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Department of the Treasury Internal Revenue Service

SCANNED JUN 3 0 2016

BAA For Paperwork Reduction Act Notice, see the separate instructions.

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

Open to Public Inspection

OMB No 1545 0047

A	For t	he 2015 calendar year, or tax year beginning , 2015, and ending	g				
В	Check	if applicable C	1	D Employ	er identi	fication number	
	ПА	ddress change Oklahoma's Children, Our Future, Inc.	}	47-	51791	L30	
	\square_{N}	ame change 2601 N W Expressway 503W	<u> </u>	E Telepho			
		Oklahoma City, OK 73112	l				
	\Box	nal return/terminated	ŀ			~	
	\vdash	mended return		G Gross r		. 1 015	7 500
	\vdash		H(a) Is this a				7,500. s X No
	∟,	ppinosteri ponerilg		-			_
ī	Tav	Same As C Above	H(b) Are all s If 'No,' a	ttach a list	(see inst	ructions)	3 🗀
<u>;</u>							
<u>ж</u>			H(c) Group ex				
		n of organization Corporation Trust Association Other LYear of formation	on	IVI S	State of le	gal domicile	
P	art I	Summary Briefly describe the organization's mission or most significant activities The miss:	1	01-1 -1-		- (1)	
	Ì	Our Future, Inc. is for inform Oklahomans about the im	ron or	OKIAN	oma	s_unilar	en,
ខ្ល	ĺ	public education to ensure a brighter future for Oklah				SCING IL	
Ē)	public education to ensure a brighter future for oxidin	Oma Tar	17776	2 •		
Governance	2	Check this box ► ☐ If the organization discontinued its operations or disposed of mo	re than 25	% of its	net ass		
හි	3	Number of voting members of the governing body (Part VI, line 1a)	re thair 20	70 01 113	1 3 1		3
≪	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		3
ies	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			5		<u>ŏ</u>
Activities &	6	Total number of volunteers (estimate if necessary)			6	· · · · · · · · · · · · · · · · · · ·	0
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			7a		0.
	ь	Net unrelated business taxable income from Form 990-T, line 34	•		7b		0.
			Pri	or Year		Current \	Year
ø	8	Contributions and grants (Part VIII, line 1h)				1,01	7,500.
Revenue	9	Program service revenue (Part VIII, line 2g)				·	
eVe	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)					
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>				
		Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	·			1,01	7,500.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	ļ				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	ļ				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	ļ			34	1,715.
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)					
ğ	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶					
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				203	3,607.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)					3,322.
	19	Revenue less expenses Subtract line 18 from line 12.					7,178.
ō 8	I		Beginning	of Curren	t Year	End of Y	
Net Assets Fund Balanc	20	Total assets (Part X, line 16)			0.	779	7,178.
A A	21	Total liabilities (Part X, line 26)			0.		0.
25	22	Net assets or fund balances. Subtract line 21 from line 20.			0.	779	7,178.
Da	rt II	Signature Block OGDEN UT	J				72.0.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	ne best of my	knowledge	and belie	f. it is true, corre	ct. and
com	olete D	eclaration of preparer (other than officer) is based on all information of which preparer has any knowledge	io bost of any	····o····ougo		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	• • • • • • • • • • • • • • • • • • • •
		X-D-AC		5/12	1201	6	
Sig	ın	Signature of officer	Date				
He	re	Shown P. Shoehan, Vice Pres.					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature Date	10	heck }	(if P	TIN	
Pa	id	Joe D. Beller, CPA JULY BULL WERE 4.21	/./b s	elf-employe	-	01059720)
	iu epare	300 D. 202201/ 0211			=		
	e On			ırm's EIN	20-	8375134	
		OKLAHOMA CITY, OK 73112-7272		hone no	(405		43
May	the l	RS discuss this return with the preparer shown above? (see instructions)			/302	X Yes	No /
11111	1					,,	/.

