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## EXTENDED TO NOVEMBER 15, 2017 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. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Re anue Service

ANNED

A For the 2016 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number OKLAHOMA SPEAKER'S BALL, INC Name Ichange 20-2018083 Doing business as Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ P.O. BOX 1524 (405)250-9351 termin-ated 382,800. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return NORMAN, OK 73070-1524 H(a) Is this a group return Applica F Name and address of principal officer ROBERT G. MCCAMPBELL for subordinates? Yes X No pending SAME AS C ABOVE JYes L H(b) Are all subordinates included? Tax-exempt status: 501(c)(3)  $\times$  501(c)(4) (insert no.) If "No," attach a list (see instructions) J Website: ► WWW.OKSPEAKERSBALL.COM **H(c)** Group exemption number ▶ K Form of organization: X | Corporation Year of formation: 2004 M State of legal domicile: OK Part I | Summary 1 Briefly describe the organization's mission or most significant activities THE PURPOSE OF THE CORPORATION Governance IS TO ORGANIZE AND EXECUTE AN ANNUAL BALL TO INAUGURATE THE CURRENT 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 20 6 Total number of volunteers (estimate if necessary) 6 0. 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 0. Přior Year **Current Year** <u>(5</u> 329,300 382,800. Contributions and grants (Part VIII, line 1h) 100 0. 0. Program service revenue (Part VIII, line 2q) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 329,300. 382,800. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 25,000 20,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 19,260. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 330,847 350,713. 17 Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e) 389,973. 355,847. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <26,547. <7,173.> 19 Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 160,138. 167,311 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 0. 0. 167 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 preparer (other, than officer) is based on all information of which preparer has any knowledge. Wate 9/21/11 Signature of officer Sign CHUCK THOMPSON. SECRETARY/TREASURER Here Type or print name and title Print/Type preparer's name 09/10/17 self-employed Paid P00841870 KELLEY GRACE, CPA Preparer 45-0250958 Firm's name EIDE BAILLY LLP Firm's EIN Use Only Firm's address 2402 WESTPORT DR Phone no. 405 - 292 - 2900 NORMAN, OK 73069-6336

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

May the IRS discuss this return with the preparer shown above? (see instructions)

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

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X Yes No

		0-2018083 Page 2
Pa	art 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	
	THE PURPOSE OF THE CORPORATION IS TO ORGANIZE AND EXECUTE	
	BALL TO INAUGURATE THE CURRENT OKLAHOMA SPEAKER OF THE HO	USE; TO
	CELEBRATE THE COMMENCEMENT OF THE OKLAHOMA LEGISLATIVE SE	SSION; AND TO
	BENEFIT A WORTHY OKLAHOMA 501(C)(3) CHARITABLE ORGANIZATI	ON.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X 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 services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	revenue, if any, for each program service reported	the total expenses, and
4a	204 000	
74	ORGANIZED AND EXECUTED A GALA EVENT FOR APPROXIMATELY 100	
	CELEBRATE THE UPCOMING LEGISLATIVE SESSION. AS PART OF TH	
	RAISED \$20,000 FOR AN OKLAHOMA CHARITABLE ORGANIZATION. E	
	PREPARATIONS FOR A SIMILAR EVENT FOR 2017.	DEGAN
	FREFARATIONS FOR A SIMILAR EVENT FOR 2017.	
4b	(Code) (Expenses \$	)
4c	(Code) (Expenses \$) (Revenue \$)	, )
	/ (Locality grants of a	·,
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
10	Total program service expenses > 384 098	

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_		37
_	If "Yes," complete Schedule A	<u>1</u> 2	-	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	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	<del></del>		
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	110		x
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
b	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	1 12		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 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	175		11
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		Х
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	17		Х
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,"	<u> </u>	1	
	complete Schedule G, Part III	19	000	X
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Part IV Checklist of Required Schedules (continued)

	<del></del>			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<b>_</b>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		'	
	Schedule J	_23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		<u> </u>
b	5 · · · · · , p. · · · · · · · · · · · · · · · · · ·	24b		
С	<u> </u>	]		
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b> </b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ĺ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
00	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	i		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		х
27	complete Schedule L, Part II	26		
21	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X_
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		X
34	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			Ì
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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		ļ <u>.</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			[
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990	(2016)

14a

14b

Х

organization is licensed to issue qualified health plans

Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand

13b

13c

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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

