** PUBLIC DISCLOSURE COPY **

Form **990**

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.

2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or the	2016 calendar year, or tax year beginning and e	enaing	I	
	eck if plicable	OKLAHOMA CITT FUBLIC BEHOULD		D Employer identifica	tion number
	Addres change	FOUNDATION, INC.			
	Name change	Doing business as THE FOUNDATION FOR OKLAHOMA	A CITY	73-12	22182
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	431 WEST MAIN STREET, SUITE E		(405)	604-5977
	termin- ated			G Gross receipts \$	1,501,422.
Γ-	Amend return	ed OKLAHOMA CITY, OK 73102		H(a) Is this a group retu	
	Applica tion			for subordinates?	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates incl	uded? Yes No
I T	27-676	empt status: X 501(c)(3) 501(c) ()	or 527	If "No," attach a lis	st. (see instructions)
. I W	<i>l</i> oheit	e: ► OKCKIDS.COM		H(c) Group exemption	number 🕨
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1984 M	State of legal domicile; OK
	41	Summary			
	4	Priofly describe the organization's mission or most significant activities: TO A	DVANCE	EXCELLENCE,	CREATE
Activities & Governance	1	CHAMPIONS, AND BUILD COMMUNITY SUPPORT FO	OR LAS	TING CHANGE	IN
g		Check this box if the organization discontinued its operations or dispose	sed of more	e than 25% of its net ass	ets.
le.				3	18
ő	3	Number of voting members of the governing body (Fart VI, iii ie 14) Number of independent voting members of the governing body (Part VI, line 1b)			18
જ	4	Number of independent voting members of the governing body (Fait Vi, line 15) Total number of individuals employed in calendar year 2016 (Part V, line 2a)			8
ies	5	Total number of individuals employed in calendar year 2010 (Fait V, line 2a)			100
ţivit		Total number of volunteers (estimate if necessary)			0.
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year
Revenue			-	589,008.	1,065,033.
		Contributions and grants (Part VIII, line 1h)		7,918.	8,954.
		Program service revenue (Part VIII, line 2g)		102,894.	46,236.
ě.		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	-4,340.
ш		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		699,820.	1,115,883.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		149,268.	457,364.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		149,200.	457,304.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		# · I	343,145.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		187,025.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 36, 4		0.	U •
be tbe	b	Total fundraising expenses (Part IX, column (D), line 25)	10.	100 000	000 114
û		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		182,339.	229,114.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		518,632.	1,029,623.
	19	Revenue less expenses. Subtract line 18 from line 12		181,188.	86,260.
or			В	Beginning of Current Year	End of Year
sets or	20	Total assets (Part X, line 16)		2,293,387.	2,441,552.
Ass Ba	21	Total liabilities (Part X, line 26)		487,042.	468,052.
Net Ass Fund Ba	22	Net assets or fund balances. Subtract line 21 from line 20		1,806,345.	1,973,500.
P	art II	Signature Block			
Unc	er nen	alties of perjury. I declare that I have examined this return, including accompanying schedul	es and state	ments, and to the best of my	knowledge and belief, it is
true	. corre	ct, and complete Declaration of preparer (other than officer) is based on all information of w	vhich prepar	er has any knowledge,	
	<u>, </u>	The still state of the state of		X IV	2-1-1
Sig	ın	Signature of officer		Date	
He		MARY MELON, PRESIDENT/CEO			
110		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	Н	W. LYNDEL LACKEY W. LYNDEL LACKE	ΞY	10/31/17 if self-employe	P00234298
	parer	Firm's name HOGANTAYLOR LLP		Firm's EIN	73-1413977
	e Only	Firm's address 11600 BROADWAY EXTENSION, SUITE	₹ 300		
080	Unity	OKLAHOMA CITY, OK 73114		Phone no. (4	05) 848-2020
_		IRS discuss this return with the preparer shown above? (see instructions)			X Yes No
Ma	ly the	INO discuss this return with the preparer shown above r (see instructions)			- 000

Form	990 (2016) FOUNDATION, INC. 73-1222182 Page 2
Par	t 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.
	FOR DASTING CHANGE IN ORDANOMI CITT TORRES DESCRIPTION
	Did the organization undertake any significant program services during the year which were not listed on the
2	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.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 469,062. including grants of \$ 288,905.) (Revenue \$)
	DONORSCHOOSE.ORG - THROUGH A PARTNERSHIP WITH DONORSCHOOSE.ORG THE
	FOUNDATION PROVIDES DIRECT MATCHING FUNDS FOR PROJECTS POSTED BY
	TEACHERS IN THE OKLAHOMA CITY PUBLIC SCHOOLS. THIS SUPPORT HELPS
	BRIDGE THE GAP WITH WHAT TEACHERS HAVE AND WHAT IS NEEDED TO ENHANCE
	THE EDUCATIONAL EXPERIENCE FOR STUDENTS IN THE OKCPS. IN ADDITION TO
	DIRECT FINANCIAL SUPPORT THE FOUNDATION PROVIDES SUPPORT AND TRAINING
	TO TEACHERS IN THE OKCPS ON IDENTIFYING NEEDS AND SUCCESSFULLY
	DESCRIBING AND POSTING THEIR PROJECTS. THE FOUNDATION ALSO PARTNERS
	WITH COMMUNITY PARTNERS LIKE KOCO TELEVISION TO RUN PSA'S TO RAISE
	AWARENESS IN THE COMMUNITY OF THIS IMPORTANT WAY TO SUPPORT THESE
	PROJECTS. BY THE END OF 2016 THE FOUNDATION HAD FUNDED 1,513 PROJECTS
	FOR 839 DIFFERENT TEACHERS AT 86 DIFFERENT SCHOOLS. THESE PROJECTS
4b	(Code:) (Expenses \$ 135,529 · including grants of \$ 28,960 ·) (Revenue \$)
	PARTNERS IN ACTION - OUR SCHOOLS CAN'T DO IT ALONE, THEY NEED OUR HELP.
	THE FOUNDATION FOR OKLAHOMA CITY PUBLIC SCHOOLS AND THE OKLAHOMA CITY
	PUBLIC SCHOOLS PARTNER ON THIS INITIATIVE THAT INVITES COMPANIES, CIVIC
	GROUPS, NONPROFITS, FAITH-BASED ORGANIZATIONS AND INDIVIDUALS TO PLAY
	INITIATIVE IS TO OUTREACH TO BOTH THE COMMUNITY AND SCHOOL PRINCIPALS TO MATCH SCHOOL NEEDS WITH COMMUNITY RESOURCES. IN ADDITION TO ENGAGING
	TO IMITOR DOMOGE RELEASE CONTRACTOR OF THE PROPERTY OF THE PRO
	THE COMMUNITY TO BE DIRECTLY INVOLVED IN THEIR SCHOOLS THE FOUNDATION
	PROVIDES SOME CASH GRANTS TO MEET DIRECT NEEDS IN SCHOOLS.
	(Code: \(\(\) \(\
4c	(Code:) (Expenses \$ 78,689. including grants of \$ 55,546.) (Revenue \$) BILINGUAL TEACHER PIPELINE PROJECT - THERE ARE 18,532 BILINGUAL
	STIDENTS 12 658 ENGLISH LANGUAGE LEARNERS AND 41 LANGUAGES CURRENTLY
	STUDENTS, 12,658 ENGLISH LANGUAGE LEARNERS AND 41 LANGUAGES CURRENTLY BEING SPOKEN IN THE OKCPS. THIS "MAJORITY MINORITY" CREATES THE NEED
	FOR A LARGE NUMBER OF BILINGUAL TEACHERS AND THERE IS A CONTINUOUS
	SHORTAGE OF THESE TEACHERS. THE OBJECTIVE OF THE BILINGUAL TEACHER
	PIPELINE PROJECT IS TO, SIMPLY PUT, GROW OUR OWN, BY PROVIDING FUNDING
	FOR TUITION AND TEACHER CERTIFICATION FOR PARAPROFESSIONALS ALREADY
	WORKING IN THE OKLAHOMA CITY PUBLIC SCHOOLS DISTRICT. TEACHERS WHO
	COMPLETE THE PROGRAM MUST COMPLETE A MINIMUM OF 3 YEARS TEACHING IN THE
	OKLAHOMA CITY PUBLIC SCHOOLS OR WILL BE REQUIRED TO PAY BACK TUITION TO
	THE FOUNDATION.
4d	Other program services (Describe in Schedule O.) (Expenses \$ 264, 185 • including grapts of \$ 83,954 •) (Revenue \$ 8,954 •)
	(Expenses \$ 201/1050 including grants of \$ 7
<u>4e</u>	Total program service expenses ► 947,465. Form 990 (2016)

