** PUBLIC DISCLOSURE COPY **

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

А	For tr	e 2019 Calendar year, or tax year beginning and	enaing							
В	Check it	C Name of organization		D Employer identif	cation number					
_	Addr	OKLAHOMA CITY PUBLIC SCHOOLS								
Control Cont										
F	lchan Initia									
F	returi	Number and street (or P.U. box it mail is not delivered to street address)	Room/suite	E Telephone numbe						
<u>L</u>	retur termi ated				<u>4-5977</u> 3,740,336.					
	ated Amei returi			G Gross receipts \$						
늗]Appli			H(a) is this a group re	F					
L	tion pend	SAME AS C ABOVE		for subordinates H(b) Are all subordinates in						
$\overline{}$	Tayos	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527		list. (see instructions)					
		te: DKCKIDS.COM	UI JZ1	H(c) Group exemption	,					
		forganization: X Corporation Trust Association Other	1 Vear		N State of legal domicile; OK					
	art I	Summary	<u> </u>	oriormanon. ±50 ± 1	VI Diate of legal domicile, 011					
1.255	1	Briefly describe the organization's mission or most significant activities: TO Al	DVANCE	EXCELLENCE	. CREATE					
9	'	CHAMPIONS, AND BUILD COMMUNITY SUPPORT FO								
Governance	2	Check this box if the organization discontinued its operations or dispose			MITTER 1					
Š	3			3	21					
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			21					
ංජ	1 .	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			8					
ě	6	Total number of volunteers (estimate if necessary)			125					
Activities	72	Total unrelated business revenue from Part VIII, column (C), line 12			0.					
Ă	h	Net unrelated business taxable income from Form 990-T, line 39			0.					
	Ť	The dividual scottion taxasic month of the ood 1, title of		Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		1,586,316.	2,984,176.					
JE -	9	Program service revenue (Part VIII, line 2g)		15,255.	7,665.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		62,058.	111,940.					
8	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-21,038.	-28,016.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,642,591.	3,075,765.					
-	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		858,797.	1,787,744.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
	4.5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		446,344.	489,977.					
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ĕ	h	Total fundraising expenses (Part IX, column (D), line 25) 89,65	56.							
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		338,460.	327,824.					
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,643,601.	2,605,545.					
	!	Revenue less expenses. Subtract line 18 from line 12		-1,010.	470,220.					
200	·	NOVERIGE DES EXPERIESES. CODE SEC MIO 10 NOTHING 12		inning of Current Year	End of Year					
sets (20	Total assets (Part X, line 16)		3,524,550.	4,501,323.					
ASS	21	Total liabilities (Part X, line 26)		579,539.	815,677.					
Net As	22	Net assets or fund balances, Subtract line 21 from line 20		2,945,011.	3,685,646.					
	irt II	Signature Block								
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is					
		t, and complete Declaration of prepare (other than officer) is based on all information of whi								
		I I TALL I I VALL								
Sig	n	Signature of Officer		Date	1, 1.					
Here MARY MELON PRESIDENT/CEO										
	-	Type or print name and title								
Print/Type preparer's name Preparer's signature Date Check PTIN										
Paid W. LYNDEL LACKEY W. LYNDEL LACKEY 11/16/20 self-employed P00234298										
Preparer Firm's name HOGANTAYLOR LLP Firm's EIN 73-1413977										
	Only	Firm's address 1225 N BROADWAY AVENUE, SUITE 20	0		•					
OKLAHOMA CITY, OK 73103 Phone no.405-848-2020										
Mav	May the IRS discuss this return with the preparer shown above? (see instructions)									
	01 01-2		ns.		Form 990 (2019)					

FOUNDATION, INC.

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 ADVANCE EXCELLENCE, CREATE CHAMPIONS AND BUILD COMMUNITY SUPPORT
	FOR LASTING CHANGE IN OKLAHOMA CITY PUBLIC SCHOOLS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
,	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,703,319. including grants of \$ 1,592,761.) (Revenue \$) PROVIDE INNOVATIVE TEACHER/CLASSROOM SUPPORT - THROUGH PARTNERSHIPS
	WITH DONORSCHOOSE.ORG, INITIATIVES LIKE PARTNERS IN ACTION AND READOKC,
	THE FOUNDATION PROVIDES SUPPORT FOR CLASSROOM AND SCHOOL NEEDS IN
	OKCPS. SINCE 2014, THE FOUNDATION HAS PROVIDED OVER 1.4 MILLION
	DOLLARS IN FUNDING FOR OKCPS CLASSROOM PROJECTS ON DONORSCHOOSE.ORG.
	PARTNERS IN ACTION, WHICH INCLUDES COAT-A-KID & KIT-A-KID, ENGAGES
	COMMUNITY SUPPORT FOR SCHOOL WIDE PROJECTS IDENTIFIED BY SITE
	PRINCIPALS. READOKC ENLISTS COMMUNITY PARTNERS TO FUND, PLACE AND
	MAINTAIN LITTLE FREE LIBRARIES THROUGHOUT OKLAHOMA CITY. MOST OF THESE
	LITTLE FREE LIBRARIES ARE LOCATED ON SCHOOL CAMPUSES WITH ADDITIONAL
	LOCATIONS IN COMMUNITY PARKS. READOKC ALSO PROVIDES INCENTIVES FOR
	STUDENTS WHO REACH READING GOALS.
4b	(Code:) (Expenses \$ 241,662. including grants of \$ 153,399.) (Revenue \$)
	SUPPORT EFFORTS TO RECRUIT & RETAIN URBAN-READY TEACHERS - THROUGH
	PROGRAMS LIKE THE BILINGUAL TEACHER PIPELINE PROGRAM (BTPP) , THE
	DIVERSITY PIPELINE PROGRAM (DPP) AND THE URBAN TEACHER PREPARATION
	ACADEMY (UTPA), THE FOUNDATION PROVIDES DIRECT SUPPORT TO RECRUIT AND
	TRAIN TEACHERS FOR EMPLOYMENT WITH THE OKCPS. BOTH BTPP & DPP PROVIDE
	DIRECT TUITION SUPPORT FOR PARAPROFESSIONALS EMPLOYED WITH OKCPS TO GET
	THEIR TEACHING CERTIFICATION AND TEACH WITH OKCPS. UTPA ENGAGES
	STUDENTS WHO ARE IN UNDERGRADUATE TEACHER PREPARATION PROGRAMS AT LOCAL
	UNIVERSITIES AND EXPRESS A DESIRE TO TEACH IN THE OKCPS. THE PROGRAM
	PROVIDES MENTORSHIP AND SUPPORT THROUGH THE LATTER HALF OF THE
	STUDENT'S COURSEWORK AND THE FIRST THREE YEARS IN THE CLASSROOM.
4-	(Code:) (Expenses \$ 437,743 • including grants of \$ 30,958 •) (Revenue \$)
4C	(Code:) (Expenses \$ 437,743. including grants of \$ 30,958.) (Revenue \$) BUILD ADVOCATES FOR OKCPS - THROUGH THE FOUNDATION'S "OUR BEST
	INVESTMENT" CAMPAIGN AND PROGRAMS LIKE WALL OF FAME AND STARS OF
	EDUCATION, THE FOUNDATION HIGHLIGHTS THE SUCCESSES OF OKCPS AND THE
	IMPORTANCE OF PUBLIC EDUCATION. THE OUR BEST INVESTMENT CAMPAIGN
	HIGHLIGHTS OKCPS STORIES ON TRADITIONAL AND SOCIAL MEDIA. THE WALL OF
	FAME HUMANITARIAN AWARDS DINNER HIGHLIGHTS INSPIRATIONAL STORIES OF
	OKCPS ALUMNI AND STARS OF EDUCATION RECOGNIZES OUTSTANDING TEACHERS AND
	PRINCIPALS IN THE DISTRICT THROUGH TEACHER OF THE YEAR AND PRINCIPAL OF
	THE YEAR AWARDS.
4d	Other program services (Describe on Schedule O.) (Expenses \$ 52,985. including grants of \$ 10,626.) (Revenue \$ 7,665.)
4e	Total program service expenses ► 2,435,709.
	Form 990 (2019)

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FOUNDATION, INC.