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	— т		
	I I		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 5			
	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		' I	
_	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37
	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 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a		_		v
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		v
_	persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	v	
	The governing body?	8a	_X_	
	Each committee with authority to act on behalf of the governing body?	8b		_X_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		v
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		V	NI-
10-	Did the executation have lead shorters business or efficiency	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
		l la	Λ	
	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 12	12a	Х	}
12a	, , ,	12b	X	<del> </del>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	-1	<del> </del>
C	in Schedule O how this was done	12c	_x_	
13		13	X	<b></b>
	Did the organization have a written whistleblower policy?	14	X	
14 15	Did the organization have a written document retention and destruction policy?	<del></del> _	_ <u>^</u> _	<b> </b>
13	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?	ļ		
_		150	_x_	
a	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	15a 15b	<del>  ^}</del> -	Х
ь	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	
ioa	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
D	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ļ		}
	exempt status with respect to such arrangements?	16b		ļ
Sec	tion C. Disclosure	1 100	Ь	<u> </u>
	List the states with which a copy of this Form 990 is required to be filed ▶OK			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	nle	
10	for public inspection. Indicate how you made these available. Check all that apply	• anal		
	Own website Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	ıcıal	
19	statements available to the public during the tax year	in ial	-Ciai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
<u> L</u> U	SARAH SMITH - 405-795-0588		·	
	1725 GREENBRIAR DRIVE, NORMAN, OK 73072			
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Form	aan	120161	

#### OKLAHOMA SPEAKER'S BALL, INC

20-2018083

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

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

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

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

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

Check this box if neither the organize	zation nor any related	orga	nıza	tion	cor	nper	nsat	ted any current officer, o	director, or trustee	
(A)	(B)	(C) Position		(D)	(E)	(F)				
Name and Title	Average	(do				than	one	Reportable	Reportable	Estimated
	hours per	box.	box, unless person is both a officer and a director/trustee		h an	compensation	compensation	amount of		
	week	<u> </u>	0.01		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,1,00	T-	from	from related	other
	(list any hours for	irecto				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	6 01	<u>as</u>			safe	1	(W-2/1099-MISC)	(11 27 1033 111100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	<u> </u>		(172,1000 111100)		and related
	below	qnaj	uton		줥	est co	1 5			organizations
	line)	Ng N	Instit	Officer	Key employee	Highest compensated employee	Former			
(1) CHUCK THOMPSON	0.30						l			
SECRETARY/TREASURER		X		X		<u> </u>		0.	0.	0.
(2) MARIAN M. FREE	10.00					1			_	_
EXECUTIVE BALL DIRECTOR		X		<u> </u>		<b>!</b>	_	19,260.	0.	0.
(3) ROBERT G. MCCAMPBELL	1.00				1		1		_	_
PRESIDENT		X	<u> </u>	X		_	<u> </u>	0.	0.	0.
(4) CASEY KILLBLANE	0.30						1		_	_
DIRECTOR		X	L_		_	<u> </u>	L.	0.	0.	0.
(5) SEIGEL HEFFINGTON	0.30									]
DIRECTOR		X	ļ	<u> </u>		<u> </u>	<u> </u>	0.	0.	0.
(6) MARK LIOTTA	0.30					ł	ĺ		-	1
VICE PRESIDENT		X	<u> </u>	X	_	<u> </u>	<u> </u>	0.	0.	0.
(7) SARAH SOELL	0.30			ļ						_
DIRECTOR		X	<u> </u>	<u> </u>	_	<u> </u>	L	0.	0.	0.
(8) STEVE VALENCIA	0.30	1			}		1			ł
DIRECTOR		X			_	<u> </u>	_	0.	0.	0.
(9) SARAH SMITH	10.00	[					1			
DEPUTY TREASURER		X	ļ	X	<u> </u>	<u> </u>	L	0.	0.	0.
	ļ <u> </u>					]	1		•	
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		1			1					
		<u> </u>	1	<del> </del> _	$\vdash$		ـ	<del> </del>	<del> </del>	<del> </del>
	<b></b>	-							}	
		<u></u>	丄	<u></u>			1_	<u> </u>	<del></del>	

\$100,000 of compensation from the organization

Form 990 (2016)

Total number of independent contractors (including but not limited to those listed above) who received more than