	OKLAHOMA CITY PUBLIC SCHOOLS 73-122	2182	ר	age 3
Form !	990 (2016) FOONDATION, INC.	<u> </u>	<u> </u>	<u> </u>
Par	IV Checklist of Required Schedules		Yes	No
	2 (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6		163	NO
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
	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	3		х
	public office? If "Yes," complete Schedule C, Part I	•	-	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection 501(c)(3) organizations.	4		X
	during the tax year? If "Yes," complete Schedule C, Part II	·		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, since the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, since the organization as section 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, since the organization as section 501(c)(4), 501(c)(5), or 501(c)(6), or 501	5		Х
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	•	<u> </u>	t
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	/ 6		x
	provide advice on the distribution or investment of amounts in such full distribution or investment of amoun	` <u> </u>		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	.	T	
8	Did the organization maintain collections of works of art, historical treasures, of other similar assets in 1997, somplete	8		X
_	Schedule D, Part III	•	†	—
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a constraint of			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9	x	
	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanen			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	1
	endowments, or quasi-endowments in the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	Filhin	1040	
11				
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1. 1. 12 12-1		
а		11a	X	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			\top
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			1
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110	:	X
	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	.		1
d	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ı	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
_	Did the organization report an amount for other liabilities in Farty, line 2017 166, complete consolidated financial statements for the tax year include a footnote that addresses		1	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	:	X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a		12a	X	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?			1
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	,	X
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	the state of the United States?	14a	1	X
14a	then \$10,000 from grantmaking fundraising business.			
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	,	X
400	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	.	X
4.0	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	,	x
- د	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	1
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	.	x
40	column (A), lines 6 and 11e? If "Yes," complete scriedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	, x	
	1c and 8a? If "Yes," complete Scriedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19	complete Schedule G, Part III	19	,	X
	complete scriedule G, Fart III			0 (201

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OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

Form 990 (2016)

Part IV Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 Х 23 Schedule J 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 Х 24a Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," Х 26 complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х 34 Part V, line 1 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O . Form 990 (2016)

OKLAHOMA CITY PUBLIC SCHOOLS
Form 990 (2016) FOUNDATION, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

. UI	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
12	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							
·	(gambling) winnings to prize winners?	1c	Х					
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
20	filed for the calendar year ending with or within the year covered by this return							
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	VINE I						
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b						
42	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
4a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
h	If "Yes," enter the name of the foreign country: ▶							
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
Ja h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
0	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с						
60	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
Ua	any contributions that were not tax deductible as charitable contributions?	6a		X				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
D	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
a	Divide a marking a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
·	to file Form 8282?	7с		X				
d	7d	HEER NA	Yak.					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
g	to the company of the second state of expelling intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>					
h	2.7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
Ī	sponsoring organization have excess business holdings at any time during the year?	8		ļ				
9	Sponsoring organizations maintaining donor advised funds.		West a					
а	Division 1966?	9a		ļ				
b		9b						
10	Section 501(c)(7) organizations. Enter:							
a	Littlet for and control control control included on Part VIII line 12	1						
b	10b	_						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a	_						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1000						
a	s the organization licensed to issue qualified health plans in more than one state?	13a	1	1 1 1 1 1 1 1 1 1				
	Note. See the instructions for additional information the organization must report on Schedule O.	No.						
k	The state of the state of the state of the maintain by the states in which the							
	organization is licensed to issue qualified health plans 13b	4						
		1 8 9						
14a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X				
ŀ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						

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Form 990 (2016) 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 in Schedule O. See instructions.

	C C			X				
	Check if Schedule O contains a response or note to any line in this Part VI	********	· · · · · ·					
Sect	tion A. Governing Body and Management	T	Yes	No				
	Enter the number of voting members of the governing body at the end of the tax year 1a 18							
1a	Enter the number of voting members of the governing body at the end of the tax year							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
	Enter the number of voting members included in line 1a, above, who are independent							
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
2	· · · · · · · · · · · · · · · · · · ·	2	2.3,3,30	X				
_	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision							
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
_	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
4	Did the organization make any significant changes to its governing documente since the provided make any significant changes to its governing documente since the provided make any significant changes to its governing documente since the provided make any significant changes to its governing documente since the provided make any significant changes to its governing documente since the provided make any significant changes to its governing documente since the provided make any significant changes to its governing documente since the provided make any significant changes to its governing documente since the provided make any significant changes to its governing documente since the provided make any significant changes to its governing documente since the provided make any significant changes to its governing documente since the provided make any significant changes to its governing documente since the provided make any significant changes and the provided make any significant changes are significant changes and the provided make any significant changes are significant changes and the provided make any significant changes are significant changes and the provided make any significant changes are significant changes and the provided make any significant changes are significant changes and the provided make any significant changes are significant changes and the provided make any significant changes are significant changes and the provided make any significant changes are significant changes and the provided make any significant changes are significant changes and the provided make any significant changes are significant changes and the provided make any significant changes are significant changes and the provided make any significant changes are significant changes and the provided make any significant changes are significant changes and the provided make any significant changes are significant changes and the significant changes are significant changes and the significant changes are significant changes and signific	5		X				
5	Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?	6		X				
6 7-	Did the organization have members of stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
/a		7a		Х				
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
D		7b		Х				
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
8	The governing body?	8a	X					
a	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							
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Soc	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
360	tion B. I divices (This dection B requests information about periode interruption)		Yes	No				
100	Did the organization have local chapters, branches, or affiliates?	10a		X				
iva h	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
ı ıa	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
199	Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	which is the state of the conflicts?	12b	X					
c	The state of the s							
Ŭ	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
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?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b		X				
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	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							
	exempt status with respect to such arrangements?	16b						
Sec	ction C. Disclosure							
17	list the states with which a copy of this Form 990 is required to be filed ▶OK							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Uther (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial					
.0	statements available to the public during the tax year.							
20	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							

FOUNDATION, INC.

Form 990 (2016) 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.

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

Check this box if neither the organiz (A)	(B)			(C	;)			(D)	(E)	(F)
Name and Title	Average hours per week	box,	unle	Posi heck r ss per id a di	tion nore son i	s boti	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CLIFF HUDSON	5.00							0.	0.	0.
CHAIR		Х		igsquare				U •	0.	
(2) PERCY KIRK	3.00							0.	0.	0.
VICE CHAIR		X	_			<u> </u>	_	0.	U •	<u>0.</u>
(3) TERESA ROSE	3.00	l							0.	0.
TREASURER		X				_	_	0.	U •	0.
(4) PACO BALDERRAMA	1.00								0.	0.
BOARD MEMBER		X	<u> </u>	_		<u> </u>		0.	0.	0.
(5) JENNY HATTON	1.00	ا		1					0.	0.
BOARD MEMBER		X				_	_	0.	0.	0.
(6) DAVID HOLT	1.00	<u> </u>							0.	0.
BOARD MEMBER		X	\perp	<u> </u>	<u> </u>	_	L	0.	0.	0.
(7) TIM JOHNSEN	1.00	╡					l		0.	0.
BOARD MEMBER		X	1				_	0.	U •	0.
(8) RUSTY LAFORGE	1.00	┨						0.	0.	0.
BOARD MEMBER		X			↓_	_	<u> </u>	U .	V •	0.
(9) TIM MCLAUGHLIN	1.00	┧			l			0.	0.	0.
BOARD MEMBER		X	_	_	_		<u> </u>	0.	<u> </u>	· ·
(10) CRISTINA MCQUISTION	1.00	١						0.	. 0.	0.
BOARD MEMBER		X	╄	4_	L	\perp	↓_	0.		
(11) XAVIER NEIRA	1.00	١						0.	. 0.	0.
BOARD MEMBER		X	_	-	4_	_	╄	U .		- 0.
(12) SARAH ROBERTS	1.00							0.	.] o.	0.
BOARD MEMBER		X	_	_	_	-	-	U.		<u> </u>
(13) CLAUDIA SAN PEDRO	1.00							0	. 0.	0.
BOARD MEMBER	4 00	X	4	4	╄	_	+	U.		<u> </u>
(14) GLENNA TANENBAUM	1.00							0	. 0.	. 0.
BOARD MEMBER		X	_		\perp		-	U	• 0 •	- 0.
(15) VALERIE THOMPSON	1.00							0	.] o.	. 0.
BOARD MEMBER		X	1	\perp	_	<u> </u>	1	0	•	-
(16) GARY TREDWAY	1.00		.					0	.] 0.	. 0
BOARD MEMBER		X	1	_	1	_	+	J U	•	, 0
(17) STANLEY HUPFELD	1.00								.] 0.	.) o.
BOARD MEMBER		X	٠					0	•	OOO (0016

