** 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.

Open to Public Inspection

OMB No. 1545-0047

Form 990 (2015)

Department of the Treasury Internal Revenue Service

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

and ending DEC 31, 2015 A For the 2015 calendar year, or tax year beginning JUL 1, 2015 D Employer identification number Check if applicable: В C Name of organization OKLAHOMA CITY PUBLIC SCHOOLS Address FOUNDATION, INC. THE FOUNDATION FOR OKLAHOMA CITY 73-1222182 Name change Doing business as Number and street (or P.O. box if mail is not delivered to street address) initial return Room/suite E Telephone number 405-604-5977]Final return 431 WEST MAIN STREET, SUITE E 907,635. G Gross receipts \$ termin-ated City or town, state or province, country, and ZIP or foreign postal code]Amended Ireturn OKLAHOMA CITY, OK 73102 H(a) Is this a group return F Name and address of principal officer: J. CLIFFORD HUDSON 」Yes Ϫ No for subordinates? Applica-H(b) Are all subordinates included? Yes No SAME AS C ABOVE I Tax-exempt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ OKCKIDS.COM H(c) Group exemption number K Form of organization; X Corporation L Year of formation: 1984 M State of legal domicile: OK Association Other > Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO ADVANCE EXCELLENCE, CREATE Activities & Governance CHAMPIONS, AND BUILD COMMUNITY SUPPORT FOR LASTING CHANGE IN Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 22 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 25 6 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 589,008. 943,370. 8 Contributions and grants (Part VIII, line 1h) 7,918. Ο. Program service revenue (Part VIII, line 2g) 102,894. 56,669. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -5,993 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 994,046, 699,820. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 215,295. 149,268. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. О. 14 Benefits paid to or for members (Part iX, column (A), line 4) 277,205. 187,025. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)

27,916. 290,967 182,339. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 783,467 518,632. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 210,579. 181,188. 19 Revenue less expenses, Subtract line 18 from line 12 Beginning of Current Year End of Year 2,293,387. 1,933,311. 20 Total assets (Part X, line 16) 487,042. 169,471. 21 Total liabilities (Part X, line 26) 1,806,345. 1,763,840. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepared (ather than officer) is based on all information of which preparer has any knowledge Signature of officer Sign MARY MELON, PRESIDENT/CEO Here Type or print name and title PTIN Date Preparer's signature Print/Type preparer's name 11/15/16 self-employed W. LYNDEL LACKEY ២00234298 Paid W. LYNDEL LACKEY 73-1413977 Firm's name HOGANTAYLOR LLP Firm's EIN 🕨 Preparer Firm's address 11600 BROADWAY EXTENSION, Use Only Phone no. (405) 848-2020 OKLAHOMA CITY, OK 73114 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

orm	990 (2015) FOUNDATION, INC. 73-1222162 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.
	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	If "Yes " describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
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 \$ 180,662. including grants of \$ 139,050.) (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 ALSO 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 2015 THE FOUNDATION HAD FUNDED 823
	PROJECTS FOR 538 DIFFERENT TEACHERS AT 84 DIFFERENT SCHOOLS. THESE
4b	(Code: \) (Expenses \$ 58,879 • including grants of \$ 4,189 •) (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
	CRUCIAL ROLES IN THEIR SCHOOLS. THE FOUNDATION'S ROLE IN THIS EXCITING
	INITIATIVE IS TO OUTREACH TO BOTH THE COMMUNITY AND SCHOOL PRINCIPALS
	TO MATCH SCHOOL NEEDS WITH COMMUNITY RESOURCES. WHILE THE FOUNDATION
	DOES NOT ISSUE DIRECT CASH GRANTS THROUGH THIS PROGRAM WE HAVE INVESTED
	SIGNIFICANT PERSONNEL AND RESOURCES TO BRIDGE THE GAP BETWEEN WHAT
	SCHOOLS NEED AND WHAT OUR COMMUNITY HAS TO OFFER.
	(Code:) (Expenses \$ 17,257 • including grants of \$ 360 •) (Revenue \$)
40	BILINGUAL TEACHER PIPELINE PROJECT - THERE ARE 18,532 BILINGUAL
	STUDENTS: 12.658 ENGLISH LANGUAGE LEARNERS AND 41 LANGUAGES CURRENTLY
	BEING SPOKEN. 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 PAYBACK TUITION TO THE
	FOUNDATION.
4d	Other program services (Describe in Schedule O.) (Exercises 195.543. including grapts of \$ 5,669.) (Revenue \$ 7,935.)
	Expenses AFO 241
4e	Total program service expenses 452,341.

OKLAHOMA CITY PUBLIC SCHOOLS Form 990 (2015) FOUNDATION, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	X	
•	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		7.7	
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	x	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Δ	80.093/00
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	480000	-cubassi)	RANGKE
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
L	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			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		"	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441	•	X
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	A
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15		x
۵,	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13	1	+
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			†
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		<u> </u>
			. 000	(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 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х 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 Х 22 Part IX, column (A), line 27 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 X 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? 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 Х 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 Х of any of these persons? If "Yes," complete Schedule L, Part III 27 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a 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, 28c Х director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 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 X 30 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 X 34 Part V, line 1 X 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 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 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 Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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 (2015) FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V									
					Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15	(304 (425) 334 (425)						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ible gaming							
	(gambling) winnings to prize winners?			1c	X					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 5									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За				3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0.	***************************************	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other									
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X				
b	If "Yes," enter the name of the foreign country: ▶									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Ассои	nts (FBAR).	3464						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action	?	5b		Х				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the org	anization solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions (or gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so	ervices	provided to the payor?		X					
b				7b	X					
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	vas red	quired			7,				
	to file Form 8282?	1		7c	1969 639 67 68	X				
d	If "Yes," indicate the number of Forms 8282 filed during the year			1543047434 154434743	52.00000000 53.00000	v				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f						
g				7g						
h				7h	8008080	3504398				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine			1000		100000				
_	sponsoring organization have excess business holdings at any time during the year?	• • • • • • • • • • • • • • • • • • • •		8	100000000	100000				
9	Sponsoring organizations maintaining donor advised funds.			0-		ARTHUR				
a	. , , , , , , , , , , , , , , , , , , ,			9a 9b	 	 				
b		******		30		A STATES				
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	1							
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	100								
		11a								
a b		110								
U	amounts due or received from them.)	11b								
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	_		12a	* *** \$*** *** \$***	1 101010 0 111				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		AMARICA.		100.00				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?			13a	<u> </u>					
a	Note. See the instructions for additional information the organization must report on Schedule O.			49.0000000	1000000	10000000				
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
ט	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	<u> </u>								
				14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		L				
	The state of the s					/004E				