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х 1 If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? Х 9 If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X 11c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes." complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12h If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 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? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х 19 complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II Form 990 (2019)

Form 990 (2019)

Form 990 (2019) FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization 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? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	ļ	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			Ì
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			[
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			V8100
	instructions, for applicable filing thresholds, conditions, and exceptions):	3000		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes, " complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		38	X	
Pai		-		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	\$200 CT		
_	(gambling) winnings to prize winners?	16	Х	' ' '

Forn	1990 (2019) FOUNDATION, INC. 73-1222	182	P	age 5						
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
	; !	Trevisione.	Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a8	2b	X	No.						
þ	b If at least one is reported on line 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 e-file (see instructions)									
За		3a	 	X						
b	, , , , , , , , , , , , , , , , , , , ,	3b	_							
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	SATURA	X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	BAND.	SERVE A	1						
5a		5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	<u> </u>							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			_~						
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	٠								
	were not tax deductible?	6b	1000							
7	Organizations that may receive deductible contributions under section 170(c).		V	SAME AND A						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		Х						
.,	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	7с	Sales a	<u> </u>						
	· · · · · · · · · · · · · · · · · · ·	7.	9493944	X						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X						
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
g	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h								
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	2000-000 2000-000	3.000 mg							
U	sponsoring organization have excess business holdings at any time during the year?	8	:848159F	will be the						
9	Sponsoring organizations maintaining donor advised funds.		51/2500 15/400 15/4	510000000 Visitorio						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	regradação de	3240450450						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:	SVYPLETS	Star Carbot	2000000						
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:	(1) (SA)		solene.						
 a	Gross income from members or shareholders									
h	Gross income from other sources (Do not net amounts due or paid to other sources against	2000								
~	amounts due or received from them.)		300							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	. a -traderi	un medanemia						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15]	X						
	If "Yes," see instructions and file Form 4720, Schedule N.	1382/8582 0014/1543	28/18/V/ 53/18/8/							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.	0525.88%								
			AAA .							

FOUNDATION, INC.

73-1222182

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Form 990 (2019) FOUNDATION, INC. 73-1222182 Page 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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	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 21	3165.0		
	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 on Schedule O.	92-90-0 88-510-0		
b	Enter the number of voting members included on line 1a, above, who are independent			323.0
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
742	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
i.	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		A STANCT	
а	The governing body?	8a	X	242,000,000,00
b	Each committee with authority to act on behalf of the governing body?	8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		_
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
300	tion 2:1 ondoo (mis Section & requests information about policies not required by the internal nevenue Gode.)		Yes	No
400	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
D		10b		
440	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	116		200 PM 11 A
		12a	Х	Seesed
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
6		12c	Х	
40	in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	 -
14	Did the organization have a written document retention and destruction policy?		50.55 E	4,000,00
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	х	53350055
	The organization's CEO, Executive Director, or top management official	15a 15b		
b	Other officers or key employees of the organization	UGI	5435503	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	444	56163336	X
	taxable entity during the year?	16a	\$165516	28.00 M
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	#23956()	300000	areval.
200	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled MOK	ow L.A	nt to #1 - 1	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	avallal	ые
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)	-		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	iinanc	ial	
	statements available to the public during the tax year.			
30	State the name, address, and telephone number of the person who possesses the organization's books and records NEWT BROWN - (405) 604-5977			
	431 WEST MAIN STREET SUITE E. OKLAHOMA CITY, OK 73102			

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.

 See instructions for the order in which to list the persons above.

Check this box if neither the organization n	organization compensate					ısat	ted any current officer, director, or trustee.				
(A)	(B)		(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one			than	ana	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is bot officer and a director/true			s boti	an	compensation	compensation	amount of	
	week		cer ar	dad	recto	ir/trus	tee)	from	from related	other	
	(list any	recto				-		the	organizations	compensation from the	
	hours for related	p la	te e		Ī	sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization	
	organizations	ndividual trustee or director	Institutional trustee		9,68	Highest compensated employee		(** 27 1033 141100)		and related	
	below	dual t	utions	_	Кеу етріоуее	st co	<u>.</u>			organizations	
	line)	ğ	Instit	Officer	Keye	em July	Former			_	
(1) PERCY KIRK	5.00										
CHAIR		X		X	L.,			0.	0.	0.	
(2) CLAUDIA SAN PEDRO	3.00										
TREASURER		Х		Х				0.	0.	0.	
(3) BRYAN COLEMAN	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(4) JUAN "PACO" BALDERRAMA	1.00										
BOARD MEMBER		X						0.	0.	0.	
(5) CHRISTINE BERNEY	1.00							_	_	_	
BOARD MEMBER	_	X						0.	0.	0.	
(6) TANA CASHION	1.00			l						_	
BOARD MEMBER		Х						0.	0.	0.	
(7) JASON CONSTABLE	1.00								_		
BOARD MEMBER		Х						0.	0.	0.	
(8) MICHAEL DEASON	1.00								_	_	
BOARD MEMBER		Х						0.	0.	0.	
(9) RAFAEL GARCIA	1.00			- 1					_	_	
BOARD MEMBER		Х		_				0.	0.	0.	
(10) KEVIN GORDON	1.00			ĺ							
BOARD MEMBER	4 00	X	_					0.	0.	0.	
(11) BRENT HENSLEY	1.00									•	
BOARD MEMBER	4 00	X				-		0.	0.	0.	
(12) CHARLES HOLLAND	1.00	٦,						_	0	0	
BOARD MEMBER	1 00	Х				\dashv		0.	0.	0.	
(13) TIM MCLAUGHLIN	1.00	х						0.	0.	0.	
BOARD MEMBER (14) CRISTINA MCQUISTION	1.00	4	\dashv	\dashv	-	\dashv		0.	0.		
BOARD MEMBER	T.00	\mathbf{x}				-		0.	0.	0.	
(15) WILLY MORALES	1.00	^	-1	\dashv	\dashv			0.	0.		
BOARD MEMBER		$_{\rm x}$						0.	0.	0.	
(16) CATHY O'CONNER	1.00		\dashv	\dashv	_			<u> </u>	0.	<u> </u>	
BOARD MEMBER	1.00	х						0.	0.	0.	
(17) SARAH ROBERTS	1.00							0.	0.	<u></u>	
BOARD MEMBER		x		- 1				0.	0.	0.	
		^^			1			J • 1	3.1		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per	Position (do not check more than one box, unless person is both ar officer and a director/trustee					h an	(D) Reportable compensation	e on	ited it of		
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Кау втріоуев	Highest compensated employee	<u> </u>	from the organization (W-2/1099-MISC)	from relate organization (W-2/1099-MI	ns	othe compens from t organiza and rela organiza	sation he ation ated
(18) TERESA ROSE CROOK	1.00							_				
BOARD MEMBER	1 00	X		ļ	 	ļ	L	0.		0.		0.
(19) GLENNA TANENBAUM	1.00	١.,								_		Λ
BOARD MEMBER	1 00	X	<u> </u>		ļ	├		0.		0.		0.
(20) VALERIE THOMPSON	1.00	₹,								0		Λ
BOARD MEMBER	1 00	X					 	0.		0.		0.
(21) MILES TOLBERT	1.00	7.					ĺ	0.		0.		0.
BOARD MEMBER	40.00	X				\vdash	-	U •		-0.		<u> </u>
(22) MARY MELON	40.00			x				153,400.		0.	24,0	1/0
SECRETARY/PRESIDENT/CEO				Α				133,400.				/#J•
The state of the s										-		
										ĺ		
41. Cultural		L	LJ			l	<u> </u>	153,400.		0.	24,0	149
1b Subtotal								0.		0.	2110	0.
c Total from continuation sheets to Part VII							► ►	153,400.		0.	24,0	
d Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization								<u> </u>	300 of reportable			1
compensation nom the organization											Yes	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	•	•	-	•	•		_		•		3	x
4 For any individual listed on line 1a, is the su	m of reportable	е со	mpe	nsat	tion	and	oth	er compensation from th	ne organization		4 X	
and related organizations greater than \$150Did any person listed on line 1a receive or a											4 2	1 125,000
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes " com	•				-				dar for Sci vicos		5	X
Section B. Independent Contractors	olete ochedule	JIC	n su	CIIL	16156	<i>311</i> ·		***************************************	***************************************	*****	<u> </u>	
Complete this table for your five highest cor	-									oensat	ion from	
the organization. Report compensation for t	ne calendar ye	ar e	ndin	g wi	th o	r Wil	:hin		ear.		(0)	
(A) Name and business	address	ŊC	NE	<u> </u>				(B) Description of se	ervices	C	(C) ompensatio	on
							\dashv					
	A-P-1						_					
W												
2 Total number of independent contractors (in	cluding but no	t lin	nited	to t	hos	e list	ed :	above) who received mo	re than		10 12 15 15	
\$100,000 of compensation from the organiz					0							food C