73-1222182

Page 7

Form 990 (2016)	OKLAHOMA FOUNDATIO			JIC	: :	CF	OO	LS	5	73-1222	182	Pa	ge 8
	tion A. Officers, Directors, Trus			ees	and	1 Hi	ahes	t C	ompensated Employe	es (continued)		-	-
i di Cana Sec	(A) Name and title	(B) Average hours per	le Po				than o	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimate amount		
		week (list any hours for related organizations below line)				irecto	Highest compensated A	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	other bensat om the anizati relate nizatio	e on ed
(18) MILES T		1.00	х						0.	0.			0.
(19) MARY ME		40.00		_	_	-							
SECRETARY/PR		10.00	1		х				134,806.	0.	2:	1,4	07.
(20) NEWT BR	OWN	40.00			х				62,558.	0.		3,7:	
DIRECTOR OF	OPERATIONS				Δ				02,550.	<u> </u>	,	<i>3</i>	
													•
			<u> </u>			<u> </u>							· · · · · · · · · · · · · · · · · · ·
			_										
			<u> </u>				ļ		197,364.	0.	2	5,1	41.
	m continuation sheets to Part V	II, Section A							0. 197,364.	0.		5,1	0.
d Total (ad 2 Total nun	d lines 1b and 1c)ber of individuals (including but r	not limited to t	hose	e list	ed a	bov	e) w	ho r	1			5 / 2	1
compens	ation from the organization											Yes	No
	rganization list any former officer										3		X
4 For any ir	f "Yes," complete Schedule J for s	um of reportat	ole d	omp	ens	atio	n an	d ot	her compensation from	the organization	4	Х	
5 Did any p	ed organizations greater than \$15 person listed on line 1a receive or	accrue compe	ensa	tion	fron	n an	y un	relat	ted organization or indiv	idual for services	5		Х
	to the organization? If "Yes," condependent Contractors	nplete Schedu	ie J	tor s	ucn	per	son] 5	****	1 11
1 Complete	e this table for your five highest co	omnensated in	der	end	ent	conf	tract	ors :	that received more than	\$100,000 of compen	sation	from	
the organ	nization. Report compensation for	the calendar	vear	end	ling	with	orv	vithi	n the organization's tax	year.			
	(A)										(Compe	C) nsatic	n
				11100									
<u></u>													

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization • 0

\$100,000 of compensation from the organization

		Check if Schedule O conta	шъ а гезропѕе	or note to any mile	(A) Total revenue	(B) Related or exempt function revenue	101	(D) Revenue excluded from tax under sections 512 - 514
b) N	Federated campaigns Membership dues Fundraising events Related organizations	1b	54,532.				
e) ())	Government grants (contributi All other contributions, gifts, grant similar amounts not included abov	ons) 1e s, and re 1f 1 ,	010,501.				
9 h		Noncash contributions included in lines Total. Add lines 1a-1f			,065,033.			
<u> </u>	-	Total / Add in 100 Ta 17	A	Business Code				
2 a	a (CUSTODIAL ACCOU	NT FEES	900099	8,954.	8,954.		
2 a	-							
c								
	ď							
· e	•							
f	f	All other program service reve	nue		0 054			William Committee Committee
		Total. Add lines 2a-2f			8,954.		and the state of the	200701 (0000), 120040 (1800)
3		Investment income (including			29,072.			29,072
		other similar amounts)			29,012.			25/0/2
4		Income from investment of tax		- L				
5		Royalties						THE REPORT OF
			(i) Real	(ii) Personal				
1		Gross rents						
1		Less: rental expenses						
		Rental income or (loss)					Sept. Conservation of the sept.	
1		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
' '		assets other than inventory	397,950					
Ι,		Less: cost or other basis						
'	~	and sales expenses Gain or (loss)	380,839	. 360.				
١.	C	Gain or (loss)	17,111	. 53.				
	d	Net gain or (loss)			17,164	•		17,164
١.,		Gross income from fundraisin						
8		including \$ 54,5	532 of					
		contributions reported on line	1c). See					
		Part IV, line 18	6	0.				
		Less: direct expenses		4,340.	4 240			-4,340
		Net income or (loss) from fun		>	-4,340	•		-4,540
9	а	Gross income from gaming a						
		Part IV, line 19						
		Less: direct expenses		o		A TALEST AND A SERVICE AND A S		The state of the state of
		Net income or (loss) from gar						
10	а	Gross sales of inventory, less						
	L	and allowances Less: cost of goods sold		b				
1		Net income or (loss) from sal		L	Average expension and an artist file.			
-	٠	Miscellaneous Reven		Business Code				
11	a							
1	b							
	c							
		All other revenue				******		
		Total. Add lines 11a-11d						44 00
	:	Total revenue. See instructions.		>	1,115,883	8,954.	0.	41,89

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses Fundraising Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 389,414. 389,414. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 67,950 67,950. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 16,465. 21,360. 222,504. 184,679. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 6,175. 8,010. 83,441. 69,256. Other salaries and wages Pension plan accruals and contributions (include 3,169. 367. 283. 3,819. section 401(k) and 403(b) employer contributions) 1,008. 777. 8,717. 10,502. Other employee benefits 2,196. 1,693. 18,990. 22,879. 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal 303. <u> 156.</u> 2,726. 3,185. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 661. 1,282. 13,491. 11,548. Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 980. 1,901 20,010. 17,129. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 1,560. 2,331. 35,100. 31,209. Office expenses Information technology Royalties 15 1,578. 1,769. 37,175. 33,828. Occupancy 16 3,793. 64. 3,619. 110. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 555. 4,253. 92,450. 87,642. Conferences, conventions, and meetings 19 Interest Payments to affiliates _____ 21 4,205. 4,205. Depreciation, depletion, and amortization 22 338. 5,124. 4,776. 10. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 342. 7,181. 420. 7,943. MEMBERSHIP, DUES, & SUB 5,136. 570. 294. PRODUCTION DESIGN & PHO 6,000. 20. 496. 22. TRAINING & DEVELOPMENT 538. 100. 100. d EMPLOYEE SEARCH e All other expenses 45,748. 36,410. 1,029,623. 947,465. Total functional expenses. Add lines 1 through 24e 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)

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

Form 990 (2016)