OKLAHOMA CITY PUBLIC SCHOOLS

FOUNDATION, INC.

73-1222182

Form 990 (2015) 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.

	Check if Schedule O contains a response or note to any line in this Part VI		***************************************		· · · · · · · · · · · ·		<u> </u>				
Sec	tion A. Governing Body and Management										
		1	ı	0.01	entire entire	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		22							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			2.2							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	L	22							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?				_2_		X				
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form				<u>4</u> 5		X				
5	• • • • • • • • • • • • • • • • • • • •										
6	Did the organization have members or stockholders?				6		<u> </u>				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a										
	more members of the governing body?				7a		X				
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or								
	persons other than the governing body?				7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by ti	re following:								
а	The governing body?				8a	X					
b	Each committee with authority to act on behalf of the governing body?				8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached	at the								
					9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)								
						Yes	-				
	Did the organization have local chapters, branches, or affiliates?				10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapte	rs, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ .$				10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy bef	ore filing the fo	rm?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			•••••	12b	Х					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If $^{\rm av}$										
	în 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	20.000000000000000000000000000000000000				
15	Did the process for determining compensation of the following persons include a review and approve		ndependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	7			30,000		Victoria.				
	The organization's CEO, Executive Director, or top management official				15a	Х					
b	Other officers or key employees of the organization				15b	1000 a 100 A 1	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					NEW A					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a								
	taxable entity during the year?				16a	THE CHEST AT	Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anizatio	on's				205.40				
	exempt status with respect to such arrangements?				16b	<u> </u>	<u> </u>				
Sec	tion 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 (Sec	tion 501(c)(3)s	only) a	wailab	le					
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website X Another's website X Upon request Uther (explain										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest poli	cy, and	l finan	cial					
	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 be	ooks a	nd records: ⊳								
	NEWT BROWN - (405) 604-5977										
	431 WEST MAIN STREET SHITTE E OKLAHOMA CITY OK	731	1112								

FOUNDATION, INC.

Form 990 (2015) 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	
--	--

73-1222182

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

- 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 organization	ation nor any related	orga					ısat			
(A)	(B)		(C) Position					(D)	(E)	(F)
Name and Title	Average	(do	not c	heck 1	more	than o	one	Reportable	Reportable	Estimated
	hours per	box	, unie cer an	ss per id a di	rson i irecto	is boti x/trus	n an tee)	compensation	compensation from related	amount of other
	week	┝					,	from the	organizations	compensation
	(list any hours for	irect	ŀ					organization	(W-2/1099-MISC)	from the
	related	98 07.0	stee			nsate		(W-2/1099-MISC)	,	organization
	organizations	Individual trustee or director	nstitutional trustee		yee	adwo		,		and related
	below	lg ng	tution	# E	Key employee	est co loyee	JBL			organizations
	(ine)	i pi	Insti	Officer	<u>\$</u>	Highest compensated employee	Former			
(1) CLIFF HUDSON	5.00									
CHAIR		X	<u> </u>					0.	0.	0.
(2) PERCY KIRK	3.00]		ļ			ļ		_	0
CHAIR-ELECT		X	<u> </u>		<u> </u>		<u> </u>	0.	0.	0.
(3) TERESA ROSE	3.00									0
TREASURER		X	<u> </u>	_	<u> </u>	_		0.	0.	0.
(4) PACO BALDERRAMA	1.00		ĺ						0.	0.
BOARD MEMBER		X	<u> </u>	_		<u> </u>		0.	U •	U •
(5), JEFF CLOUD	1.00					1			0.	0.
BOARD MEMBER		X	ļ	_				0.	0.	0.
(6) BRENT HENSLEY	1.00	1		İ			ĺ	_	0.	0.
BOARD MEMBER		X	<u> </u>	ــــــ	ļ	_	<u> </u>	0.	0.	V •
(7) JOY LABAR	1.00	١	1				1	0.	0.	0.
BOARD MEMBER		X	┶	┞	<u> </u>	igspace	<u> </u>	<u> </u>	0.	U •
(8) RUSTY LAFORGE	1.00	↓							0.	0.
BOARD MEMBER		X		<u> </u>	_	_		0.	V •	<u> </u>
(9) JENNY LOVE MEYER	1.00	١						0.	0.	0.
BOARD MEMBER		X	<u> </u>	 	-	<u> </u>	ļ	U .	U •	· · ·
(10) TIM MCLAUGHLIN	1.00	↓ ,,						0.	0.	0.
BOARD MEMBER	1 00	X	<u> </u>	 —		╀	├	<u> </u>	V •	V •
(11) CRISTINA MCQUISTION	1.00	١.,		1			1	0.	0.	0.
BOARD MEMBER	1 70	X	ļ	+	+	┼	-	V •		
(12) XAVIER NEIRA	1.00	٠,	ŀ	1			1	0.	0.	0.
BOARD MEMBER	1 00	X	4	+	+	-	-	ļ · ·		
(13) SARAH ROBERTS	1.00	$\frac{1}{x}$						0.	. 0.	0.
BOARD MEMBER	1 00		+	+	ļ	+	┢	ļ	· · · · · · · · · · · · · · · · · · ·	· ·
(14) CLAUDIA SAN PEDRO	1.00	$ _{\mathbf{x}}$						0.	о.	0.
BOARD MEMBER	1.00		+	+		+	+	 	-	1
(15) TONY SHINN	1.00	$ _{\mathbf{x}}$		1			1	0.	. 0.	0.
BOARD MEMBER	1.00		+	+	4	+	+	-	,	
(16) GLENNA TANENBAUM	1.00	$\frac{1}{x}$						0.	. 0.	0.
BOARD MEMBER	1.00		+	-	╬	+	+	1		
(17) TOMMY THOMPSON	1.00	$ _{\mathbf{x}}$						0.	. 0.	0.
BOARD MEMBER		^^	<u> </u>		_			<u> </u>	· · · · · · · · · · · · · · · · · · ·	- 000