Form **990** (2019)

FOUNDATION, INC.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) (C) Related or exempt Revenue excluded Unrelated Total revenue from tax under business revenue function revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 150,257 c Fundraising events _____ 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,833,919 similar amounts not included above 210,335. g Noncash contributions included in lines 1a-1f 984,176 h Total, Add lines 1a-1f. **Business Code** 2 a CUSTODIAL ACCOUNT FEES 7,665. 900099 7,665. Program Service Revenue f All other program service revenue 7,665. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 72,252. 72,252. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 7a 676,243. assets other than inventory b Less; cost or other basis 7ь 636,555. and sales expenses Revenue c Gain or (loss) ________7c 39,688. 39,688. 39,688. d Net gain or (loss) Other 8 a Gross income from fundraising events (not including \$ 150,257. of contributions reported on line 1c). See 0. Part IV, line 18 28,016. b Less: direct expenses 8b -28,016. -28,016.c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10b b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** d All other revenue e Total. Add lines 11a-11d 83,924. 3,075,765. 7,665 0. Total revenue. See instructions 12

Form 990 (2019) FOUNDATION, INC. Part IX Statement of Functional Expenses

50000	C 204(10) [E03(10)	-1-4H - 6 4.0 -4		manufacta a a trummer (A)	
Sec	tion 501(c)(3) and 501(c)(4) organizations must comp			mpiete column (A).	
_	Check if Schedule O contains a respor	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	4 446 680	1 116 600		
	and domestic governments. See Part IV, line 21	1,416,673.	1,416,673.		
2	Grants and other assistance to domestic	201 001	251 051		
	individuals. See Part IV, line 22	371,071.	371,071.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			494943444444444444444444444444444444444	
5	Compensation of current officers, directors,	177,449.	134,357.	19,894.	23,198.
_	trustees, and key employees	1//,44/.	134,3314	17,074.	20,200
6	Compensation not included above to disqualified persons (as defined under section 4958(1)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	236,935.	179,397.	26,563.	30,975.
8	Pension plan accruals and contributions (include	23073334	1,3,3571	20,000.	
0	section 401(k) and 403(b) employer contributions)	19,340.	14,644.	2,168.	2.528.
9	Other employee benefits	27,523.	20,839.	3,086.	2,528. 3,598.
10	Payroll taxes	28,730.	21,753.	3,221.	3,756.
11	Fees for services (nonemployees):				
a	Management				
b				·	
c		14,600.	12,754.	1,292.	554.
d			LOLLWARD		
e					
f	Investment management fees	20,986.	18,333.	1,857.	796.
	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A) amount, list line 11g expenses on Sch O.)	101,895.	89,015.	9,016.	3,864.
12	Advertising and promotion	1,001.	981.	20.	
13	Office expenses	28,816.	22,408.	2,259.	4,149.
14	Information technology				
15	Royalties				
16	Occupancy	46,822.	42,764.	2,137.	1,921.
17	Travel	6,212.	5,171.	923.	118.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	80,108.	66,479.	599.	13,030.
20	Interest				
21	Payments to affiliates			0 555	
22	Depreciation, depletion, and amortization	2,775.	F 050	2,775.	
23	Insurance	6,269.	5,258.	466.	545.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) PRODUCTION DESIGN & PHO	8,656.	7,562.	766.	328.
a h	MEMBERSHIP, DUES, & SUB	6,935.	6,079.	563.	293.
c	TAXES	2,140.		2,140.	
d	TRAINING & DEVELOPMENT	539.	110.	429.	
	All other expenses	70.	61.	6.	3.
25	Total functional expenses. Add lines 1 through 24e	2,605,545.	2,435,709.	80,180.	89,656.
26	Joint costs. Complete this line only if the organization		-		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			-	
	0.1.00.00				Form 990 (2019)

Form 990 (2019)
Part X Balance Sheet FOUNDATION, INC.

	. t. xx. ::	Balance Sheet Check if Schedule O contains a response or n	ote to a	nv line in this Part X			· · ·
		Oncok ii Odricobie O domana a response or re	oto to a	ly sho in this rate of	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,102,850.	1	1,316,691		
	2	Savings and temporary cash investments			70,675.	2	157,233
	3	Pledges and grants receivable, net	524,518.	3	578,331		
	4	Accounts receivable, net	***************************************	4	•		
	5	Loans and other receivables from any current		10000			
		trustee, key employee, creator or founder, sub		V23-35			
		controlled entity or family member of any of the		·		5	
	6	Loans and other receivables from other disgua					
		under section 4958(f)(1)), and persons describe	-	· ·	and the state of the same of t	6	
m .	7	Notes and loans receivable, net				7	
Set	8	Inventories for sale or use				8	
Assets	9					9	
	l	Land, buildings, and equipment: cost or other				\$5,000	
	100	basis. Complete Part VI of Schedule D		72,111.	s aprojekti kange tijene perio	120.000	
	h	Less: accumulated depreciation	10b		6,244.	10c	7,418
	11	Investments - publicly traded securities	1,761,862.	11	7,418		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	58,401.	15	66,924		
	16	Total assets, Add lines 1 through 15 (must eq	3,524,550.	16	4,501,323		
\dashv	17	Accounts payable and accrued expenses			75,150.	17	216,549
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			504,389.	21	599,128
ı	22	Loans and other payables to any current or for					
Se	24	trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the		i	an en setan el calenda de recorda de de Paris en Ca	22	and the second s
	22	Secured mortgages and notes payable to unre		f		23	
	23 24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p		,			,
	20	parties, and other liabilities not included on line					
-			•	1		25	
	26	of Schedule D Total liabilities. Add lines 17 through 25			579,539.	26	815,677.
-	20	Organizations that follow FASB ASC 958, ch			3,5,555.	_20	025/011
ខ្ល		and complete lines 27, 28, 32, and 33.	eck liei	5 / (44)			
2	27			1,276,512.	27	1 739 321.	
<u> </u>	28	Net assets with donor restrictions	1,668,499.	28	1,739,321. 1,946,325.		
3	20	Organizations that do not follow FASB ASC	2,000,233.	20			
3							
5	00	and complete lines 29 through 33. Capital stock or trust principal, or current funds	~			29	
2	29					30	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or e				31	
	31	Retained earnings, endowment, accumulated in	1	2,945,011.		3,685,646.	
ž	32	Total net assets or fund balances			3,524,550.	32	4,501,323.
	33	Total liabilities and net assets/fund balances	<u> </u>		3,344,330.	33	= 000 cos