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues	1b			1		
S, E	ြင	Fundraising events	1c	····				
ar t	d	Related organizations	1d					
S, E	e	Government grants (contributi						
คิ คิ	f	All other contributions, gifts, grant						
but		similar amounts not included above		382,800.				
ĒÓ	g			002/0001				
δğ	h	Total. Add lines 1a-1f			382,800.			
				Business Code				
Program Service Revenue	2 a							
	b							
	С							
	d							
P. C.	е							
4	f	All other program service reve	nue					
		Total. Add lines 2a-2f		<b></b>				
	3	Investment income (including	dividends, inter	est, and				
		other sımılar amounts)		<b>&gt;</b>				
	4	Income from investment of tax	k-exempt bond p	oroceeds <b>&gt;</b>				
	5	Royalties		<b>&gt;</b>				
			(ı) Real	(ıı) Personal				
	6 a	Gross rents	.,					:
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
i	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		<b></b>				
nue	8 a	Gross income from fundraising						
Ę.		including \$	of					
Other Rever		contributions reported on line	1c) See					
ē		Part IV, line 18	а					
₹		Less direct expenses	b					
ļ		Net income or (loss) from fund		<u> </u>	<del></del>			
	9 a	Gross income from gaming ac	tivities See					
	_	Part IV, line 19	а					
		Less direct expenses	b	L				
İ		Net income or (loss) from game		<u> </u>			<del></del>	<del>                                     </del>
-	10 a	Gross sales of inventory, less i	returns					
		and allowances	a					
		Less cost of goods sold	b	L				
-	с	Net income or (loss) from sales		<b>P</b>				
ŀ	11 -	Miscellaneous Revenue	· · · · · · · · · · · · · · · · · · ·	Business Code				
	11 a							
	b							-
	c C	All other revenue						-
		Total. Add lines 11a-11d					<del></del> .	<del> </del>
	12	Total revenue See instructions			382,800.	0.	0.	0.
	11-11		<del>-</del>					Form <b>990</b> (2016)

# Form 990 (2016) OKLAHOMA SPEAKER'S BALL, INC Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX  Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  (A) Total expenses (B) Program service expenses (C) Management and general expenses	(D) Fundraising expenses
Total expenses   Program service   Management and	Fundraising
Grants and other assistance to domestic organizations	
and domestic governments. See Part IV, line 21 20,000. 20,000.	
2 Grants and other assistance to domestic	
individuals See Part IV, line 22	
3 Grants and other assistance to foreign	
organizations, foreign governments, and foreign	
individuals See Part IV, lines 15 and 16	
4 Benefits paid to or for members	
5 Compensation of current officers, directors,	
trustees, and key employees 19,260. 19,260.	
6 Compensation not included above, to disqualified	
persons (as defined under section 4958(f)(1)) and	
persons described in section 4958(c)(3)(B)	
	<del></del>
7 Other salaries and wages	
8 Pension plan accruals and contributions (include	
section 401(k) and 403(b) employer contributions)	
9 Other employee benefits	
10 Payroll taxes	
11 Fees for services (non-employees)	
a Management 4,622. 4,622.	
b Legal	<del></del>
c Accounting 1,127. 1,127.	
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 Sch O.) 331,524. 331,524.	
12 Advertising and promotion	·
13 Office expenses 126. 126.	
14 Information technology	
15 Royalties	
16 Occupancy	
17 Travel	
18 Payments of travel or entertainment expenses	
for any federal, state, or local public officials	
19 Conferences, conventions, and meetings	
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization	
23 Insurance	
24 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.)	
a PRINTING AND MAILING 7,765. 7,765.	
b BALL EXPENSE - FACILITY 3,800. 3,800.	
c BANKING 1,749. 1,749.	
d	
e All other expenses	
25 Total functional expenses Add lines 1 through 24e 389, 973. 384, 098. 5,875.	0.
26 Joint costs Complete this line only if the organization	
reported in column (B) joint costs from a combined	
educational campaign and fundraising solicitation.	
Check here if following SOP 98-2 (ASC 958-720)	Form <b>990</b> (2016)

Pa	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	•		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest bearing	167,311.	1	160,138.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
Assets		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		. 1	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
ĺ	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	<u>167,311.</u>	16	160,138.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18_	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	······································	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
≣		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
]	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	
	26	Total liabilities. Add lines 17 through 25	0.	26	<u> </u>
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		1 1	
Ses		complete lines 27 through 29, and lines 33 and 34.	4.68 044		160 130
and	27	Unrestricted net assets	167,311.	<del></del>	160,138.
Bal	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets	. <u>.                                   </u>	29	
교		Organizations that do not follow SFAS 117 (ASC 958), check here			
jo		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	4 5 5 5 5 5
_	33	Total net assets or fund balances	167,311.	33	160,138.
	34	Total liabilities and net assets/fund balances	<u>167,311.</u>	34	160,138.