1

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) (B)				(0				(D)	(E)		(F)
Name and title	Average	/da	not ci	Pos	ition	than	000	Reportable	Reportable		Estimated
	hours per	box	, unles	ss pe	rson i	is bot	h an	compensation	compensation		amount of
	week	 	cer an	dad	irecto	r/trus	tee)	from	from related		other
	(list any	legg .						the	organizations		compensation
	hours for related	or di	g			ated		organization	(W-2/1099-MISC	'	from the organization
	organizations	easa	trust		8	npenis		(W-2/1099-MISC)			and related
	below	lag f	nstitutional trustee	L	nploy	st cor	-				organizations
	line)	Individual trustee or director	nstlti	Officer	кеу етріоуев	High est compensated employee	Former				_
(18) VALERIE THOMPSON	1.00										
BOARD MEMBER		Х						0.	().	0.
(19) GARY TREDWAY	1.00							_			
BOARD MEMBER		X	Ш		<u> </u>	<u> </u>		0.	() • [0.
(20) STANLEY HUPFELD	1.00						1				•
PAST-PRESIDENT		X						0.	().	0.
(21) BOB ROSS	1.00								,		0
PAST-PRESIDENT	1	Х	<u> </u>	ļ	ļ	<u> </u>		0.	· ·) •	0.
(22) MILES TOLBERT	1.00								,		0
PAST-PRESIDENT	40.00	X	ļ	ļ	_	<u> </u>	<u> </u>	0.) •	0.
(23) MARY MELON	40.00			٦,		1	1	147 222	,	,	12 024
PRESIDENT/CEO/SECRETARY	40.00	<u> </u>	ļ	X	_	_	├	147,333.) .	13,834.
(24) NEWT BROWN	40.00	-		₩				62 277		١. ٥	3,699.
DIRECTOR OF OPERATIONS				X		 -	├	62,277.	1	•	3,033.
		1									
, , , , , , , , , , , , , , , , , , ,				-		├-	├			_	
		1								ı	
1b Sub-total	<u>. L</u>	<u> </u>	L	<u> </u>	l	<u> </u>	_	209,610.	(o . l	17,533.
c Total from continuation sheets to Part V								0.		5.	0.
d Total (add lines 1b and 1c)							-	209,610.		5.	17,533.
Total number of individuals (including but recommendation)	not limited to th	nose	liste	ed a	bov	e) w	ho r		0.000 of reportable		
compensation from the organization						,			,		1
											Yes No
3 Did the organization list any former officer	, director, or tr	uste	e, ke	y er	nplo	oyee	, or	highest compensated e	mployee on		
line 1a? If "Yes," complete Schedule J for											3 X
4 For any individual listed on line 1a, is the s										İ	
and related organizations greater than \$15										ļ	4 X
5 Did any person listed on line 1a receive or									idual for services		
rendered to the organization? If "Yes," con	nplete Schedul	e J	for s	исһ	pers	son	• • • • • •	***************************************]	5 X
Section B. Independent Contractors									4400.000 1		
1 Complete this table for your five highest co										ensa	ation from
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithii		year.		(0)
(A) Name and busines:	address	TAT 6	INC	E,				(B) Description of s	services	C	(C) ompensation
Trans are business		7.4.	OIAI								
									<u> </u>		
							ļ				
A SUMMAN TO SUMAN T											
2 Total number of independent contractors	including but r	not l	imite	d to		_	isted	d above) who received r	nore than		
\$100,000 of compensation from the organization 0									[4]	E 000 (004E)	

Form 990 (2015) FOUNDAT
Part VIII Statement of Revenue

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

		Check if Schedule O contr	airis a response	oj riote to any ilii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, grantismilar amounts not included about the contributions included in lines Total. Add lines 1a-1f	1b 1c 1d 1d 1s, and 1/2 1f 1 1a-1f: \$	589,008. 17,555.	589,008.			
				Business Code				
Program Service Revenue	b c d e	CUSTODIAL ACCOU		900099	7,918.	7,918.		
ц.	f a	All other program service revertoral. Add lines 2a-2f			7,918.			
	3 4 5	Investment income (including other similar amounts) Income from investment of ta	dividends, inter x-exempt bond p	est, and proceeds	16,589.			16,589.
	6 a b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	00,200	0.	86,305.	17.		86,288
Other Revenue	8 a	Gross income from fundralsin including \$ contributions reported on line Part IV, line 18 Less: direct expenses	ng events (not of a 1c). See a					
J	9 a	Net income or (loss) from fun- Gross income from gaming at Part IV, line 19 Less: direct expenses	ctivities. See a					
	10 a	Net income or (loss) from gar Gross sales of inventory, less and allowances Less: cost of goods sold	returns a					
	11 a b c		Je	Business Code				
	12				699,820.	7,935.	0.	102,877

OKLAHOMA CITY PUBLIC SCHOOLS Form 990 (2015) FOUNDATION, INC. Part IX Statement of Functional Expenses