	ONDARIONA CITI TODDIC DERICORD								
Forn	1 990 (2019) FOUNDATION, INC.	<u>73-3</u>	1222182	Pa	ge 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,07	5,7	<u>65.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,60	5,5	<u>45.</u>				
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,94	5,0	<u> 11.</u>				
5	Net unrealized gains (losses) on investments	5	27	2,4	<u> 15.</u>				
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 on Schedule O)	9	-	2,0	00.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	3,68	5,6	46.				
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII	<i></i>			<u>Ш</u>				
				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	Э.	100 A00 130 A00						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	40.00		e de la constant				
	separate basis, consolidated basis, or both:		74.000000 77.00000						
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	1				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		V2574.11					
	consolidated basis, or both:		22.02.0		48699069 4862449				
	X Separate basis Consolidated basis Both consolidated and separate basis			2004 5007255					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	30000 veed					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jle Audit							
	Act and OMB Circular A-133?		3a		_X_				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		ļ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990 (2019)				

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Internal Revenue Service

Name of the organization

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

Employer identification number 73-1222182

Part Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)											
	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2 A school described in sect	=										
3 A hospital or a cooperative		•			iii).						
4 A medical research organiz					•	r the hospital's name.					
city, and state:	anon operatou in oc	injunication with a recopila	. 4000/1600	, 5551.0	277 11 O(D)(1)(1 1)(11)(1 - 11)(1	,,,,,,,					
,	or the honefit of a co	illege or university owner	d or operat	tad by a di	wernmental unit describ	ed in					
		alege of university owner	z or operai	icu by a gi	JVEITHIGHEAL GIME GCSCHO	CO III					
section 170(b)(1)(A)(iv). (0				700.1/41/41	V. 3						
6 A federal, state, or local go						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
7 An organization that norma	*	intial part of its support f	rom a gov	ernmentai	unit or from the general	public described in					
section 170(b)(1)(A)(vi). (C	•										
8 A community trust describe											
9 An agricultural research org											
or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of the college	e or					
university:											
10 X An organization that norma											
activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more that	n 33 1/3% of its support	from gross investment					
income and unrelated busing	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the organization a	after June 30, 1975.					
See section 509(a)(2). (Co	mplete Part III.)										
11 An organization organized	and operated exclus	ively to test for public sa	fety. See	section 5	09(a)(4).						
12 An organization organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or					
more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3).	Check the box in					
lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and 12g.						
a Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), typically by	giving					
the supported organization											
organization. You must o											
b Type II. A supporting org	-		tion with it:	s supporte	ed organization(s), by hav	/ina					
control or management o											
organization(s). You mus			anno porce		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
			in connect	tion with :	and functionally integrate	ed with					
c Type III functionally inte its supported organization	•					,					
<u></u>						zation/e)					
that is not functionally int						veness					
requirement (see instructi	•										
e Check this box if the orga					Type I, Type II, Type III						
functionally integrated, or		nally integrated supporti	ng organiz	ation.							
f Enter the number of supported of	=										
g Provide the following information			I fiv) is the orna	anization listed	(v) Amount of monetary	(vi) Amount of other					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)					
Olganization		above (see instructions))	Yes	No							
:											
						-					
and the first hear Add St											
Total											

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC. 73-1222182 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (c) 2017 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (d) 2018 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 14 % 15 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC. 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 falled to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	clow, picase comp	ioto i dit ii.j							
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
	Gifts, grants, contributions, and	(a) 2015	(0) 2010	(C) ZUTT	(4) 2010	(0) 2010	(i) Total			
1	membership fees received. (Do not									
	include any "unusual grants.")	589,008.	1065033.	2224357.	1586316.	2984176.	8448890.			
_		303,000.	10030331	<u> </u>	1300310.	23022,00	01100300			
2	Gross receipts from admissions, merchandise sold or services per-		!							
	formed, or facilities furnished in									
	any activity that is related to the	7 010	8,954.	18,534.	15,255.	7,665.	58,326.			
	organization's tax-exempt purpose	7,918.	0,904.	10,034.	13,433.	7,005.	30,320.			
3	Gross receipts from activities that									
	are not an unrelated trade or bus-									
	iness under section 513	~	-111/11/1							
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	505 005	100000	0040001	1 (01 5 7 1	2001041	0507016			
	Total. Add lines 1 through 5	596,926.	1073987.	2242891.	1601571.	2991841.	8507216.			
7a	Amounts included on lines 1, 2, and	00 054	05 000	1006500	150 604	040 540	1 107000			
	3 received from disqualified persons	38,874.	25,000.	1026720.	152,694.	243,740.	1487028.			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that									
	exceed the greater of \$5,000 or 1% of the			i			0			
	amount on line 13 for the year			4.00.500.0	450 604	010 710	0.			
С	Add lines 7a and 7b	38,874.	25,000.	1026720.	152,694.	243,740.	1487028.			
	Public support. (Subtract line 7c from line 6.)						7020188.			
Sec	tion B. Total Support					···-··				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
	Amounts from line 6	596,926.	1073987.	2242891.	1601571.	2991841.	8507216.			
10a	Gross income from interest, dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	16,589.	29,072.	36,228.	49,641.	72,252.	203,782.			
b	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975									
	Add lines 10a and 10b	16,589.	29,072.	36,228.	49,641.	72,252.	203,782.			
11	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.)									
13	Total support. (Add lines 9, 10c, 11, and 12.)	613,515.	1103059.	2279119.	1651212.	3064093.	8710998.			
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	501(c)(3) organiza	tion,			
	check this box and stop here						>			
Sec	tion C. Computation of Publi	c Support Perd	centage.							
15	Public support percentage for 2019 (li	ne 8, column (f), di	vided by line 13, c	olumn (f))		15	80.59 %			
16	Public support percentage from 2018	Schedule A, Part I	II, line 15 <u></u>			16	78.35 %			
Sec	tion D. Computation of Inves	tment Income	Percentage							
17	7 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 2.34 %									
	18 Investment income percentage from 2018 Schedule A, Part III, line 17									
19a	9a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not									
	more than 33 1/3%, check this box an						<u> </u>			
b	33 1/3% support tests - 2018. If the						nd			
	line 18 is not more than 33 1/3%, chec						▶□			
00	Drivate foundation if the organization						▶ □			

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC.