		Check if Schedule O contains a response or note to any line in this Part X				(B)
				(A) Beginning of year		End of year
1	1	Cash - non-interest-bearing		630,251.	1	638,379.
2		Savings and temporary cash investments			2	
3		Pledges and grants receivable, net		44,677.	3	158,465
4		Accounts receivable, net		90,000.	4	
5		Loans and other receivables from current and former officers, directors,				
`		trustees, key employees, and highest compensated employees. Complete				
		Part II of Schedule L			5	
۱,	6	Loans and other receivables from other disqualified persons (as defined u	nder			
`		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib				
		employers and sponsoring organizations of section 501(c)(9) voluntary				
		employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
١.		Notes and loans receivable, net			7	
- I		Inventories for sale or use			8	
		Prepaid expenses and deferred charges		9		
i i		Land, buildings, and equipment: cost or other				
"	va	basis Complete Part VI of Schedule D 10a 72, 6	75.			
	h	Less: accumulated depreciation 10b 63,4	69.	9,468.	10c	9,206 1,577,737
1		Investments - publicly traded securities		1,458,510.	11	1,577,737
1:		Investments - other securities. See Part IV, line 11		12		
	3	Investments - program-related. See Part IV, line 11			13	
		Intangible assets			14	
	4	Other assets. See Part IV, line 11		60,481.	15	57,765
	5	Total assets. Add lines 1 through 15 (must equal line 34)		2,293,387.	16	2,441,552
	6	Accounts payable and accrued expenses		16,000.	17	50,044
1	7	• •			18	
- 1	8	Grants payable		19		
1	19	Deferred revenue			20	
- 1	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		424,893.	21	418,008
1	21	Loans and other payables to current and former officers, directors, truste				
2	22	key employees, highest compensated employees, and disqualified person	ne			
				est and property and the party of an extension	22	The state of the s
		Complete Part II of Schedule L			23	
2	23	Secured mortgages and notes payable to unrelated third parties			24	
	24	Unsecured notes and loans payable to unrelated third parties				
2	25	Other liabilities (including federal income tax, payables to related third	of			
		parties, and other liabilities not included on lines 17-24). Complete Part X			25	
_		Schedule D		487,042.	26	468,052
- 2	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X	and		1,375	
_			unu			
3 .		complete lines 27 through 29, and lines 33 and 34.		822,236.	27	782,673
	27	Unrestricted net assets		100 024	28	402,386
	28	Temporarily restricted net assets		791,175.	29	788,441
] 2	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here				
-						
5		and complete lines 30 through 34.			30	
3	30	Capital stock or trust principal, or current funds			31	
2 3	31	Paid-in or capital surplus, or land, building, or equipment fund			32	
=	32	Retained earnings, endowment, accumulated income, or other funds		1 1 206 375	33	1,973,500
١,	33	Total net assets or fund balances		2 203 387	34	2,441,552
- 13	34	Total liabilities and net assets/fund balances			1 57	Form 990 (20

	OKHMIOMI CITI I OBBIO BOTTO							
orm	990 (2016) FOUNDATION, INC.	73-12:	22182	Pag	_{je} 12			
	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,115					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,029		$\frac{23.}{60.}$			
3	Revenue less expenses. Subtract line 2 from line 1 Net coasts or fund belonges at beginning of year (must equal Part X line 33, column (A)) 4 1							
4	A							
5	Net unrealized gains (losses) on investments	5	82	2,3	32.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1	L,4	37.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
10	column (B))	10	1,973	3,5	00.			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O.						
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 reviewe	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	and the state of t	ne audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>			
	If the organization changed either its oversight process or selection process during the tax year, explain in Scl	nedule O.			l			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit						
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit						
			1 1		1			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2016)

SCHEDULE A

(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 Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

Employer identification number 73-1222182

Part	I	Reason for Public C	harity Status (A	ll organizations must co	mplete this	part.) See	e instructions.					
he or	gani	zation is not a private founda	tion because it is: (F	or lines 1 through 12, cl	neck only o	one box.)						
1 [A church, convention of chu	rches, or association	n of churches described	in section	170(b)(1)	(A)(i).					
2		A school described in section	on 170(b)(1)(A)(ii). (A	kttach Schedule E (Form	990 or 990	0-EZ).)						
з□		A hospital or a cooperative h	nospital service orga	nization described in se	ction 170(b)(1)(A)(iii).					
4		A medical research organiza	tion operated in con	njunction with a hospital	described	in section	170(b)(1)(A)(iii). Enter t	he hospital's name,				
		city, and state:										
5		An organization operated for	r the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (Co		_								
6 [A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
• -		section 170(b)(1)(A)(vi). (Complete Part II.)										
8 [A community trust describe	·	1)(A)(vi). (Complete Part	11.)							
9 [〓	An agricultural research orga	anization described	in section 170(b)(1)(A)(i	x) operate	d in coniu	nction with a land-grant	college				
9 L		or university or a non-land-g	rant college of agricu	ulture (see instructions)	Enter the i	name. citv	and state of the college	e or				
			rant college of agrice	andro (550 mondonome).	<u></u>	,	,					
10	Y	university: An organization that normal	ly received: (1) more	than 33 1/3% of its sun	nort from (contributio	ons, membership fees, ar	nd aross receipts from				
10 ∟	Λ	activities related to its exem	ny receives. (1) more	than 33 1/3/0 on its sup	and (9) no	more that	a 33 1/3% of its support	from gross investment				
		income and unrelated busin	priunctions - subjec	(less section 511 tax) fr	and (2) no	nnore acqui	ired by the organization:	after June 30, 1975.				
				(less section of reax) in	JIII Dusii lea	sses acqu	iled by the organization.	artor barro bo, ror or				
г		See section 509(a)(2). (Con		to the test for public or	foty Coop	oction 50	0(2)(4)					
11 L	_	An organization organized a An organization organized a	ind operated exclusi	very to test for public sa	nery. Occ s	ha functio	ne of orto carry out the	nurnoses of one or				
12 L		An organization organized a	ind operated exclusi	very for the benefit of, to	penonni recetion f	ne iuncio	See section 509(a)(3). C	heck the hox in				
		more publicly supported org	ganizations describe	to in section bostal(i) o	n and som	ploto linos	120 12f and 12a	noon are bon an				
		lines 12a through 12d that o	describes the type o	r supporting organizatio	hy ita auni	piete ilites	n 126, 121, and 129. Innization(s) typically by	alvina				
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	of the dire	tore or trustoes of the s	upporting				
		the supported organization			a majonty c	n lite direc	Stors of trustees of the s	ирроги ід				
	_	organization. You must c	omplete Part IV, Se	ections A and B.			ad arganization(a) by ba	vina				
b	Ш	Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s supporte	ed organization(s), by na	norted				
		control or management of			ame perso	ns that co	ntroi or manage the sup	ported				
	_	organization(s). You must	t complete Part IV,	Sections A and C.				ad wilth				
С		Type III functionally inte	grated. A supporting	g organization operated	ın connect	tion with, a	and functionally integrate	eu wiin,				
	_	its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)				
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a distr	ribution re	quirement and an attent	iveness				
		requirement (see instructi	ions). You must co n	nplete Part IV, Sections	s A and D,	and Part	V.					
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.						
f		er the number of supported o	•									
g		vide the following information		ed organization(s).	(iv) is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?		support (see instructions)				
		organization		above (see instructions))	Yes	No	очерья (очения)	,				
					ļ							
					A ASSETT OF THE	1.49(8.05(8.05)	1	1				

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (f) Total (e) 2016 (c) 2014 (d) 2015 Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 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 (e) 2016 (f) Total (c) 2014 (d) 2015 Calendar year (or fiscal year beginning in) (b) 2013 (a) 2012 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) 13 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 2016 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2015 Schedule A, Part II, line 14 16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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

Schedule A (Form 990 or 990-EZ) 2016 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 failed to qualify under Part II. If the organization fails to alify under the tests listed below, please complete Part II.)