Check if S Do not include amounts r	chedule O contains a respons	(A)	(B)	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Pa	•	Total expenses	Program service expenses	general expenses	expenses
	tance to domestic organizations	147 060	147 060		
	ents. See Part IV, line 21	147,268.	147,268.		
	sistance to domestic	2 000	2 000		
	t IV, line 22	2,000.	2,000.		
3 Grants and other as	*				
	n governments, and foreign				
	t IV, lines 15 and 16				
•	or members				
•	urrent officers, directors,	112,617.	84,463.	14,640.	13,514.
	nployees uded above, to disqualified	<u> </u>	- 0 2 / 2 0 0 1		
= -	nder section 4958(f)(1)) and			İ	
persons described in s					
•	vages	53,561.	40,171.	6,963.	6,427.
	and contributions (include	,			
· ·	3(b) employer contributions)	1,860.	1,395.	242.	223.
	nefits	7,039.	1,395. 5,279.	915.	845.
	10110	11,948.	8,961.	1,553.	1,434.
11 Fees for services (n					
•					
		10,900.	8,175.	2,071.	654.
•					
	ng services. See Part IV, line 17				
f Investment manage	ement fees	6,954.	5,216.	1,321.	417.
	ount exceeds 10% of line 25,				
column (A) amount, li	st line 11g expenses on Sch O.)	11,806.	8,855.	2,243.	708.
12 Advertising and pro	motion	4,950.	4,950.		
13 Office expenses		17,669.	16,503.	493.	673.
14 Information technol	ogy				
15 Royalties					2 244
16 Occupancy		35,361.	31,824.	1,326.	2,211.
17 Travel		1,177.	1,026.	84.	67.
18 Payments of travel	or entertainment expenses				
for any federal, stat	e, or local public officials				
19 Conferences, conve	entions, and meetings	77,758.	77,454.	304.	
-	es	4 F1C	****	A 516	
22 Depreciation, deple	tion, and amortization	4,516.	1 104	4,516.	133.
		1,359.	1,124.		тээ.
24 Other expenses, Itemi above (List miscellan	ze expenses not covered eous expenses in line 24e. If line				
24e amount exceeds	10% of line 25, column (A)				
	xoenses on Schedule O.)	7 615	E 711	1,447.	457.
	DESIGN & PHO	7,615.	5,711. 1,841.	93.	142.
b MEMBERSHIE		2,076. 198.	125.	62.	11.
	DEVELOPMENT	130.	143.	041	
d					
e All other expenses	Page Add lines 1 through 04c	518,632.	452,341.	38,375.	27,916
	nses, Add lines 1 through 24e this line only if the organization	310,034.	*24,24T*	30,0134	2,7520
•					
	i) joint costs from a combined				
	and fundraising solicitation.				
Check hereif	following SOP 98-2 (ASC 958-720)		<u></u>	ļ	Form 990 (2015

Form 990 (2015)

orm 990 (Part X	Balance Sheet			
	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	Cash - non-interest-bearing	273,779.	1	630,251.
2	Savings and temporary cash investments		2	
1	=	44,553.	3	44,677.
3	Pledges and grants receivable, net	38,000.	4	90,000.
4	Accounts receivable, net Loans and other receivables from current and former officers, directors,			
5				
	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	nere in electricité de la commence d
6	Loans and other receivables from other disqualified persons (as defined under			
-	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary		4545	
ی	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assetts	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
i	Land, buildings, and equipment: cost or other		ISANS.	
108	basis. Complete Part VI of Schedule D 10a 68,785.			
١.	Less: accumulated depreciation 10b 59,317.	14,466.	10c	9,468
11	Investments - publicly traded securities	1,498,744.	11	1,458,510
12	Investments - other securities, See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
	Intangible assets		14	
14		63,769.	15	60,481.
15	Other assets. See Part IV, line 11	1,933,311.	16	2,293,387
16		8,573.	17	16,000
17	Accounts payable and accrued expenses		18	
18	Grants payable		19	
19	Deferred revenue		20	
20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	96,384.	21	424,893
21	Loans and other payables to current and former officers, directors, trustees,			
g 22				
Liabilities	key employees, highest compensated employees, and disqualified persons.		22	
<u> </u>	Complete Part II of Schedule L	64,514.	23	46,149
23	Secured mortgages and notes payable to unrelated third parties	01/011.	24	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		Ì	
	parties, and other liabilities not included on lines 17-24). Complete Part X of		25	
	Schedule D	169,471.	26	487,042
26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		1500	
8	complete lines 27 through 29, and lines 33 and 34.	754,272.	27	822,236
27	Unrestricted net assets	218,411.	28	192,934
re 28	Temporarily restricted net assets	791,157.		791,175
29	Permanently restricted net assets		1-3	
Ĕ	Organizations that do not follow SFAS 117 (ASC 958), check here			
o	and complete lines 30 through 34.		30	
30 set	Capital stock or trust principal, or current funds		31	
Net Assets or Fund Balances See 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Paid-in or capital surplus, or land, building, or equipment fund		32	
설 32	Retained earnings, endowment, accumulated income, or other funds	1,763,840.		1,806,345
- 33	Total net assets or fund balances	1,933,311	34	2,293,387
34	Total liabilities and net assets/fund balances		1 04	Form 990 (201

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

	OKDANONA CITI TODNIC DENOCED								
Form	990 (2015) FOUNDATION, INC.	73-1222	182	Pag	e 12				
Par	t XI Reconciliation of Net Assets				·····				
	Check if Schedule O contains a response or note to any line in this Part XI				<u></u> _				
					20				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	699	, 8	20.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	518 181						
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments	5	-138	5,68	33.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		000						
	column (B))	10 -	.,806),3	45.				
Pai	t XIII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII		1		<u></u> _				
			100000000000000000000000000000000000000	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	Ο.			X				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	delene.					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:		100 M						
	Separate basis Consolidated basis Both consolidated and separate basis				X				
b	Were the organization's financial statements audited by an independent accountant?		2b	290000					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis	100							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,		SWAL	WRECK!				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	anojojoj	424500033				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		2100	ACC.	х				
	Act and OMB Circular A-133?		3a						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired audit	0,						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	(0015)				
			⊦orm	990	(2015)				

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OKLAHOMA CITY PUBLIC SCHOOLS

► Attach to Form 990 or Form 990-E2.