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 filling 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	Yes	
2	1000	
3a		
3b		100
3c 4a	KOKE A	
4b		9
4-		
-40 -5a		
5b	160 P.S. 19	
F.		
7		
8	78.50	
9a		
9b		
9c	- 1	
10a	30 (4) 73 (4) 8 (4)	
10b		

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC. 73-1222182 Page 5 Supporting Organizations (continued) No Yes 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 a supported organization? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did 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 how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations No Yes 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s). Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. 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. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement. 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. 3а b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC. 73-1222182 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e 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). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC. 73-1222182 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount (i) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2019 Pre-2019 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) i Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015

Schedule A (Form 990 or 990-EZ) 2019

b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

Schedule A	(Form 990 or 990-EZ) 2019 FOUNDATION,	INC.		73-1222182 Pag	e 8
Part VI	Supplemental Information. Provide the ex Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, line 1; Part IV, Section D, lines 2 and 3; Part IV, Sec Section D, lines 5, 6, and 8; and Part V, Section E,	planations req 9a, 9b, 9c, 11a ction E, lines 1 lines 2, 5, and	quired by Part II, line 10; Part II a, 11b, and 11c; Part IV, Sectic c, 2a, 2b, 3a, and 3b; Part V, I I 6. Also complete this part for	, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, ine 1; Part V, Section B, line 1e; Part V, any additional information.	
	(See instructions.)				<u>-</u>
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Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2019

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	LAHOMA CITY PUBLIC SCHOOLS OUNDATION, INC.	73-1222182				
Organization type (check or						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
		were				
, ,	s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.				
General Rule						
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amounline 1. Complete Parts I and II.	r 16b, and that received from				
year, total contribut	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filling 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						
but it must answer "No" on	ution: 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), 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 tify 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.

Name of organization
OKLAHOMA CITY PUBLIC SCHOOLS
FOUNDATION, INC.

Employer identification number

73-1222182

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$300,000.	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
2		\$ 242,569.	Person X Payroli Noncash (Complete Part II for nencash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>160,000.</u>	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
4		\$ <u>132,500.</u>	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
5		\$ <u>122,044.</u>	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		\$113,410.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization
OKLAHOMA CITY PUBLIC SCHOOLS
FOUNDATION, INC.

Employer identification number

73-1222182 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. 7 Person Payroli 93,740. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** X 8 Person Payroli 91,010. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 9 Person Payroll Noncash X 90,837. (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 X 10 Person Payroll 80,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. 11 Person Payroll 65,096. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
OKLAHOMA CITY PUBLIC SCHOOLS
FOUNDATION, INC.

Employer identification number

73-1222182

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	1222102
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	10 E-READERS		05/16/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7_	876 SHARES OF FISERV		08/15/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9.	2,586 SHARES OF FRANKLIN TAX FEE INCOME A 4,115 SHARES OF MFS CORPORATE BOND A	\$\$.	09/30/19
(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
		 \$	

Name of organization

Employer identification number

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

73-1222182

Part III Ex fro	em anu ana contributor. Complete columne (a)	through (e) and the following line er aritable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yearly. For organizations less for the year. [Enter this info, once.]		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and	(e) Transfer of gif	Relationship of transferor to transferee		
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and	(e) Transfer of gif	t Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and	(e) Transfer of gif	t Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				

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.

OKLAHOMA CITY PUBLIC SCHOOLS

HOLDING MICHAEL TAGE

REPORT AND A CONTROL TAGE

OKLAHOMA CITY PUBLIC SCHOOLS

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FOUNDATION, INC.

Employer identification number 73-1222182

Ра	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
-	organization anawarea 100 on Form 550, Falt W, file	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pa	TII Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	5	
	Preservation of land for public use (for example, recreati	, <u> </u>	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	# 45007COM
	day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		l l
C	Number of conservation easements on a certified historic struc		
q	Number of conservation easements included in (c) acquired af		1 1
_	listed in the National Register	1	2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the d	organization during the tax
_	year >		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		Yes No
_	violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, h		
6	Staff and volunteer nours devoted to monitoring, inspecting, in	andling of violations, and emorting conse	ervation easements during the year
-	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation	on easements during the year
7		ng or violations, and emoreing conservation	on easements during the year
_	▶ \$ Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/b	VAVRVA
8	and section 170(h)(4)(B)(ii)?		
_	In Part XIII, describe how the organization reports conservation		
9	balance sheet, and include, if applicable, the text of the footnot		
	organization's accounting for conservation easements.	ne to the organizations a mandas attention	its true accorded to
Pai	till Organizations Maintaining Collections of	Art. Historical Treasures, or Oth	er Similar Assets.
Sec.	Complete if the organization answered "Yes" on Form 9		
	If the organization elected, as permitted under FASB ASC 958	10.0000	d balance sheet works
10	of art, historical treasures, or other similar assets held for publi		
	service, provide in Part XIII the text of the footnote to its finance		
h	If the organization elected, as permitted under FASB ASC 958		
b	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treas		gain, provide
~	the following amounts required to be reported under FASB AS		<u>, , , , , , , , , , , , , , , , , , , </u>
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

Sche	edule D (Form 990) 2019 FOUNDAT	ION, INC.				ı	73-12	22182	Page 2
	rt III Organizations Maintaining C		t, Historical Tre	easures, or	Other	Similar	Asset	S (continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	make sigi	nificant u	ise of its		•
	collection items (check all that apply):								
а	Public exhibition	c	Loan or exc	change progra	m				
b	Scholarly research	e	Other						
c	Preservation for future generations								
4	Provide a description of the organization's co						se in Part	XIII.	
5	During the year, did the organization solicit o						Γ	=	 1
	to be sold to raise funds rather than to be ma							Yes	No_
Ра	TELV Escrow and Custodial Arran	•	ete if the organizatio	n answered "\	Yes" on F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi						Γ ν	Yes	No
	on Form 990, Part X?			***************************************			[4	_] fes	NO
В	If "Yes," explain the arrangement in Part XIII	and complete the loa	lowing rapie.					Amount	
_	Poginning halanco					1c			,639.
۲ C	Beginning balance Additions during the year					1d			,156.
e						1e			,117.
f	Ending balance					1f			,678.
	Did the organization include an amount on Fo						X	Yes	No
	If "Yes," explain the arrangement in Part XIII.								X
Pai						l.			
		(a) Current year	(b) Prior year	(c) Two years	back (d	i) Three ye	ears back	(e) Four y	ears back
1a	Beginning of year balance	1,506,421.	1,630,394.	1,515	,764.	1,4	9,624.	1,4	99,858.
b	Contributions		56,403.						
c	Net investment earnings, gains, and losses	266,130.	-108,842.	186	,503.	10	9,350.		35,807.
d	Grants or scholarships		1.27						
е	Other expenditures for facilities	5							
	and programs	69,836.	71,534.	71	,873.	<u> </u>	3,210.		4,427.
f	Administrative expenses								
g	End of year balance	1,702,715.			,394.	1,51	15,764.	1,4	59,624.
2	Provide the estimated percentage of the curre) held as:					
	Board designated or quasi-endowment	35.09	_%						
	Permanent endowment 46.84	%							
С	Term endowment ▶ 18.07 o								
_	The percentages on lines 2a, 2b, and 2c shou		4: 494 ll_d		et fourthoo		Han		
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are neld an	ia aaministere	a ior me i	organiza	LION	[v	'an Ma
	by:								es No
	(i) Unrelated organizations							3a(ii)	X
l.	(ii) Related organizations								 -
4	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·						. (00	
	t VI Land, Buildings, and Equipm		WITION TOTIOS.						
-5-4-1-T	Complete if the organization answered		. Part IV. line 11a. S	ee Form 990.	Part X, lin	ne 10.			
	Description of property	(a) Cost or o	*******			umulated	t l	(d) Book v	value
		basis (investm	1 ' '	(other)		eciation			
1a	Land					150 A (4)	1450000 NEXERS		
	Buildings	1							
	Leasehold improvements			1,785.			5.		<u>,740.</u>
	Equipment		7	0,326.	- 6	54,64	8.	5	,678.
е	Other	.,							
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part 2	X. column (B). line 10	Oc.}				7	,418.