TEEA0113L 10/12/15

Form	990 (2015) Oklahoma's Children, Our Future, Inc.	47-5	17913	0	F	Page 2
Par						
	Check if Schedule O contains a response or note to any line in this Part III					
1	Briefly describe the organization's mission					
	The mission of Oklahoma's Children, Our Future, Inc. is for info	rm Okl	ahoma	ns_a	abou	it
	the importance of investing in public education to ensure a bric	hter f	uture	for	<u> </u>	~ _
	Oklahoma families.			~		
2	Did the organization undertake any significant program services during the year which were not listed on the pr	rior	_			
	Form 990 or 990-EZ?			Yes	X	No
	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 se	ervices?.		Yes	X	No
	If 'Yes,' describe these changes on Schedule O					
4	Describe the organization's program service accomplishments for each of its three largest program ser	vices, as r	neasure	d by e	expen	ses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatio and revenue, if any, for each program service reported	ns to otne	rs, the t	otai e	xpens	ses,
	, , , ,					
4 a	(Code) (Expenses \$ 64,041. including grants of \$) (Revenue	S			
	01/012.		· ——			'
						· -
						·
			_ _			
4 b	(Code·) (Expenses \$ including grants of \$) (I	Revenue	\$)
			_ _	.		
				- -		
		_ 			~	
				- -		
	~~					
				_ .	-	
4 c	(Code:) (Expenses \$ including grants of \$) (Fig. 1)	Revenue	\$)
			- -			
74	Other program services. (Describe in Schedule O.)					
	(Expenses \$ Including grants of \$) (Revenue \$)	
	<u>``_'``</u>					
40	Total program service expenses ► 64,041.					(2015)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		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		
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		X
ı	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		X
1	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	11 c		X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	11 e		<u>X</u>
	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	11 f		<u>X</u>
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		<u> </u>
	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		<u>X</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	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 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		_ <u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 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		X

Y									
20	a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х					
1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь							
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х					
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х					
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		Х					
١	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c							
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d							
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X					
!	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		_X_					
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		X					
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		_X_					
28	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 current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28a		_X_					
1	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28ь		<u>X</u>					
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		<u>X</u>					
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	}	X					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		Х					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		_ <u>X</u> _					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		<u>X</u>					
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		<u> </u>					
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X					
l	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36							
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>x</u>					
38	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	38		X					
BAA		Form	990 (2	2015)					

Check if Schedule O contains a response or note to any line in this Part V	·	<u> </u>	
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 16		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 16 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 5	-∤ .		1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-	1	
(gambling) winnings to prize winners?	1 c		Х
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return	4		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	<u> </u>	<u> </u>
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		}	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		┼
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
b If 'Yes,' enter the name of the foreign country ▶			1
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)] /		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?.	5 c		<u> </u>
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			ļ
services provided to the payor?	7 a		ļ
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		İ
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f]
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.] j		
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter			1
a Initiation fees and capital contributions included on Part VIII, line 12 . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	} }		ļ
11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders			ļ :
	1 1		1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	10-		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	{		ļ
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a Is the organization licensed to issue qualified health plans in more than one state?	, , a		
			ļ
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	_		v
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	Form	gan	(2015)
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Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 3 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? Х 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X $\overline{\mathbf{x}}$ Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body?. 8 a $\overline{\mathsf{X}}$ 8 b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b . c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Schedule O how this was done . X 13 13 Did the organization have a written whistleblower policy? . . . X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a 15 b X b Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Х taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) | Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records: Oklahoma City OK 73120 Cathy Welch 2601 N W Expressway

TEEA0106L 10/12/15

Form 990 (2015) Oklahoma's Children, Our Future, Inc.	47-5179130	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, High Independent Contractors	est Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compen	sated Employees	
1 a Complete this table for all persons required to be listed Report compensation for the calendar year end organization's tax year.	ling with or within the	
 List all of the organization's current officers, directors, trustees (whether individuals or organicompensation Enter -0- in columns (D), (E), and (F) if no compensation was paid 	izations), regardless of amount of	
 List all of the organization's current key employees, if any. See instructions for definition of 'I List the organization's five current highest compensated employees (other than an officer, direction). 	- · ·	

- 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

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

BAA

				(C))					
(A) Name and Title	(B) Average hours per	than 15	one both dir	box, an c ector	unles	eck moss s pers and a ee)	i	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Linda Hasler Reid	0									
President	0			!				0.	0.	0.
(2) Shawn Sheehan Vice President	0_ 0							0.	0.	0.
(3) Stephanie Canada- Phillips Secretary	0							0.	0.	0.
(4)										
(5)										
(6)									·	
<u></u>								·		
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

TEEA0107L 10/12/15

Form 990 (2015)