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

Employer identification number

73-1222182 FOUNDATION, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 💹 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. __ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (vi) Amount of (iii) Type of organization (iv) is the organization (v) Amount of monetary (i) Name of supported (II) EIN listed in your (described on lines 1-9 support (see other support (see organization governing document? above (see instructions)) instructions) instructions) Yes Total

Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION, INC.

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 falls to qualify under the tests listed below, please complete Part III.) Section A. Public Support (d) 2014 (e) 2015 (f) Total (c) 2013 Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, Subtract line 5 from line 4.
Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2014 (e) 2015 (f) Total (b) 2012 (c) 2013 (a) 2011 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 2015 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2014 Schedule A, Part II, line 14 16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 - 2014. 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) 2015 FOUNDATION, INC.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,523,969.	1,560,557.	1,122,552.	943,370.	589,008.	5,739,456.
2	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.	7,918.
Q	Gross receipts from activities that						· · · · · · · · · · · · · · · · · · ·
J	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1,523,969.	1,560,557.	1,122,552.	943,370.	596,926.	5,747,374.
78	Amounts included on lines 1, 2, and					1	
	3 received from disqualified persons						0.
ł	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						0.
							5,747,374.
	Public support. (Subtract line 7c from line 6.) ction B. Total Support	entropies de la composition della composition de				***************************************	
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	1,523,969.	1,560,557.	1,122,552.	(d) 2014 943, 370.	(e) 2015 596, 926.	5,747,374.
	Gross income from interest,	2,525,555.	~,,,	.,,	2 20 7 0		
104	dividends, payments received on securities loans, rents, royalties and income from similar sources	45,620.	48,283.	69,384.	30,583.	16,589.	210,459.
	Unrelated business taxable income	23/0200	20,200	00,00=			
,	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			50.001	00 500	4.5.500	010 450
	c Add lines 10a and 10b	45,620.	48,283.	69,384.	30,583.	16,589.	210,459.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,569,589.	1,608,840.	1,191,936.	973,953.	613,515.	5,957,833.
	First five years. If the Form 990 is for	r the organization	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	ation,
	check this box and stop here						
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
	Public support percentage for 2015			column (f))	11.000	15	96.47 %
16						16	96.29 %
	ction D. Computation of Inve						, 'A-
17						17	3.53 %
						18	3.71 %
18	investment income percentage from a 33 1/3% support tests - 2015. If the	a ornanization did:	not check the hov				
19							N Y
	more than 33 1/3%, check this box	and stop nere. Inc	organization qua	line 14 erline 10	aupported Organiz	ration	
	b 33 1/3% support tests - 2014. If the	e organization old f	ton have The see	nine 14 Of life 19	a, and und 10 is in	ore marros 17070, sorted organization	and ▶ □
	line 18 is not more than 33 1/3%, cherivate foundation. If the organization	eck this box and s	hav an line 14 10	anzanon quannes a or 105 obselvt	as a publicly supp	onteu organizationi tetriotione	>
-11	Frivate logituation, if the ordanizati	on ulu Hot bileck d	DONOUGH BIC 14, 15	ա, 🗘 լույ Մլլե ՄՋ է	. 110 00x alta 000 III		

Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION, INC.

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," .

 answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN

 numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;

 (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action

 was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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OKLAHOMA CITY PUBLIC SCHOOLS

Schedule A (Form 990 or 990 EZ) 2015 FOUNDATION, INC. 73-1222182 Page 5 Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 11a below, the governing body of a supported organization? 11b b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported 1 organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions): The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. b __ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). C Yes No 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

OKLAHOMA CITY PUBLIC SCHOOLS

Schedule A (Form 990 or 990 EZ) 2015 FOUNDATION, INC. 73-1222182 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Light Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections Athrough E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (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): 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

4

5

Schedule A (Form 990 or 990-EZ) 2015

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

	dule A (Form 990 or 990 EZ) 2015 FOUNDATION, II tV Type III Non-Functionally Integrated 509	NC.	The state of the s	3-1222182 Page 7
		(a)(o) Supporting Orga	(Continued)	Current Year
	on D - Distributions Amounts paid to supported organizations to accomplish exe	mnt nurnnege		Currone Tour
	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity	r purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
	Amounts paid to acquire exempt-use assets	20 01 capportos organización		
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.			:
	Distributions to attentive supported organizations to which the	ne organization is responsive)	
•	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u></u>		
		(i)	(ii)	(iii)
_		Excess Distributions	Underdistributions	Distributable Amount for 2015
Secti	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 20 to
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i_	Carryover from 2010 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years		ramon, ens man, desde area a la la descripció de la companya de la companya de la companya de la companya de l	
	Applied to 2015 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				
-	Excess from 2013			
	Excess from 2014			
e	Excess from 2015			The first of the state of the s

Schedu	le A (Fori	n 990 or <u>9</u>	90·EZ) 201						LIC SO	CHOOLS	S		73	3-12	222182 Page 8
Part	VI Su Par line Sec	ppleme	ntal Info on A, lines . Section D es 5, 6, and	rmat 1, 2, 3	i on. Prov b, 3c, 4b,	vide the e 4c, 5a, 6 Part IV	explanation, 9a, 9b, 9a, 9b, 9a, 9b, 9b, 9b, 9b, 9b, 9b, 9b, 9b, 9b, 9b	ons 9c, line	11a, 11b, a s 1c 2a 2l	ınd 11c; P n. 3a and :	art IV, Si 3h: Part	ection V. line	ne 17a or 17b B, lines 1 and 1; Part V, Sec ny additional in	2; Pai tion B	t IV, Section C, . line 1e: Part V.
PART	II,	LINE	12								<u>-</u>				
THE	ORGA	NIZAT	ION'S	CUE	RENT	YEAR	IS .	A	SHORT	YEAR	DUE	то	CHANGE	IN	YEAR
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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