Schedule D (Form 990) 2019 FOUNDATION,	INC.	73	3-1222182 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
<u>(A)</u>			
(B)			
(C)			
(D)			
<u>(E)</u>			
(F)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1-		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990. Part X. line 13.	
(a) Description of Investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			w
(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"		11d. See Form 990, Part X, line 15.	(t-) Dook volue
The state of the s	Description	NAME OF THE OWNER OWNER OF THE OWNER OWNE	(b) Book value
<u>(1)</u>			
(2)			
(3)		·····	
(4)		AMPRICATE .	,
(5)			
(6)		And Annual Market Property and the Control of the C	
(7)		A above trader, .	
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	1E)	>	
Part X Other Liabilities.	10.1		·
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(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 the	
organization's liability for uncertain tax positions under	FASB ASC 740, Check he		
		Sch	edule D (Form 990) 2019

73-1222182 Page 4 FOUNDATION, INC. Schedule D (Form 990) 2019 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 3,567,366. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 272,415. a Net unrealized gains (losses) on investments 2a 204,837. 2b b Donated services and use of facilities c Recoveries of prior year grants 2c 28,016. 2d d Other (Describe in Part XIII.) 505,268. e Add lines 2a through 2d 2e 3,062,098. 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 13,667. b Other (Describe in Part XIII.) 4b 13,667. c Add lines 4a and 4b 3,075,765. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,826,731. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 204,837. a Donated services and use of facilities 2a 2b b Prior year adjustments c Other losses 2c 30,016. d Other (Describe in Part XIII.) 2d 234,853. 2e e Add lines 2a through 2d 2,591,878. 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 13,667. c Add lines 4a and 4b 2,605,545. Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART IV, LINE 1B: THE ORGANIZATION MAINTAINS FUNDS FOR SCHOOL BASED ENTITIES SUCH AS PTA'S, PTO'S AND OTHER SUPPORT GROUPS. EACH SUCH GROUP SIGNS AN AGREEMENT WITH THE FOUNDATION OUTLINING THE PARAMETERS OF EACH FUND. THE FOUNDATION MAKES DISTRIBUTIONS FROM EACH FUND BASED ON APPROVED REQUESTS WITH THE PARTNER ORGANIZATION. THE FUNDS HELD BY THE FOUNDATION ARE KEPT IN A SEPARATE BANK ACCOUNT THAT IS NOT COMINGLED WITH ANY OF THE FOUNDATION'S OPERATING FUNDS. PART IV, LINE 2B: ONE OF THE FOUNDATION'S MAIN REASONS FOR EXISTING IS TO PROVIDE MATERIAL SUPPORT BOTH TO THE OKLAHOMA CITY PUBLIC SCHOOLS AS A WHOLE AND DIRECTLY Schedule D (Form 990) 2019 932054 10-02-19

Schedule D (Form 990) 2019 FOUNDATION, INC.	73-1222182 Page 5
Part XIII Supplemental Information (continued)	
TO TEACHERS AND CLASSROOMS WITHIN THE OKCPS. TO ACCOMPLISH	THAT GOAL THE
FOUNDATION PROVIDES NUMEROUS GRANTS AND CASH SUPPORT FOR THE	DISTRICT,
TEACHERS AND CLASSROOMS IN THE OKCPS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	28,016.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSE	13,667.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNRAISING EXPENSES	28,016.
	0.000
TOTAL TO SCHEDULE D, PART XII, LINE 2D	30,016.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSE	13,667.

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. OKLAHOMA CITY PUBLIC SCHOOLS

OMB No. 1545-0047 2019

Open to Public Inspection

Name of the organization Employer identification number FOUNDATION, INC. 73-1222182 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants __ Mail solicitations Solicitation of government grants b Internet and email solicitations Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

OKLAHOMA CITY PUBLIC SCHOOLS Schedule G (Form 990 or 990-EZ) 2019 FOUNDATION, INC. 73-1222182 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ALL HANDS OILFIELD (add col. (a) through RAISED GOLF TOURNAM col. (c)) (total number) (event type) (event type) 107,224. 30,530. 12,503. 150,257. 1 Gross receipts 107,224. 30,530. 12,503. 150,257. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 4,155. 2,090. 2,065. 5 Noncash prizes Expenses 12,743. 1,650. 6,760. 4,333. Rent/facility costs 9,613. 9,613. Food and beverages 8 Entertainment 1,505. 230. 463. 9 Other direct expenses _____ 812. 28,016. 10 Direct expense summary. Add lines 4 through 9 in column (d) -28,016. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes 2 Noncash prizes

Direc	4	Rent/facility costs			H						
	5	Other direct expenses									
	6	Volunteer labor		Yes% No		Yes % No		Yes No	_ %		37 S
	7	Direct expense summary. Add lines 2 through	5 in	column (d)							
	8	Net gaming income summary. Subtract line 7	from	line 1, column (d)					▶		
а	Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:								No		
		re any of the organization's gaming licenses re Yes," explain:								Yes	No ——
3208	2 09	-11-19						Schedule G	(For	m 990 or 990-EZ) 20	319

Sch	nedule G (Form 990 or 990-EZ) 2019 FOUNDATION, INC.	73-12	2221	<u>.82</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	'es	☐ No
12	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?		Y	'es	☐ No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility	[13a		%
	An outside facility		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:			
	Name		•		
	Address >				
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	es	No
b	of fr "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$	nt			
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				
	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	ſ	Y		No
_	retain the state gaming license?		Y	es	1VO
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in torganization's own exempt activities during the tax year > \$	ne			
Pa	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); at 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nd Part I	II, lines	9, 9	b, 10b,
	top, loc, to, and 17b, as applicable. Also provide any additional information, see instructions.				
					.

OKLAHOMA CITY PUBLIC SCHOOLS Schedule G (Form 990 or 990-EZ) FOUNDATION, INC. Part IV Supplemental Information (continued) 73-1222182 Page 4

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Go to www.irs.gov/Form990 for the latest information. Attach to Form 990 OKLAHOMA CITY PUBLIC SCHOOLS Part I General Information on Grants and Assistance FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990)

29 10 10 10	Open to Public Inspection
	Ō

OMB No. 1545-0047

Inspection Employer identification number

73-1222182

Schedule I (Form 990) (2019) 2 CLASSROOM PROJECT FUNDING ELEMENTARY STEM CENTER SLEMENTARY STEM CENTER (h) Purpose of grant or assistance Xes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any SUPPORT SUPPORT Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ٥. ċ Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant .000,06 310,000. 840,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 73-6021175 CITY OF OKC 501(C)3 501(C)3 52-2310500 13-4129457 (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization i NC OKLAHOMA CITY PUBLIC SCHOOLS CAL RIPKEN SR. FOUNDATION, 1427 CLARKVIEW ROAD, #100 or government OKLAHOMA CITY, OK 73136 NEW YORK CITY, NY 10018 134 WEST 37TH STREET BALTIMORE, MD 21209 DONORSCHOOSE ORG PO BOX 36609 Part II

Schedule 1 (Form 990) (2019) FOUNDATION, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Part III