Part VII Section A. Officers, Directors, 17	(B)	rey	EII	_	oye C)	es,	anı	u nignest con	ipensated Emp	loyees	(continued)
(A) Name and title	Average hours per	box	, unle	Pos check ess pe	sition more erson direct	e than is bot or/trus	h an stee)	(D) Reportable compensation from	(E) Reportable compensation from related organizations	Est: amoun	mated t of other
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from organ and	m the nization related izations
(15)											
(16)											
(17)						 					
(18)											
(19)							-		· · · · · · · · · · · · · · · · · · ·		
(20)											
(21)								-	<u> </u>		
(22)											
(23)											
(24)											
(25)		_									
1 b Sub-total c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	on A			•			4 4	0. 0.	0. 0.		0. 0.
2 Total number of individuals (including but not limited from the organization > 0	to those li	sted	abov	/e) v	vho i	recen	ved			ensation	0.
3 Did the organization list any former officer, direct	tor or true		kov	om	ınlov	100	or h	unhest compensat	ed employee		res No
on line 1a? If 'Yes,' complete Schedule J for suc 4 For any individual listed on line 1a, is the sum o	:h ındıvıdu	al		•			• •			3	X
the organization and related organizations greate such individual	er than \$1	50,00 • •	00?	If 'Y ·	es'	com	oleti	e Schedule J for	• • • • • • • • • • • • • • • • • • • •	4	x
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes Section B. Independent Contractors	e compen s,' comple	satio te Sc	n fro	om a lule	any <i>J fo</i>	unre r <i>suc</i>	late h p	d organization or erson	ındıvıdual 	. 5	х
Complete this table for your five highest compensation from the organization. Report compensation.	sated indessation for	epend the ca	dent	cor dar y	ntrac /ear	tors endir	tha	t received more th	nan \$100,000 of ganization's tax year		
(A) Name and business add	ress							(B) Description o	f services	(C) Compens	sation
Total number of independent contractors (including the \$100,000 of compensation from the organization).		ted to	tho	se li	sted	abov	ve) v	who received more	than		
BAA		FFAO	1081	10/1	2/15					Form 96	20 (2015)

	Check if Schedule O contains a response or note to any	line in this Part V	III .		\sqcap
		(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	1 a Federated campaigns 1 a 1,017,500. b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f Business Code 2a	1,017,500.			
Program Service Revenue	b c d e f All other program service revenue g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds. ► 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
Other Revenue	8a Gross income from fundraising events (not including . \$ of contributions reported on line 1c). See Part IV, line 18 a b Less direct expenses c Net income or (loss) from fundraising events .				
	9a Gross income from gaming activities See Part IV, line 19. b Less direct expenses b c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11a b c				
	d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions	1,017,500.	0.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX X (B) (D) (A) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses' Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0 0. 0 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0. Other salaries and wages 34,715 34,715 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 11 Fees for services (non-employees) a Management **b** Legal 66,828. 66,828 c Accounting ... 1,210. 1,210 d Lobbying . e Professional fundraising services. See Part IV, line 17. f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0 \$ch <u>64</u>,306. 64,306 Advertising and promotion 64,041 64,041 Office expenses Information technology 14 15 Royalties. 16 Occupancy Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings . 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 23 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 6,771 6,771 a Printing and Publications __ b Bank Fees _____ 300 300 151 c Postage and Shipping 151 d e All other expenses. 174,281 0. 238,322 64,041. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)

Form 990 (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 1 779,178. 2 Savings and temporary cash investments. 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a b Less accumulated depreciation. 10b 10 c Investments - publicly traded securities 11 Investments - other securities, See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11. 15 16 0. 779,178. 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 18 Grants payable Deferred revenue 19 20 20 Tax-exempt bond liabilities . Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties. 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 0. 26 0. Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets. . 27 27 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets. or Fund Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Net Asser Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 779,178. 32 33 779,178. Total net assets or fund balances 0 33 0. 34 779,178. 34 Total liabilities and net assets/fund balances

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		17-5	<u>179130</u>		Pa	age 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	L	1	1,0	17,	<u>500.</u>
2	Total expenses (must equal Part IX, column (A), line 25).	2	2	38,3	322.	
3	Revenue less expenses. Subtract line 2 from line 1	[3	7	79,	L78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .		4			0.
5	Net unrealized gains (losses) on investments	[5			
6	Donated services and use of facilities	Γ	6			
7	Investment expenses		7			
8	Prior period adjustments	. [8			
9	Other changes in net assets or fund balances (explain in Schedule O).	. L	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))		10	7	79 -	 L78.
Pai	t XII Financial Statements and Reporting				15,.	. 70.
<u></u>	Check if Schedule O contains a response or note to any line in this Part XII					
	Check it Schedule O contains a response of note to any line in this t art All	<u> </u>		—— _T	Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				165	NO
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	iewed	on a			
ŀ	Were the organization's financial statements audited by an independent accountant?			2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis		e			,
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aireview, or compilation of its financial statements and selection of an independent accountant?	udıt,		2 c		
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1-				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?			3 a		Х
ŀ	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	audit		3 b		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

> Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2015

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization
Oklahoma's Children, Our Future, Inc.

Employer identification number

47-5179130

Form 990, Part VI, Line 11b - Form 990 Review Process

Officer review prior to filing.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

Form 990, Part IX, Line 11g Other Fees For Services

	(A)	(B)	(C)	(D)
	Total	Program <u>Services</u>	Management <u>& General</u>	Fund- <u>raising</u>
Consulting Services	64,3 Total \$ 64,3		\$ 64,306. \$ 64,306.	\$ 0.