000	tion A. Public Support	iow, piease comp	ice raicil.				
		(=) 0010 T	(b) 2012	(c) 2014	(d) 2015	(e) 2016	(f) Total
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(6) 2014	(u) 2010	(0, 2010	1.7.1.01.01
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,560,557.	1,122,552.	943,370.	589,008.	1,065,033.	5,280,520.
	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				7,918.	8,954.	16,872.
	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge				- 0.6.00.6		5 00H 300
6	Total. Add lines 1 through 5	1,560,557.	1,122,552.	943,370.	596,926.	1,073,987.	5,297,392.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		50,000.	28,124.	38,874.	25,000.	141,998.
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 amount on line 13 for the year						0.
_	Add lines 7a and 7b		50,000.	28,124.	38,874.	25,000.	141,998.
	Public support. (Subtract line 7c from line 6.)						5,155,394.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
		1,560,557.	1,122,552.	943,370.	(d) 2015 596,926.	1,073,987.	5,297,392.
	Amounts from line 6 Gross income from interest,		, ,				
IUa	dividends, payments received on securities loans, rents, royalties and income from similar sources	48,283.	69,384.	30,583.	16,589.	29,072.	193,911.
۲	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	48,283.	69,384.	30,583.	16,589.	29,072.	193,911.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	40,203.	05,504.	30,303	20,335		
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.)	1,608,840.			613,515.		
14	First five years. If the Form 990 is fo	r the organization	s first, second, th	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3) organi	zation,
	check this box and stop here						>
Se	ction C. Computation of Pub	lic Support Pe	ercentage				
15		line 8, column (f) o	divided by line 13,	column (f))		15	93.88 %
16	Public support percentage from 2015	5 Schedule A, Par	t III, line 15			16	96.47 %
Se	ction D. Computation of Inve	stment Incom	ne Percentage)			
17	Investment income percentage for 20	016 (line 10c, colu	mn (f) divided by I	ine 13, column (f))		17	3.53 %
18	Investment income percentage from	2015 Schedule A	Part III, line 17			18	3.53 %
10	a 33 1/3% support tests - 2016. If the	e organization did	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
13	more than 33 1/3%, check this box a	and stop here. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶X
	h 33 1/3% support tests - 2015. If the	e organization did	not check a box c	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, ch	eck this box and s	Stop nere. The org	gariization qualifies	s as a publicly supp this hav and see in	netructions	
20	Private foundation. If the organization	on did not check a	a pox on line 14, 1	ea, or rep, check	THIS DOY WHO SER II	1311 UVIIOI 13	

Schedule A (Form 990 or 990-EZ) 2016 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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations		Yes	No
	the cranging and the control of the cranging in the cranging according		100	
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.	1		
_	Did the organization have any supported organization that does not have an IRS determination of status		diam.	
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
		2	That we see	
_	organization was described in section 509(a)(1) or (2).			
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	3a	100-100-4	
	(b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		Year	
b	Did the organization confirm that each supported organization qualified under section of (0)(4), (0), or (0) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	3b	38.03/10/10	4.42-1-1-1
	organization made the determination.		Assiste.	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3с	10.000000000000000000000000000000000000	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	74.00		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4a	5500	in the second
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		William.	
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	4b	(A) (A) (A)	, adhaba
	despite being controlled or supervised by or in connection with its supported organizations.			
С	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)	4c	2012/04/04	Magains
	purposes.		38363	1886
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	5a	355491	1,987,090
	was accomplished (such as by amendment to the organizing document).	Ja		10000
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b	NEWS ST	1,000,000
	designated in the organization's organizing document?	5c		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	6	At series of	1944 (1944)
	Part VI.		1 4 5 6 1 5	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	7	140414041	1303555
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		YEAR.	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	8	A diversity	1,4,5610
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		4824000	
98	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	9a	1000000000	History
_	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		14645	1800
t	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9b	1,000,00	Lister Vi
	the supporting organization had an interest? If "Yes," provide detail in Part VI.			1335
(Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9c	10-000	i Watata
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.			138
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	10a	1688	100
	supporting organizations)? If "Yes," answer 10b below.	100	1 1843	1 100
1	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1.000000	1 39474	15000

10b

determine whether the organization had excess business holdings.)

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Pan	IV Supporting Organizations _(continued)		,, ,	
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
	below, the governing body of a supported organization?	11a		
b .	A family member of a person described in (a) above?	11b 11c		
	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.	110	LI	
Sect	ion B. Type I Supporting Organizations		Yes	No
			103	
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.	1	425,000,000	
_	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	NAME OF STREET		
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.	2		
	ion C. Type II Supporting Organizations		1	
Seci	ion of Type it oupporting organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or trustees of each of the organization's supported organization(s). In the same persons that controlled or managed			
	the supported organization(s).	1		
Sact	tion D. All Type III Supporting Organizations	<u></u>		<u> </u>
360	tion b. All Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	SHIR		
•	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			
2	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			
Ü	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			
	supported organizations played in this regard.	3		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
· a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	struction	s).	
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			
	that these activities constituted substantially all of its activities.	2a	31 31 4 4	<u> </u>
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			
	activities but for the organization's involvement.	2b	1	ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	The state of the afficiency directors or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	and activities of each			The se
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard.	3b		1

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Par		g Orga	nizations)
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970 (explain in F	art VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must con	nplete S	ections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
-	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
Ŭ	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	iion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona instructions).	lly integr	ated Type III supporting org	ganization (see

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Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
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			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	ne organization is responsive	€	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii) Distributable
0	an E. Distribution Allocations (ass instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
Secti	on E - Distribution Allocations (see instructions)		110 2010	
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
C	From 2013			
d	From 2014			
е	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
ì	Carryover from 2011 not applied (see instructions)			
Ĭ	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
-	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
•	and 4c			
8	Breakdown of line 7:			
 a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (1 011) 330 0: 330 LZ 2010 1 0 011 = 1			OKLAHOMA			SCHOOLS	5	73-1222182 Pag	9 or
	Part VI	Supplemental Informat IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provid , 2, 3b, 3c, 4b, 4c lines 2 and 3: Par	e the expla c, 5a, 6, 9a,	nations requir 9b, 9c, 11a, 1 on F. lines 1c	11b, and 11c; P. 2a. 2b. 3a. and	art IV, Section B, line 3b: Part V. line 1: Pa	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V. Section B, line 1e; Part V,	
			- 1111						
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	Market and the second s								
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	CANAL								

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2016

Name of the organization

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

Organization type (check	one):
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
Check if your organization	is covered by the General Rule or a Special Rule .
Note: Only a section 501(d	s)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
For an organization property) from an	on filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling \$5,000 or more (in money or y one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, Z, line 1. Complete Parts I and II.
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.
year, contribution is checked, ente purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the as exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box where the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the General Rule applies to this organization because it received nonexclusively ble, etc., contributions totaling \$5,000 or more during the year
but it must answer "No" o	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), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

Employer identification number

Part I	Contributors	(See instructions)). Use duplicate	copies of Part	I if additional	space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1 -		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 -		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 -		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	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		\$\$ 150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

Employer identification number

Part I (Contributors	(See instructions)	. Use duplic	ate copies of	f Part I if	additional	space is r	needed.
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	•		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$55,000.	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
8		\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$Sahadula B / Fari	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

(a)	Noncash Property (See instructions). Use duplicate copies of Pa	(c)	(d)
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
	250 \$100 GIFT CARDS		
2		\$\$	11/29/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
623453 10-18		Schedule B (Form	990, 990-EZ, or 990-PF) (

Name of organization

Employer identification number

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

No.	se duplicate copies of Part III if additiona (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ii	(b) Fulpose of gift	(0, 300 0. g	
_ _			
		(e) Transfer of gift	
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
No.			
No. m t i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
		(e) Transfer of gif	t
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
-			
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
om	(b) Purpose of gift	(c) Use of gift	
om	(b) Purpose of gift Transferee's name, address, a	(e) Transfer of gif	
No. om art I		(e) Transfer of gif	Tt .
om		(e) Transfer of gif	Tt .
om Int I		(e) Transfer of gif	Tt .
om rrt I	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
om rt I	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
om rt I	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee (d) Description of how gift is held
No.	Transferee's name, address, a	(e) Transfer of gift (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held

SCHEDULE D

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

OKLAHOMA CITY PUBLIC SCHOOLS

Employer identification number 73-1222182

FOUNDATION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements ______ 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

73-1222182 Page 2

: Historical Treasures, or Other Similar Assets(continued) FOUNDATION, INC. Schedule D (Form 990) 2016