Page 2

73-1222182

(f) Description of noncash assistance STARS PRIZE BAGS CAR (e) Method of valuation (book, FMV, appraisal, other) THE FOLLOW UP NOTES AND REPORTS ARE SUBMITTED ONCE PROJECTS Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. ARE FUNDED THROUGH INDIVIDUAL DONATIONS AND THE FOUNDATION MATCHES FUNDS DONORSCHOOSE.ORG ORDERS THE NEEDED MATERIALS AND SHIPS THEM DIRECTLY TO THE UNDER THE DONORSCHOOSE.ORG PLATFORM TEACHERS POST THESE PROJECTS ARE THEN INDEPENDENTLY GRANTS EACH YEAR. 500. FMV 975. FMV (d) Amount of non-cash assistance 0 0 ٥. m ω LARGEST OF THESE GRANTING PROGRAMS IS ADMINISTERED THROUGH THE DONORSCHOOSE.ORG SYSTEM. 2,000. 89,104. 17,768. 44,850. 70,500. (c) Amount of cash grant DIFFERENT (b) Number of recipients 40 20 41 OF FOUNDATION ADMINISTERS A NUMBER SCHOOL LOCATION OF EACH PROJECT. H CLASSROOM AND OTHER PROJECTS. TEACHERS (a) Type of grant or assistance STARS OF EDUCATION STIPENDS OTHER DONORSCHOOSE.ORG. BIPP TUITION ASSISTANCE TUITION ASSISTANCE UTPA STUDENT STIPENDS LINE DRIVING ATTENDANCE ΒY VERIFIED PART I Part IV THE DPP

Schedule I (Form 990) (2019)

932102 10-26-19

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

Page 2		(f) Description of non-cash assistance		ς.			THE STATE OF THE S		Schedule I (Form 990)
73-1222182		(f) Description of n	WINTER COATS	SCHOOL SUPPLY KITS					3
	· · · · · · · · · · · · · · · · · · ·	(e) Method of valuation (book, FMV, appraisal, other)	FMV	EΜV					
	in the United States (Schedule I (Form 990), Part III.)	(d) Amount of non- cash assistance	125,735.	6E9 '8					
SCENCOLDS	d States (Schedule	(c) Amount of cash grant	• 0	*0					
ייי אדומס	uals in the Unite	(b) Number of recipients	6,100.	275.					
Schedule (Form 990) FOUNDATION, INC.	Part III Continuation of Grants and Other Assistance to Individe	(a) Type of grant or assistance	COAT-A-KID COATS	KIT-A-KID SCHOOL SUPPLY KITS					

Schedule I (Form 990) FOUNDATION, INC. 73-1222182 Page 2
Part IV Supplemental Information
TO AND THROUGH DONORSCHOOSE.ORG AND ARE VISIBLE TO THE GENERAL PUBLIC AND
THOSE WHO FUNDED THE PROJECTS. IN THE CASE OF OTHER FOUNDATION GRANTS THE
FOUNDATION GENERALLY DIRECTLY PAYS INVOICES FOR SPECIFIC EXPENSES GENERATED
BY SCHOOL OR DISTRICT PURCHASES. PRIOR TO PAYING ANY OF THESE INVOICES THE
FOUNDATION VERIFIES THAT THE PRODUCT OR SERVICE WAS INDEED PROVIDED TO THE
SCHOOL OR DISTRICT AND THAT THESE PRODUCTS AND SERVICES WERE FOR THE
SPECIFIED EVENT OR PROJECT.

932291 04-01-19 Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

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

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

Department of the Treasury Internal Revenue Service Name of the organization

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

Employer identification number 73-1222182

OMB No. 1545-0047

Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or 1h reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Written employment contract | X | Compensation committee Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate In, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X 5a a The organization? Х 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X 6a a The organization? X 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments X 7 not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X 8 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2019

FOUNDATION, INC.

Schedule J (Form 990) 2019 FOUNDATION, INC. 73-1222182

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	Ī							
		(B) Breakdown of \	of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	STILLE	(a)-(i)(a)	in column (s) reported as deferred on prior Form 990
(1) MARY MELON	E	144,612.	5,000.	3,788.	15,490.	8,559.	177,449.	0
SECRETARY/PRESIDENT/CEO	(ii)	• 0	0.	0	0	0	0	0
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Schedule J (Form 990) 2019

FOUNDATION, INC.

Schedule J (Form 990) 2019

Page 3

73-1222182

Schedule J (Form 990) 2019 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. THE PROPOSED COMPENSATION PACKAGE IS REVIEWED BY THE BOARD OFFICERS OF THE ALL EMPLOYEE BONUSES ARE BASED ON THE ACHIEVEMENT OF THE ORGANIZATIONAL THE FOUNDATION HAS AN HR COMMITTEE THAT OVERSEES THE EVALUATION OF THE PRESIDENT/CEO AND DEVELOPS THE COMPENSATION PLAN FOR THE PRESIDENT/CEO ORGANIZATION AND PRESENTED TO THE FULL BOARD OF DIRECTORS IN EXECUTIVE SESSION FOR APPROVAL. Part III Supplemental Information PART I, LINE 3: LINE 7: REVENUE GOAL PART I

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

Employer identification number 73-1222182

Pa	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 d noncash contrib	letermini		s
1	Art - Works of art							
2	Art - Historical treasures	:						
3	Art - Fractional interests							
4	Books and publications	X			VALUATION F			
5	Clothing and household goods	X		12,539.	VALUATION E	3Y DC	ONO	R
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	184,577.	SALE OF DON	JATEI) S!	TOC
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		Олицинал					
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (WOMEN'S WATCH)	Х	1		VALUATION E			
26	Other (TWO WAY RADIO)	X	2		VALUATION E			
27	Other ► (MAIN EVENT GI)	X	10		FACE VALUE			
28	Other ▶ (DONORSCHOOSE.)	Х	25	625.	FACE VALUE	OF G	IFT	<u>r C</u>
29	Number of Forms 8283 received by the organization	_	•	1				
	for which the organization completed Form 828	3, Part IV, D	onee Acknowledge	ement29				
						h.gamaxim	Yes	No
30a	During the year, did the organization receive by	contribution	any property repo	orted in Part I, lines 1 througl	n 28, that it		î vezi e	
	must hold for at least three years from the date	of the initial	contribution, and	which isn't required to be us	ed for	100000		
	exempt purposes for the entire holding period?					30a	27 22 22 22 2 2	<u> X</u>
b	If "Yes," describe the arrangement in Part II.					WAR.		WEN
31	Does the organization have a gift acceptance pe	olicy that rea	quires the review o	f any nonstandard contributi	ons?	31		X
32a	Does the organization hire or use third parties o	r related org	ganizations to solic	it, process, or sell noncash			ĺ	
	contributions?					32a	9772223	<u>X</u>
b	If "Yes," describe in Part II.						1003708	
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is chec	ked,			918934 3 Example 1
	describe in Part II.							MARKET !