-orm	1990 (2016) OKLAHOMA SPEAKER'S BALL, INC	<u> </u>	0003	Page	<del>)</del> 12
	rt XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI				
_	•				_
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,80	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>9,97</u>	
3	Revenue less expenses Subtract line 2 from line 1	3		<u>7,17</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16	<u>7,31</u>	1.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	16	<u>0,13</u>	<u> 88.</u>
Pa	rt XII Financial Statements and Reporting			r	
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	-	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,			
	consolidated basis, or both		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audīt,	ľ		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	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 S	ngle Audıt			
	Act and OMB Circular A-133?		3a	$\vdash$	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b_		
			Form	3 <b>990</b> (2	2016)

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

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

Inspection

Schedule I (Form 990) (2016) ° ⊠ Employer identification number 20-2018083 (h) Purpose of grant or assistance FOR USE AS NEEDED ☐ Yes 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 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (d) Amount of 20,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. OKLAHOMA SPEAKER'S BALL 501C3 Enter total number of other organizations listed in the line 1 table 73-1100380 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization REGIONAL FOOD BANK OF OKLAHOMA or government OKLAHOMA CITY, OK 73137 Name of the organization PO BOX 270968 Part II Part

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15

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Page 2

20-2018083

INC

OKLAHOMA SPEAKER'S BALL,

Schedule I (Form 990) (2016)

Part III

#### **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.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OKLAHOMA SPEAKER'S BALL, INC

Employer identification number 20-2018083

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OKLAHOMA SPEAKER OF THE HOUSE; TO CELEBRATE THE COMMENCEMENT OF THE
OKLAHOMA LEGISLATIVE SESSION; AND TO BENEFIT A WORTHY OKLAHOMA
501(C)(3) CHARITABLE ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE CURRENTLY NO COMMITTEES ABLE TO ACT ON BEHALF OF THE BOARD.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED AT
LEAST BY THE TREASURER AND CHAIRMAN.
FORM 990, PART VI, SECTION B, LINE 12C:
THE POLICY COVERS ALL BOARD MEMBERS AND EXECUTIVE DIRECTORS. CONFLICTS ARE
REVIEWED AND DETERMINED BY THE CHAIRMAN OF THE BOARD. IF THE CHAIRMAN HAS
A CONFLICT, IT IS REVIEWED AND DETERMINED BY THE REMAINING BOARD MEMBERS. A
PERSON WITH A CONFLICT HAS TO RECUSE HIM/HERSELF FROM ANY INVOLVEMENT WITH
THAT PARTICULAR MATTER.
FORM 990, PART VI, SECTION B, LINE 15A:
EXECUTIVE DIRECTOR IS THE ONLY POSITION LISTED ABOVE FOR WHICH COMPENSATION
IS RECEIVED. THE EXECUTIVE DIRECTORS COMPENSATION IS REVIEWED AND APPROVED
EACH YEAR BY THE BOARD OF DIRECTORS. THE REVIEW INCLUDES THE CHAIRMAN OF
THE BOARD COMPARING THE EXECUTIVE DIRECTORS COMPENSATION TO OTHER SIMILAR
ORGANIZATIONS IN OKLAHOMA. THE BOARD ADOPTED A COMPENSATION REVIEW POLICY
AS OF JULY 24, 2012.

Name of the organization  OKLAHOMA SPEAKER'S BALL, INC	Employer identification number 20-2018083
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY A	ARE PUBLICLY
AVAILABLE UPON REQUEST TO OKLAHOMA SPEAKERS BALL, INC. F.	INANCIAL STATEMENTS
ARE PUBLICLY FILED WITH THE OKLAHOMA ETHICS COMMISSION A	ND ARE MADE
AVAILABLE ONLINE BY THE COMMISSION.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
EVENT WEB SITE/DEVELOPMENT EXPENSE:	
PROGRAM SERVICE EXPENSES	16,424.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,424
EVENT CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	210,113
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	210,113
EVENT ENTERTAINMENT/AUDIO VISUAL:	
PROGRAM SERVICE EXPENSES	104,987
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	104,987
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	331,524