Par		ollections of Ar	i, mistoricai Tre	asures, or Ou	161 311111	ui Asset	-II	. i	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that are a	significant	use of its o	ollection	item	S
	(check all that apply):								
а	Public exhibition	d		ange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations						2011		
4	Provide a description of the organization's co	llections and explair	how they further th	e organization's ex	cempt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	of art, historical treas	ures, or other simi	lar assets	_	١,,		1
	to be sold to raise funds rather than to be ma	intained as part of the	ne organization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizatior	n answered "Yes" o	on Form 99	0, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi					V	Yes		No
	on Form 990, Part X?					IA	res	L	1 NO
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			T	A		
					40		Amount 40		56.
	Beginning balance								$\frac{30\cdot}{18\cdot}$
	Additions during the year								52.
е	Distributions during the year				1e	1			22.
f	Ending balance					X	Yes	1	No
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial account lia	ин		1 103	X	_
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	rm 000 Part IV lin	۱۱۱ م				
Par	rt V Endowment Funds. Complete i			(c) Two years back	(d) Three	years back	(e) Four	vears	back
		(a) Current year 1,459,624.	(b) Prior year 1,499,858.	1,470,986	_ `	332,100.	1.		,391.
	Beginning of year balance	1,435,024.	1,400,000.	-,,-	 				,569.
	Contributions	109,350.	-35,807.	29,938	5.	202,657.			714.
	Net investment earnings, gains, and losses	100,000.							
	Grants or scholarships								
е	Other expenditures for facilities	53,210.	4,427.	1,066	; .	29,496.		143	,618.
_	and programs	33,210.	-,			34,275.		7	,956.
	Administrative expenses	1,515,764.	1,459,624.	1,499,858	1,	470,986.	1	,332	,100.
g	End of year balance Provide the estimated percentage of the cur								·
2		32.56	% (IIIIe 19, colai1ii1 (c	a)) Hold do.					
	Board designated or quasi-endowment Permanent endowment 52.02	%							
	1 Official office office of the office of th	5.4 2 %							
C	The percentages on lines 2a, 2b, and 2c sho								
20	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	ınd administered fo	or the organ	nization			
Ja	by:	Sabion of the organiz						Yes	No
	(i) unrelated organizations						. 3a(i)	X	
							3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule R?				. 3b		
4	Describe in Part XIII the intended uses of the								
Pa	art VI Land, Buildings, and Equipm	nent.							
1-0	Complete if the organization answers	ed "Yes" on Form 99	0, Part IV, line 11a.	See Form 990, Par	t X, line 10.				
	Description of property	(a) Cost or o) Accumula	ted	(d) Boo	ok val	ue
	Description of property	basis (invest		(other)	depreciation	n			
	a Land								
	Buildings								
	Leasehold improvements								20.5
	d Equipment	1		2,675.	63,	469.		9,	206.
е	• Other							_	20.0
Tota	al. Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, column (B), line	10c.)		🔊 📗	·	·····	206.
							- D /F	00	N 0040

Schedule D (Form 990) 2016

FOUNDATION, INC.

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Schedule D (Form 990) 2016

(a) Description of security or category (including name of security)	n Form 990, Part IV, lir (b) Book value	(c) Method of	valuation: Cost or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	on Form 990. Part IV. lir	ne 11c. See Form 990), Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 📗			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Part IX Other Assets.	on Form 000 Part IV II	no 11d See Form 99	
Part IX Other Assets. Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered of the organization and the		ne 11d. See Form 99	0, Part X, line 15.
Part IX Other Assets. Complete if the organization answered "Yes" (a) I	on Form 990, Part IV, li Description	ne 11d. See Form 99	
Part IX Other Assets. Complete if the organization answered "Yes" (a) [ne 11d. See Form 99	0, Part X, line 15.
Complete if the organization answered "Yes" (a) [(1) (2)		ne 11d. See Form 99	0, Part X, line 15.
Part IX Other Assets. Complete if the organization answered "Yes" (a) [ne 11d. See Form 99	0, Part X, line 15.
Complete if the organization answered "Yes" (a) [(1) (2)		ne 11d. See Form 99	0, Part X, line 15.
Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3)		ne 11d. See Form 99	0, Part X, line 15.
Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4)		ne 11d. See Form 99	0, Part X, line 15.
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		ne 11d. See Form 99	0, Part X, line 15.
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		ne 11d. See Form 99	0, Part X, line 15.
Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		0, Part X, line 15. (b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		0, Part X, line 15. (b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line [Part X] Other Liabilities.	Description 15.)		0, Part X, line 15. (b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description 15.)	ine 11e or 11f. See Fo	0, Part X, line 15. (b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description 15.)		0, Part X, line 15. (b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description 15.)	ine 11e or 11f. See Fo	0, Part X, line 15. (b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	Description 15.)	ine 11e or 11f. See Fo	0, Part X, line 15. (b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (8) (9) (9) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Description 15.)	ine 11e or 11f. See Fo	0, Part X, line 15. (b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description 15.)	ine 11e or 11f. See Fo	0, Part X, line 15. (b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description 15.)	ine 11e or 11f. See Fo	0, Part X, line 15. (b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (1) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Description 15.)	ine 11e or 11f. See Fo	0, Part X, line 15. (b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)	ine 11e or 11f. See Fo	0, Part X, line 15. (b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description 15.)	ine 11e or 11f. See Fo	0, Part X, line 15. (b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)	ine 11e or 11f. See Fo	0, Part X, line 15. (b) Book value

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

FOUNDATION, INC.

Part X	Reconciliation of Revenue per Audited Financial Statem		evenue per n e	tulli.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		1	1,998,632.
	al revenue, gains, and other support per audited financial statements			4,544.0	1,000,0020
	ounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	82,332.		
a Net	unrealized gains (losses) on investments		234,940.		
	ated services and use of facilities	1 . 1	234,940.		
	overies of prior year grants		ECE 177		
d Oth	er (Describe in Part XIII.)		565,477.	(400)	882,749.
	l lines 2a through 2d			2e	1,115,883.
	stract line 2e from line 1			3 _	1,113,003.
	ounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a Inv	estment expenses not included on Form 990, Part VIII, line 7b				
b Oth	er (Describe in Part XIII.)				٥
	f lines 4a and 4b			4c	1,115,883.
5 Tot	al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5 Dotus	
Part X	Reconciliation of Expenses per Audited Financial State	ments With I	≟xpenses per	Retur	TI.
,	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				1,788,972.
	al expenses and losses per audited financial statements			1 :	1,700,372.
	ounts included on line 1 but not on Form 990, Part IX, line 25:	1.1	224 040		
a Do	nated services and use of facilities		234,940.		
b Pri	or year adjustments				
	ner losses		E24 400		
	ner (Describe in Part XIII.)		524,409.	1076	750 240
e Ad	d lines 2a through 2d			2e	759,349.
	otract line 2e from line 1			3	1,029,623.
4 An	ounts included on Form 990, Part IX, line 25, but not on line 1:				
a Inv	estment expenses not included on Form 990, Part VIII, line 7b	4a			
b Ot	ner (Describe in Part XIII.)	4b		Diff	٥
c Ac	d lines 4a and 4b			4c	1,029,623.
5 To	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,049,043.
Part >	III Supplemental Information.				V " 0 D 1 VI
Provide :	he descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines 1b a	nd 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 a	additional informa	ation.		
PART	IV, LINE 1B:				
m	ORGANIZATION MAINTAINS FUNDS FOR SCHOOL	. BASED E	NTTTES S	UCH	AS PTA'S.
THE	ORGANIZATION MAINTAINS FONDS FOR BEHOOF	1 1110110 1			
י סשת	S AND OTHER SUPPORT GROUPS. EACH SUCH	GROUP SI	GNS AN AG	REE	MENT WITH
<u>P10</u>	5 AND OTHER BOFFORT GROOTE: ERCH BOCK				
THE	FOUNDATION OUTLINING THE PARAMETERS OF	EACH FUN	D. THE F	OUN	DATION
11111	TOUNDATION COLDENSING INC.				
МАКЕ	S DISTRIBUTIONS FROM EACH FUND BASED OF	N APPROVE	D REQUEST	S W	ITH THE
PART	NER ORGANIZATION. THE FUNDS HELD BY THE	E FOUNDAT	ION ARE	EPT	IN A
SEPA	RATE BANK ACCOUNT THAT IS NOT COMINGLED	IA HTIW C	Y OF THE	FOU:	NDATION'S
OPER	ATING FUNDS.				
PART	IV, LINE 2B:				
ESCR	OW LIABILITY ARRANGEMENT EXPLANATION				
		ma man	TOTTOOT OF TR	ייות ד	E OKIVATOWA
THE	FOUNDATION RECEIVES AND DISTRIBUTES FU	NDS FOR S	SCHOOPS IL	H.T. N	E OKLAHUMA