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Schedule M (Form 990) 2019 OUNDATION, INC.	73-1222182	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution this part for any additional information.	33, and whether the organiza ombination of both. Also comp	tion plete
PART I, OTHER TYPES OF PROPERTY:		
RIVERSPORT PASSES FOR DRIVING ATTENDANCE		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 10		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 500.		
(D) METHOD OF DETERMINING REVENUE: FACE VALUE OF GIFT CA	RDS	
SONIC GIFT CARDS FOR STARS OF EDUCATION		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 9		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 450.	****	
(D) METHOD OF DETERMINING REVENUE: FACE VALUE OF GIFT CA	RDS	
E-READERS FOR DRIVING ATTENDANCE		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 10		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 400.		
(D) METHOD OF DETERMINING REVENUE: VALUATION BY DONOR		
DONATED SOCCER BALLS		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 30		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 330.		
(D) METHOD OF DETERMINING REVENUE: VALUATION BY DONOR		
GOLF TOURNAMENT RAFFLE PRIZES		
(A) CHECK IF APPLICABLE = X		

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Schedule M (Form 990) 2019

Schedule M (Form 990) 2019 FOUNDATION, INC. Page 2 Page 1 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
(B) NUMBER OF CONTRIBUTIONS = 4
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 330.
(D) METHOD OF DETERMINING REVENUE: VALUATION BY DONOR
SKIRVIN HILTON BRUNCH GIFT CARDS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 3
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 300.
(D) METHOD OF DETERMINING REVENUE: FACE VALUE OF GIFT CARDS
SONIC GIFT CARDS FOR DRIVING ATTENDANCE
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 10
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 250.
(D) METHOD OF DETERMINING REVENUE: FACE VALUE OF GIFT CARDS
HOPDODDY GIFT CARDS FOR DRIVING ATTENDANCE
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 10
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 250.
(D) METHOD OF DETERMINING REVENUE: FACE VALUE OF GIFT CARDS
ONCUE GIFT CARDS FOR DRIVING ATTENDANCE
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 10
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 250.
(D) METHOD OF DETERMINING REVENUE: FACE VALUE OF GIFT CARDS

Schedule M (Form 990) 2019FOUNDATION, INC.

932142 09-27-19

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. OKC THUNDER GIFT BAGS FOR STARS OF EDUCATION (A) CHECK IF APPLICABLE = X (B) NUMBER OF CONTRIBUTIONS = 9 (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 175. (D) METHOD OF DETERMINING REVENUE: VALUATION BY DONOR OKC THUNDER GIFT BAGS FOR DRIVING ATTENDANCE (A) CHECK IF APPLICABLE = X (B) NUMBER OF CONTRIBUTIONS = 10 (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 150. (D) METHOD OF DETERMINING REVENUE: VALUATION BY DONOR BLACK SCINTILLA SUNGLASSES FOR DRIVING ATTENDANCE (A) CHECK IF APPLICABLE = X (B) NUMBER OF CONTRIBUTIONS = 10(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 150. (D) METHOD OF DETERMINING REVENUE: VALUATION BY DONOR HEY DAY GIFT CARDS FOR DRIVING ATTENDANCE (A) CHECK IF APPLICABLE = X (B) NUMBER OF CONTRIBUTIONS = 10 (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 100. (D) METHOD OF DETERMINING REVENUE: FACE VALUE OF GIFT CARDS REMINGTON PARK BOX SEATING FOR 4 (A) CHECK IF APPLICABLE = X

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Schedule M (Form 990) 2019

Page 2

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. (B) NUMBER OF CONTRIBUTIONS = 1 (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 60.	OKLAHOMA CITY PUBLIC SCHOOLS Schedule M (Form 990) 2019 FOUNDATION, INC. Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a	73-1222182 Page 2 and 33, and whether the organization
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 60.	is reporting in Part I, column (b), the number of contributions, the number of items received, or	a combination of both. Also complete
	(B) NUMBER OF CONTRIBUTIONS = 1	
(D) METHOD OF DETERMINING REVENUE: VALUATION BY DONOR	(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 60.	
	(D) METHOD OF DETERMINING REVENUE: VALUATION BY DONOR	
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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION.

Employer identification number 73-1222182

FOUNDATION, INC.
FORM 990, PART I, DOING BUSINESS AS:
THE FOUNDATION FOR OKLAHOMA CITY PUBLIC SCHOOLS
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OKLAHOMA CITY PUBLIC SCHOOLS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAM SERVICES OF THE FOUNDATION INCLUDE ASSISTING OKCPS WITH
FUNDING AND OTHER SUPPORT FOR DISTRICTWIDE NEEDS SUCH AS ASSISTING IN
ORGANIZING AND FUNDING OKCPS'S ANNUAL CONVOCATION, SCHOOL BOARD EVENTS
AND RECEPTIONS AND OTHER NEEDS IDENTIFIED BY THE DISTRICT.
EXPENSES \$ 52,985. INCLUDING GRANTS OF \$ 10,626. REVENUE \$ 7,665.
FORM 990, PART VI, SECTION A, LINE 1:
THE FOUNDATION IS GOVERNED BY A BOARD OF DIRECTORS THAT MEET EVERY OTHER
MONTH AND ALL MEMBERS OF THE BOARD OF DIRECTORS HAVE VOTING PRIVILEGES.
THE FOUNDATION ALSO HAS AN ADVISORY BOARD THAT ATTEND BOARD MEETINGS TWICE
A YEAR AND SERVE ON VARIOUS COMMITTEES WITHIN THE ORGANIZATION. ADVISORY
BOARD MEMEBRS DO NOT HAVE VOTING PRIVILEGES.
FORM 990, PART VI, SECTION B, LINE 11B:
AN INDEPENDENT ACCOUNTING FIRM PREPARES THE ORGANIZATION'S 990 EACH YEAR.
ONCE A DRAFT OF THE 990 IS COMPLETED IT IS THOROUGHLY REVIEWED BY THE STAFF
FOR ACCURACY AND CLARIFICATION. IF ANY REVISIONS ARE REQUIRED, THEY ARE
MADE AT THIS TIME. ONCE THE STAFF AND AUDITING FIRM ARE SATISFIED WITH THE
DRAFT OF THE 990 IT IS PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW AND Schedule O (Form 990 or 990-EZ) (2019)

APPROVAL TO FILE. THE FINANCE COMMITTEE IS PROVIDED THE DRAFT OF THE 990 IN

ADVANCE OF THE MEETING TO HAVE TIME TO THOROUGHLY REVIEW AND PRESENT

QUESTIONS OR REQUESTS FOR REVISION AT THE MEETING. IF THERE ARE NO

REVISIONS REQUIRED THE 990 IS PUT TO A VOTE FOR APPROVAL BY THE COMMITTEE.

ONCE THE FINANCE COMMITTEE HAS APPROVED THE 990 IT IS FILED AND A COPY OF

THE 990 IS PROVIDED DIGITALLY TO ALL MEMBERS OF THE BOARD OF DIRECTORS AND

ADVISORY BOARD. ADDITIONALLY, COPIES OF THE 990 INCLUDED AS PART OF THE

NEXT BOARD MEETING'S BOARD PACKET.

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

THE STAFF AND THE OFFFICERS OF THE ORGANIZATION STAY APPRISED OF ANY CHANGE

OF EMPLOYMENT OR CIRCUMSTANCE WITH OFFICERS, DIRECTORS AND KEY EMPLOYEES

THAT MAY PRESENT A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE OFFICERS AND HR CHAIR OF THE ORGANIZATION COMPLETE AN ANNUAL EVALUATION

OF THE PRESIDENT/CEO AND MAKE COMPENSATION DECISIONS BASED ON COMPARABLE

COMPENSATION DATA AND THE PRESIDENT/CEO'S LEVEL OF EXPERIENCE.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION RETAINS COPIES OF ALL GOVERNING DOCUMENTS, 990S AND ANNUAL AUDITS AT THE FOUNDATION'S OFFICES AND THEY ARE AVAILABLE FOR REVIEW UPON REQUEST. THE FOUNDATION ALSO HAS DIGITAL COPIES OF ALL GOVERNING DOCUMENTS, 990S AND ANNUAL AUDITS AVAILABLE FOR DOWNLOAD BY ANY INTERESTED PARTY AVAILABLE ON OUR WEBSITE, WWW.OKCKIDS.COM, AT ANY TIME.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNCOLLECTIBLE PLEDGES

-2,000.