Name of the organization

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

Employer identification number

73-1222182

Organiza	ition type (check or	ne):
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
	nly a section 501(c)	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
	For an organization property) from any	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) any one contributo	n 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 or, 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, line 1. Complete Parts I and II.
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for exclusively to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter l purpose. Do not c	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it mi	u st answer "No" oп	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990 EZ, or 990 PF), 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 Employer Identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

FOUNDA	ATION, INC.	73	-1222182
Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$26,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		s25,000.	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
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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

Employer identification number

73-1222182

Part I Cont	ributors (see instructions). Use duplicate copies of Part I is		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 40,000.	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	Name, address, and En + 4	\$ 27,500.	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 Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.) 1990, 990-EZ, or 990-PF) (20

Employer Identification number Name of organization OKLAHOMA CITY PUBLIC SCHOOLS 73-1222182 FOUNDATION, INC. orty (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Employer identification number

OKLAHOMA CITY PUBLIC SCHOOLS

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73-1222182

art III	Exclusively religious, charitable, etc., contribute year from any one contributor. Complete completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	NUMNS (&) INFOUGH (e) and the folious charitable, etc., contributions of \$1,000 or	In section 501(c)(7), (8), or (10) that total more than \$1,000 to wing line entry. For organizations less for the year. (Enter this lafo. once.)
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	it
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	
	Transferee's name, address, an	0 ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gi	ift
-	Transferee's name, address, a		Relationship of transferor to transferee
-			

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.

2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

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 organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year _____ Aggregate value of contributions to (during year) 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 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. 2a 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. Part III 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 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

	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, o	r Other	Similar Ass	ets(contin	nued)	
	Using the organization's acquisition, accession								
	(check all that apply):								
a	Public exhibition	d	Loan or excl	nange prograr	ns				
b	Scholarly research	е	Other						
С	Preservation for future generations						•		
4	Provide a description of the organization's co	ilections and explain	n how they further th	ne organizatio	n's exemp	ot purpose in P	art XIII.		
	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma						Yes	<u> </u>	No_
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "	Yes" on Fo	orm 990, Part l'	V, line 9, o		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other ass	ets not in	cluded		_	
	on Form 990, Part X?						X Yes	L	_l No
b	If "Yes," explain the arrangement in Part XIII					F			
							Amoun		
С	Beginning balance					1c			384.
d	Additions during the year					1d			785.
е	Distributions during the year					1e			13.
f	Ending balance	. * * * * * * * * * * * * * * * * * * *				1f		6,5	556.
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	ustodial accou	unt liability	/?l	X Yes	L	∐ No
b	If "Yes," explain the arrangement in Part XIII.							. []	₹
Par	t V Endowment Funds. Complete it	f the organization an	swered "Yes" on Fo	rm 990, Part					
•		(a) Current year	(b) Prior year	(c) Two years) Three years bac			
1a	Beginning of year balance	1,499,858.	1,470,986.	1,332	,100.	1,134,39	1. 1	,207	,042.
b	Contributions					140,56	9.		
c	Net investment earnings, gains, and losses	-35 _x 807.	29,938.	202	,657.	208,71	4.	3.5	,161.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs	4,427.	1,066.	29	,496.	143,61	8.	~~~~	,103.
f	Administrative expenses			34	,275.	7,95			,467.
g	End of year balance	1,459,624.	1,499,858.	1,470	,986.	1,332,10	0. 1	,134	1,391.
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	32.69	_%						
b	Permanent endowment > 52.75	%							
С	Temporarily restricted endowment ▶ 1	4. 56 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	ınd administer	red for the	e organization			
	by:							Yes	No
	(i) unrelated organizations	*************					3a(i)	X	
	(ii) related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Schedule R?	*******			3b		
4	Describe in Part XIII the intended uses of the	organization's endo	owment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line 11a. S	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o basis (investi	. ' '	or other (other)		cumulated eciation	(d) Boo	k val	ue
	l sad			//					
	Land				e ueltusa üylüşeyikler				
	Buildings								
	Leasehold improvements			8,785.		59,317.		9.	468.
	Equipment	1		37,000				- 1	
	Other		Y column (P) line	100)		-		9	468.
rota	i. Add lines 1a through Te. (Column (d) must e	quai Fonn 990, Part	A, CORDINIT (B), INTO	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*************		ulo D (Eor	_	

OKLAHOMA CITY PUBLIC SCHOOLS

FOUNDATION, INC. Schedule D (Form 990) 2015

73-1222182 Page 3

a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	(c) Method of v	aluation: Cost or end-c	f-year market value
	7-7			
Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
art VIII Investments - Program Related.				
Complete if the organization answered "Yes" of		e 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)			A LINE STATE OF TH	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				.,
(9)	,			arraen, area de 1800 antique actual de 1
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" (e 11d. See Form 990	, Part X, line 15.	(b) Book value
(a) L	Description			(b) BOOK Value
(1)				
(2)				
(3)	-			
(3)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)	15)			
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			
(3) (4) (5) (6) (7) (8) (9) stal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.				
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes"		e 11e or 11f. See Fo		
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lines art: X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability				
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes		e 11e or 11f. See Fo		
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)		e 11e or 11f. See Fo		
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)		e 11e or 11f. See Fo		
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)		e 11e or 11f. See Fo		
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		e 11e or 11f. See Fo		
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		e 11e or 11f. See Fo		
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		e 11e or 11f. See Fo		
(3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		e 11e or 11f. See Fo		
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lines art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV, lir	e 11e or 11f. See Fo		
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, lir	e 11e or 11f. See For (b) Book value	m 990, Part X, line 25.	nat reports the

OKLAHOMA CITY PUBLIC SCHOOLS

73-1222182 Page 4 FOUNDATION, INC. Schedule D (Form 990) 2015 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	т (
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	4 (12) 4 3 41.		4c	
	Add lines 4a and 4b	***************************************		
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Tt XII Reconciliation of Expenses per Audited Financial State	ements With Expe	5	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TEXTI Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	ements With Expe	nses per Return.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Tt XII Reconciliation of Expenses per Audited Financial State	ements With Expe	nses per Return.	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TEXTI Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	ements With Expe	nses per Return.	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements	ements With Expe	nses per Return.	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ements With Expe	nses per Return.	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	nses per Return.	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	nses per Return.	
Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	onses per Return.	
Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	snses per Return.	
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	snses per Return.	
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	snses per Return.	
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	snses per Return.	
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	snses per Return.	