Schedule D (Form 990) 2016 FOUNDATION, INC. 75 222222 Tags Part XIII Supplemental Information (continued)
CITY PUBLIC SCHOOLS DISTRICT UNDER A SCHOOL PROJECT FUND POLICY AND
RELATED AGREEMENTS. THESE PROJECT FUNDS ARE REFERRED TO AS PASS-THROUGH
FUNDS AND ARE SEGREGATED FROM NET ASSETS OF THE FOUNDATION. TO BE ELIGIBL
FOR A PASS-THROUGH FUND, PROJECTS MUST BE CONSISTENT WITH THE MISSION,
GENERAL CHARITABLE PURPOSE AND TAX EXEMPT STATUS OF THE FOUNDATION, AMONG
OTHER REQUIREMENTS. SINCE THE FOUNDATION DOES NOT HAVE VARIANCE POWER OVE
THE USE OF PASS-THROUGH FUNDS, RELATED RECEIPTS AND DISBURSEMENTS ARE NOT
RECOGNIZED AS REVENUE OR EXPENSE IN THE STATEMENT OF ACTIVITIES. THE
FOUNDATION ASSESSES A 3% ADMINISTRATIVE FEE ON FUNDS FOR THE DIRECT AND
INDIRECT COSTS INCURRED TO ACCEPT, MANAGE AND ADMINISTER PASS-THOUGH
FUNDS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES 4,34
REVENUE REPORTED ON SHORT YEAR RETURN DUE TO ACCOUNTING
PERIOD CHANGE 561,13
TOTAL TO SCHEDULE D, PART XI, LINE 2D 565,47
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNRAISING EXPENSES 4,34
EXPENSES REPORTED ON SHORT YEAR RETURN DUE TO ACCOUNTING
PERIOD CHANGE 518,63
BAD DEBT EXPENSE 1,4:
TOTAL TO SCHEDULE D, PART XII, LINE 2D 524,40

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OKLAHOMA CITY PUBLIC SCHOOLS

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990 cr 990 cr 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016

Open to Public Inspection

Employer identification number

FOUNDAT	ION, INC.		~		73-1222	182
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written o key employees listed in Form 990, Pab If "Yes," list the 10 highest paid indivious compensated at least \$5,000 by the	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with p iduals or entities (fundraisers) pursu	ion of ion of fundra (includ rofess	non-ge goveri ilsing e ding of ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	troi or	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			. 🕨			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contri	oution	s or has been notifie	d it is exempt from r	egistration
			•			
					· · · · · · · · · · · · · · · · · · ·	

OKLAHOMA CITY PUBLIC SCHOOLS 73-1222182 Page 2 Schedule G (Form 990 or 990-EZ) 2016 FOUNDATION, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (a) Event #1 (d) Total events NONE ALL HANDS (add col. (a) through RAISED col. (c)) (total number) (event type) (event type) Revenue 54,532. 54,532. Gross receipts 54,532. 54,532 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes _____ Direct Expenses 150. 150. Rent/facility costs 4,120. 4,120. Food and beverages 8 Entertainment 70. 70. 9 Other direct expenses 4,340. 10 Direct expense summary. Add lines 4 through 9 in column (d) 4,340. 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo col. (a) through col. (c)) bingo/progressive bingo

Reve	1	Gross revenue				
ses		Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses			% Ves %	
	6	Volunteer labor	Yes% No	Yes 9	%	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
é	ı İs	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re 'Yes," explain:			tax year?	Yes No
6320	082 0	9-12-16			Schedule G (F	orm 990 or 990- EZ) 2016

	ORDANIOM THE	3-12	221	82	Page 3
Sche	edule (a (Form 990 or 990 EZ) 2016 I OONDALLON, IIIO				No No
11	Does the organization conduct gaming activities with nonmembers?	∟		6 3	140
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Г	□ γ	06	☐ No
	to administer charitable gaming?			UJ.	140
	Indicate the percentage of gaming activity conducted in:	L	20		%
	The organization's facility	·····	3a 3b		
b	An outside facility	·····	on		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	S.			
	Name				
	Address	Г			
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	es	∟ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amou	nt			
	of gaming revenue retained by the third party \$				
C	If "Yes," enter name and address of the third party:				
	Name				
	Address ▶				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
		·····			
	Director/officer Employee Independent contractor				
47	Manual shows all a tributed on our				
17	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
•	retain the state gaming license?		,	Yes	☐ No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the			
	organization's own exempt activities during the tax year > \$				
Б.		art III. lin	es 9. 9	9b, 1	Ob, 15b,
F-9	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (V); and F 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		,	,	, ,
	15C, 16, and 17B, as applicable. Also provide any additional linormation cooking additional				
_					
_					
_					

Schadula G	(Form 990 or 990-F7)	OKLAHOMA CIT FOUNDATION,	Y PUBLIC	SCHOOLS	73-1222182	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)				
<u> </u>						
		-				

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OKLAHOMA CITY PUBLIC SCHOOLS

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

å STARS OF EDUCATION GRANTS PIPELINE STUDENT TUITION 73-1222182 EDUCATIONAL ASSISTANCE SDUCATIONAL ASSISTANCE EDUCATIONAL ASSISTANCE (h) Purpose of grant or assistance BILINGUAL TEACHER CLASSROOM PROJECT X Yes MATCHING FUNDS 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 TO SCHOOLS 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 CTION PROJECT MISC. DISTRICT SIFT CARDS FOR TEAM CAMPAIGN ARTNERS IN TUNDING SUPPORT (f) Method of valuation (book, FMV, appraisal, other) 36,860. FMV 865. FMV 37,486. FMV 0 Ö o. (e) Amount of assistance non-cash 12, 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 0 ٥. ö 500. (d) Amount of cash grant 665 251,494 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table m, 44, (c) IRC section (if applicable) OKC CITY OF OKC CITY OF OKC LITY OF OKC CITY OF OKC TITY OF 501(C)3 73-6021178 73-6021175 73-6021175 73-6021175 73-6021175 13-4129457 General Information on Grants and Assistance (p) EIN INC criteria used to award the grants or assistance? FOUNDATION. 1 (a) Name and address of organization OKLAHOMA CITY PUBLIC SCHOOLS OKLAHOMA CITY, OK 73106 OKLAHOMA CITY, OK 73109 or government OKLAHOMA CITY, OK 73106 OKLAHOMA CITY, OK 73106 NEW YORK CITY, NY 10018 OKLAHOMA CITY, OK 73106 134 WEST 37TH STREET DONORSCHOOSE, ORG 903 NORTH KLEIN 900 NORTH KLEIN 900 NORTH KLEIN 900 NORTH KLEIN 900 NORTH KLEIN Partl Part II

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016)

73-1222182

FOUNDATION,

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. Schedule I (Form 990) (2016) Part III

Schedule I (Form 990) (2016) (f) Description of noncash assistance OF. DONATED WATCH FOR TEACHER THE YEAR WINNER (book, FMV, appraisal, other) SHIPS THEM DIRECTLY TO THE SUBMITTED ONCE PROJECTS ARE FUNDED THROUGH INDIVIDUAL DONATIONS AND THE FOUNDATION MATCHES FUNDS Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. \mathtt{THE} UNDER THE DONORSCHOOSE.ORG PLATFORM TEACHERS POST THESE PROJECTS ARE THEN INDEPENDENTLY FOLLOW UP NOTES AND REPORTS ARE ADMINISTERS A NUMBER OF DIFFERENT GRANTS EACH YEAR. FMV (d) Amount of non-cash assistance °. 1,545, LARGEST OF THESE GRANTING PROGRAMS IS ADMINISTERED THROUGH TEACHERS IN THE DONORSCHOOSE.ORG SYSTEM. 54,300. 12,105. (c) Amount of cash grant DONORSCHOOSE, ORG ORDERS THE NEEDED MATERIALS AND (b) Number of recipients 59 22 URBAN TEACHER PREPARATORY ACADEMY STUDENT STIPENDS SCHOOL LOCATION OF EACH PROJECT. EDUCATION OUTSTANDING TEACHING/SERVICE CLASSROOM AND OTHER PROJECTS. (a) Type of grant or assistance OTHER DONORSCHOOSE.ORG. THE FOUNDATION LINE ΒĶ VERIFIED 632102 11-01-16 H STARS OF PART AWARDS

OKLAHOMA CITY PUBLIC SCHOOLS 73-1222182 Page 2 FOUNDATION, INC. Schedule I (Form 990) 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.

