT OF	
CHOLARSHIP AWARDED TO THE STUD					
OLLEGE.					
<u></u>					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization ROSE STATE COLLEGE FOUNDATION Employer identification number 73-1345128

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (AUCTION DONAT)	X	136	36,455.	RETAIL PRIC	E OF N	EW
26	Other • ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	-	•				
	for which the organization completed Form 828	3, Part IV, [Donee Acknowledg	jement 29		1	·
				5		Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date			•			₹.
	exempt purposes for the entire holding period?					30a	X
	,	aliau Haat	autico the sections	of any manakanalanal asaabilis d	iana	04 🔻	
31	Does the organization have a gift acceptance p				lons?	31 X	
32a	Does the organization hire or use third parties of		-			20-	Х
L	contributions?					32a	Λ
	If "Yes," describe in Part II. If the organization didn't report an amount in co	olumn (a) fa	a type of property	for which column (a) is abas	skod		
33	describe in Part II.	numm (C) 101	a type of property	nor which column (a) is ched	reu,		
	describe in Part II.						

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832142 10-18-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ROSE STATE COLLEGE FOUNDATION

Employer identification number 73-1345128

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STATE COLLEGE'S ABILITY TO FULFILL ITS MISSION TO PROVIDE AVENUES FOR

SUCCESSFUL LIFELONG LEARNING THROUGH PROGRAMS AND SERVICES FOR A

DIVERSE COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 7A:

NOMINATIONS FOR MEMBERS TO THE BOARD OF TRUSTEES MAY BE MADE TO THE

FOUNDATION GOVERNANCE COMMITTEE BY A MEMBER OF THE BOARD OF TRUSTEES OR A

MEMBER OF THE ROSE STATE COLLEGE BOARD OF REGENTS. TRUSTEES SHALL BE

ELECTED BY THE MEMBERS AT THEIR ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE AND INVESTMENT COMMITTEE MEET ON THE LAST TUESDAY OF EACH MONTH AT 7:30 AM IN SUE ROGERS' OFFICE. WHEN THE 990 IS COMPLETE, A NOTICE WILL GO OUT TO ALL TRUSTEES AND BOARD OF GOVERNORS MEMBERS, INFORMING THEM THAT THE 990 WILL BE ON THE AGENDA FOR THE NEXT F&I COMMITTEE MEETING. A COPY OF THE 990 WILL BE E-MAILED PRIOR TO THE MEETING SO THE MEMBERSHIP MAY REVIEW IT.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL OFFICERS AND DIRECTORS FILL OUT A CONFLICT OF INTEREST DISCLOSURE

ANNUALLY. THE DISCLOSURE FORMS ARE REVIEWED INITIALLY BY THE EXECUTIVE

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

ROSE STATE COLLEGE FOUNDATION	73-1345128
DIRECTOR FOR POTENTIAL CONFLICTS. ANY ACTUAL CONFLICTS ARE	REVIEWED BY THE
BOARD OF DIRECTORS. A PERSON WITH A CONFLICT IS RESTRICTED	FROM VOTING ON
RELATED MATTERS.	
FORM 990, PART VI, SECTION C, LINE 19:	
A COPY OF THE BYLAWS, POLICY MANUAL, AND FORM 990 ARE ON T	HE FOUNDATION'S
WEBSITE. FORM 990 IS ALSO AVAILABLE ON THE IRS WEBSITE A	ND GUIDESTAR.ORG.
FORM 990, PART XII, LINE 2C:	
NO CHANGE FROM PRIOR YEAR.	
SCHEDULE D, PART V	
DUE TO THE CHANGE IN AUDIT STANDARDS IN CLASSIFYING NET AS	SETS, THE
BEGINNING ENDOWMENT BALANCE WAS RESTATED TO REMOVE THE FUN	DS WITHOUT
DONOR RESTRICTIONS. AS REPORTED ON THE AUDITED FINANCIAL	STATEMENTS,
SCHEDULE D HAS BEEN RESTATED THE SAME.	
\$3,757,947 - 2017 ENDING BALANCE	
\$158,561 - LESS RECLASSIFIED NET ASSETS	
\$3,599,386 - 2018 BEGINNING BALANCE	

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

	orations required to file an income tax return other than Fo			s, REMICs	s, and trusts	
must use	e Form 7004 to request an extension of time to file incom	e tax retur	ns.	Enter file	er's identifying	number
Type or	Name of exempt organization or other filer, see instru	ctions.				number (EIN) oi
print	ROSE STATE COLLEGE FOUNDATI			73-134	5128	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 6420 SE 15TH STREET	Social se	curity number	(SSN)		
return. See instructions	City, town or post office, state, and ZIP code. For a formation MIDWEST CITY, OK 73110	oreign add	ress, see instructions.			
Enter the	e Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicat	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	Form 6069		
Form 990-T (trust other than above) 06 Form 8870						12
If the	hone No. 405-677-8022 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box	Group Exe		f this is fo	r the whole gro	
the	equest an automatic 6-month extension of time until e organization named above. The extension is for the orga calendar year or X tax year beginningJUL_1,2018 the tax year entered in line 1 is for less than 12 months, calendar in accounting period	anization's	ad ending <u>JUN</u> 30, 2019	the exem		n return for
	his application is for Forms 990-BL, 990-PF, 990-T, 4720, y nonrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less	3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	•				^
	timated tax payments made. Include any prior year overp			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa	•		2-	•	0.
	ing EFTPS (Electronic Federal Tax Payment System). See If you are going to make an electronic funds withdrawal			3c	d Form 9970 5	
instruction	, , ,	(Gircot dei	ong with this i only 0000, 300 i only 0-	-00 LO all		20 101 payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)