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 1B:

THE ORGANIZATION MAINTAINS FUNDS FOR SCHOOL BASED ENTITIES SUCH AS PTA'S, EACH SUCH GROUP SIGNS AN AGREEMENT WITH PTO'S AND OTHER SUPPORT GROUPS. THE FOUNDATION OUTLINING THE PARAMETERS OF EACH FUND. THE FOUNDATION MAKES DISTRIBUTIONS FROM EACH FUND BASED ON APPROVED REQUESTS WITH THE PARTNER ORGANIZATION. THE FUNDS HELD BY THE FOUNDATION ARE KEPT IN A SEPARATE BANK ACCOUNT THAT IS NOT COMINGLED WITH ANY OF THE FOUNDATION'S OPERATING FUNDS.

PART IV, LINE 2B:

ESCROW LIABILITY ARRANGEMENT EXPLANATION

THROUGHOUT THE COURSE OF THE YEAR THE FOUNDATION MADE GRANTS TO MULTIPLE

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

Schedule D (Form 990) 2015 FOUNDATION, INC.	73-1222182	Page 5
Schedule D (Form 990) 2015 FOUNDATION, INC. Part XIII Supplemental Information (continued)		
ENTITIES WITHIN AND RELATED TO THE DISTRICT. THESE GRANTS	WERE FOR	
SPECIFIC NEEDS IDENTIFIED BY THE DISTRICT AND GROUPS ASSOCI	ATED WITH	
SPECIFIC SCHOOLS.		

	- Hardware Co.	
	0.4400A11116-111-1	
		<u> </u>

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No. 1545-0047 2015 Inspection

▼ Attach to Form 990.

Schedule I (Form 990) (2015) **%** Employer identification number 73-1222182 (h) Purpose of grant or assistance JTPA PROGRAM EXPENSE BIPP TUITION GRANTS TEACHER INCENTIVES CLASSROOM PROJECT CLASSEN SAS PIANO DEPARTMENT GRANT XYes TATCHING 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 GRANT 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 non-cash assistance Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, ٥. Ö ٥. Ö Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 549. 1,000. 138,050, 1,374 2,295 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4 OKLAHOMA CITY PUBLIC SCHOOLS (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 Enter total number of other organizations listed in the line 1 table 73-6021175 13-4129457 73-6021175 73-6021175 73-6021175 General Information on Grants and Assistance INC. (p) EIN criteria used to award the grants or assistance? FOUNDATION, 1 (a) Name and address of organization OKLAHOMA CITY PUBLIC SCHOOLS OKLAHOMA CITY PUBLIC SCHOOLS OKLAHOMA CITY PUBLIC SCHOOLS OKLAHOMA CITY PUBLIC SCHOOLS or government OKLAHOMA CITY, OK 73106 OKLAHOMA CITY, OK 73106 OXLAHOMA CITY, OK 73106 OKLAHOMA CITY, OK 73106 NEW YORK CITY, NY 10018 134 WEST 37TH STREET Name of the organization DONORSCHOOSE, ORG 900 NORTH KLEIN 900 NORTH KLEIN 900 NORTH KLEIN 900 NORTH KLEIN Part Part II

73-1222182

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Schedule | (Form 990) (2015) FOUNDATION, INC.

Part III 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.

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	Stilledipal	Casi gran			
OTTESTANDING SERVICE AWARDS	4	2,000.			and the state of t
		i i			
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	uired in Part I, lir	e 2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:					
THE FOUNDATION ADMINISTERS A NUMBER	OF	DIFFERENT GRA	GRANTS EACH YEAR.	EAR. THE	
LARGEST OF THESE GRANTING PROGRAMS	HS	ADMINISTERED T	тнкоисн	سند و و و و و و و و و و و و و و و و و و و	Legendra de la companya de la compan
DONORSCHOOSE.ORG. UNDER THE DONOR	DONORSCHOOSE.ORG	ORG PLATFORM	NEW TEACHERS	S POST	and the second s
CLASSROOM AND OTHER PROJECTS. THESE	SE PROJECTS	ARE	THEN INDEPENDENTLY	DENTLY	The state of the s
VERIFIED BY OTHER TEACHERS IN THE	DONORSCH	DONORSCHOOSE.ORG	SYSTEM. ON	ONCE PROJECTS	
ARE FUNDED THROUGH INDIVIDUAL DONATIONS	TIONS AND	THE	FOUNDATION MAT	MATCHES FUNDS	
DONORSCHOOSE.ORG ORDERS THE NEEDED	MATERIALS	AND	SHIPS THEM DIRECTLY	RECTLY TO THE	The state of the s
SCHOOL LOCATION OF BACH PROJECT.	FOLLOW U	UP NOTES AN	AND REPORTS	ARE SUBMITTED	
					Schedule I (Form 990) (2015)

Schedule I (Form 990) FOUNDATION, INC. 73-1222132 Page 2
Part IV Supplemental Information
TO AND THROUGH DONORSCHOOSE.ORG AND ARE VISIBLE TO THE GENERAL PUBLIC AND
THOSE WHO FUNDED THE PROJECTS. IN THE CASE OF OTHER FOUNDATION GRANTS THE
FOUNDATION GENERALLY DIRECTLY PAYS INVOICES FOR SPECIFIC EXPENSES GENERATED
BY SCHOOL OR DISTRICT PURCHASES. PRIOR TO PAYING ANY OF THESE INVOICES THE
FOUNDATION VERIFIES THAT THE PRODUCT OR SERVICE WAS INDEED PROVIDED TO THE
SCHOOL OR DISTRICT AND THAT THESE PRODUCTS AND SERVICES WERE FOR THE
SPECIFIED EVENT OR PROJECT.