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.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

Employer identification number 73-1222182

Pa	rt 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			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		MARK!	
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	tradicod, and onlock, modaling the one - section / o			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
Ū	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 Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Tomasso of other organizations			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:		William I	
_	Receive a severance payment or change-of-control payment?	4a		X_
a	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
D -	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			English.
	IT YES to any or lines 44°C, list the persons and provide the applicable amountered.	100 100 000 100 100 100 100 100 100 100		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5				
_	contingent on the revenues of:	5a		X
a		5b		X
D	Any related organization?			in the second
_	If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6				
	contingent on the net earnings of:	6a		X
	The organization?	6b		X
b	Any related organization?			
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7	1	x
_	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	8	and the	Х
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			
9		9	1	
	Regulations section 53.4958-6(c)?			

73-1222182

FOUNDATION,

Schedule J (Form 990) 2016

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

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.

(F) Compensation in column (B)	reported as deferred on prior Form 990	0																																	Schedule J (Form 990) 2016
(E) Total of columns		156 213.																																	Schedu
(D) Nontaxable		14 625	· 0 0 0 4 4	•																															
(C) Retirement and	compensation	684 3	. 107 / 0	0																															
	(iii) Other reportable compensation	c		• 0																															
(B) Breakdown of W-2 and/or 1099-MISC compensation	(ii) Bonus & incentive compensation		0	0																															
(B) Breakdown of	(i) Base compensation	- 1	134,8UD.	0																															
			Ξ	(ii)	Θ	: <u>E</u>]∈) (E	E	E	Ξ	€	ε	3) =	9	15	<u> </u>	1	9	1	<u> </u>	Ξ	Ξ	≘	(ii)	Ξ	Ξ	Ξ	Ξ	ε	Ξ	Ξ	≘	1
	(A) Name and Title	- 1	(1) MARY MELON	SECRETARY/PRESIDENT/CEO																															

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC. Schedule J (Form 990) 2016

Part III Supplemental Information
Provide the information, explanation, or

Page 3

Schedule J (Form 990) 2016	
ovide 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.	ovide the information, explanation, or descriptions required for Part I, lines 1a, 1b,

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Attach to Form 990.

Employer identification number 73-1222182

Name of the organization

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

Types of Property Part I (d) (a) (b) (c) Noncash contribution Method of determining Check if Number of amounts reported on noncash contribution amounts contributions or applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests _____ 3 4 Books and publications Clothing and household goods 5 6 Cars and other vehicles 7 Boats and planes _____ Intellectual property Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles Food inventory _____ 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts FACE VALUE OF (GIFT CARDS FO) 33,030.FMV -X 575 Other > 25 X 96 3,456.FMV (OKC DODGERS H) Other > 26 2,110.FMV 300 X (CHILDREN'S BO) 27 1,800.FMV X 60 (FLOWERS FOR W) 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х 30a exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Х 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х 32a

contributions?

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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Schedule M (Form 990) (2016)

33

b If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) (2016) FOUNDATION, 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 organi embination of both. Also co	zation
PART I, OTHER TYPES OF PROPERTY:		
WATCH FOR TEACHER OF THE YEAR		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 1		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1545.		
(D) METHOD OF DETERMINING REVENUE: FMV - LETTER FROM BC	CLARK WITH VA	LUE

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 16 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OKLAHOMA CITY PUBLIC SCHOOLS Emplo

FOUNDATION, INC.

Employer identification number 73-1222182

Schedule O (Form 990 or 990-EZ) (2016)

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
HAVE CUMULATIVELY IMPACTED 154,189 STUDENTS IN THE OKCPS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAM SERVICES INCLUDE: STARS OF EDUCATION - RECOGNIZING AND
AWARDING OUTSTANDING TEACHERS IN THE OKLAHOMA CITY PUBLIC SCHOOLS,
WALL OF FAME - RECOGNIZING DISTINGUISHED ALUMNI FROM THE OKLAHOMA CITY
PUBLIC SCHOOLS AND UTPA (URBAN TEACHER PREPARATION ACADEMY) - THE
MISSION OF UTPA IS TO ENHANCE THE PREPARATION OF PRE-SERVICE TEACHERS
TO BETTER SERVE THE DIVERSE NEEDS OF STUDENTS IN HIGH NEED SCHOOLS IN
URBAN ENVIRONMENTS; INFUSE AT A DEEPER LEVEL OF CURRENT AND EMERGING
TECHNOLOGIES INTO TEACHING AND LEARNING FOR PRE-SERVICE CANDIDATES,
IN-SERVICE TEACHERS AND P-12 STUDENTS; AND PROVIDE A RICHER, EXPANDED
SET OF CLINICAL EXPERIENCES FOR PRE-SERVICE AND NEW TEACHERS AND
ADDITIONAL AS NEEDED DIRECT GRANTS SUPPORT FOR OKCPS AND THEIR NEEDS.
EXPENSES \$ 264,185. INCLUDING GRANTS OF \$ 83,954. REVENUE \$ 8,954.
THE DATE OF THE PARTY OF THE PA
FORM 990, PART VI, SECTION A, LINE 1:
THE FOUNDATION FOR OKLAHOMA CITY PUBLIC SCHOOLS HAS A GOVERNING BOARD MADE
THE FOUNDATION FOR ORGANOMA CITT FOREIC BEHOODS MIS IT COVERNIES IN THE NUMBER OF OFFICERS. VOTING MEMBERS AND VOTING PAST PRESIDENTS. THE NUMBER

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

632211 08-25-16

ABOVE REPRESENTS THOSE GROUPS OF BOARD MEMBERS. IN ADDITION TO THE BOARD MEMBERS LISTED ABOVE THERE IS A NON-VOTING ADVISORY BOARD FOR THE ORGANIZATION THAT ATTENDS THE ANNUAL MEETING OF THE ORGANIZATION AS WELL AS SERVES ON COMMITTEES AND SUBCOMMITTEES WITHIN THE ORGANIZATION. THESE ADVISORY BOARD MEMBERS ARE NON-VOTING MEMBERS.

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

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

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
632212 08-25-16
Schedule O (Form 990 or 990-EZ) (2016)

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 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

-1,437.

FORM 990, PART XII, LINE 2C

THE FOUNDATION HAS BOTH A FINANCE COMMITTEE AND AN AUDIT COMMITTEE. THE FINANCE COMMITTEE IS CHAIRED BY THE ORGANIZATION'S TRESURER. REGULAR FINANCIAL STATEMENTS ARE PREPARED AND REVIEWED BY AN INDEPENDENT CPA CONTRACTED THROUGH THE OKLAHOMA CENTER FOR NONPROFITS. BEFORE FINANCIAL STATEMENTS ARE PRESENTED TO THE BOARD THE PRESIDENT, DIRECTOR OF OPERATIONS AND THE ORGANIZATION'S TREASURER REVIEW THE THE AUDIT COMMITTEE OVERSEES THE SELECTION OF FINANCIAL STATEMENTS. THEY MEET WITH THE AUDITOR PRIOR TO THE AUDIT THE AUDITOR EACH YEAR. TAKING PLACE AND ARE PRESENTED WITH THE FINAL DRAFT OF THE AUDIT WHEN THEY REVIEW THE DRAFT AND MAKE RECCOMMENDATION TO APPROVE COMPLETE. THE AUDIT FOR THE REVIEW AND APPROVAL OF THE FULL BOARD. AUDIT IS APRROVED BY THE FINANCE COMMITTEE IT IS DISTRIBUTED TO THE FULL BOARD IN ADVANCE OF A REGULARLY SCHEDULED MEETING FOR REVIEW. AUDITORS ARE PRESENT FOR THE BOARD MEETING AND PRESENT THE AUDIT TO THE

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FULL BOARD. THE BOARD THEN VOTED WHETHER OR NOT TO CERTI	FY THE	AUDIT
FOR DISTRIBUTION TO THE PUBLIC.		