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.lrs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

Employer identification number 73-1222182

Pa	rt I Questions Regarding Compensation			
		Tatalana I	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 (e.g., maid, chauffeur, chef)	100 TARGET		
				21122
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			Production of the second
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		L
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	Veries.		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
		9000000	50050 50050	0.500
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	100000		
Ü	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	3000		400000
	establish compensation of the CEO/Executive Director, but explain in Part III.	20040		
	X Compensation committee X Written employment contract	0.000000		
	Independent compensation consultant Compensation survey or study			
	[V]	1000000		
	Form 990 of other organizations Approval by the board or compensation committee			
	The state of the s	33.00		100000
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	\$124568 \$25568		
	organization or a related organization:	4a	maka kesese	Х
а	Receive a severance payment or change-of-control payment?	4b		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4c		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	70	5445	1000
	If "Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III.	40000		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		Section.	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	25/030	EVERY.	Х
а	The organization?	5a	 	X
b	Any related organization?	5b	Almaki	∤ ≏
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	2000		
a	The organization?	6a	ļ	X
	Any related organization?	6b	1	Х
	If "Yes" on line 6a or 6b, describe in Part III.	70000		1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	300000		
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	the state of the s			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	5 V 10 10 10 10 10 10 10 10 10 10 10 10 10		
J	Regulations section 53.4958-6(c)?	9		1

OKLAHOMA CITY PUBLIC SCHOOLS

FOUNDATION, INC.

Schedule J (Form 990) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not 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.

7. 6,467. 161,167. 0. 0. 0.	The state of the s		(B) Breakdown of W	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(i) 147,333. 0. 0. 7,367. 6,467. 161,3 (ii) (ii) (ii) (ii) (ii) (ii) (ii) (ii)	(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(n),(n)	₽ p
		Ξ	147,333	0	0	7,367.		161,167	0
	PRESIDENT/CEO/SECRETARY	: €	0	0	0	0		0	• 0
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OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.

Schedule J (Form 990) 2015 Schedule J (Form 990) 2015 FOUNDATION, INC.

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

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(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.

2015
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

OKLAHOMA CITY PUBLIC SCHOOLS

FOUNDATION, INC.

73

Employer identification number 73-1222182

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: IMPACTED 86,411 STUDENTS IN THE OKCPS. PROJECTS HAVE COLLECTIVELY 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 PREPARATORY 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 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. INCLUDING GRANTS OF \$ 5,669. EXPENSES \$ 195,543. **REVENUE \$ 7,935.** FORM 990, PART VI, SECTION A, LINE 1: THE FOUNDATION FOR OKLAHOMA CITY PUBLIC SCHOOLS HAS A GOVERNING BOARD MADE UP OF OFFICERS, VOTING MEMBERS AND VOTING PAST PRESIDENTS. IN ADDITION TO THE VOTING BOARD MEMBERS THERE IS A NON-VOTING ADVISORY BOARD FOR THE

3 14 c

ORGANIZATION THAT ATTENDS THE ANNUAL MEETING OF THE ORGANIZATION AS WELL AS SERVES ON COMMITTEES AND SUBCOMMITTEES WITHIN THE ORGANIZATION.

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

IN CONJUNCTION WITH AN ACCOUNTING FIRM THE FOUNDATION COMPLETES THE FORM 990 ANNUALLY. ONCE THE DRAFT OF THE FORM 990 IS PREPARED BY THE ACCOUNTING FIRM IT IS REVIEWED BY THE STAFF OF THE ORGANIZATION. WHEN THE FORM 990 MEETS THE EXPECTATIONS OF THE STAFF AND ACCOUNTING FIRM IT IS PRESENTED TO THE ORGANIZATION'S FINANCE COMMITTEE WHO REVIEWS IT AND MAKES ANY RECOMMENDATIONS FOR MODIFICATION. ONCE ANY REVISIONS ARE MADE AND THE FINANCE COMMITTEE IS SATISFIED IT IS FORWARDED ON TO THE BOARD WITH THE RECOMMENDATION OF THE FINANCE COMMITTEE. PRIOR TO THE NEXT REGULARLY SCHEDULED BOARD MEETING AFTER RECOMMENDATION BY THE FINANCE COMMITTEE THE FORM 990 IS DISTRIBUTED TO THE BOARD FOR REVIEW. AT THE NEXT REGULARLY SCHEDULED MEETING THE FORM 990 IS APPROVED BY THE BOARD. ONCE THE FINAL DRAFT OF THE FORM 990 IS APPROVED BY THE BOARD IT IS SIGNED AND SUBMITTED.

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

THE STAFF AND THE OFFFICERS OF THE ORGANIZATION STAY APPRISED OF ANY CHANGE
OF EMPLOYMENT OR CIRCUMSTANCE WITH OFFICERS, DIRECTORS AND KEY EMPLOYEES
THAT MAY PRESENT A CONFLICT OF INTEREST.

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, INC.	Employer identification number 73-1222182
THE FOUNDATION HAS PAPER AND DIGITAL COPIES OF ALL OF THE	DOCUMENTS
AVAILABLE ON REQUEST. IN ADDITION, DIGITAL COPIES ARE UP	LOADED TO OUR
WEBSITE AND ARE AVAILABLE FOR DOWNLOAD.	
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