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DLN: 93493292014937 OMB No 1545-0047 Return of Organization Exempt From Income Tax

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

Department of the Treasur

foundations)

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

Open to Public

▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a> Internal Revenue Service Inspection For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 C Name of organization CATALYST OKLAHOMA INC D Employer identification number B Check if applicable ☐ Address change 46-4126174 ☐ Name change Doing business as ☐ Initial return Fınal ☐eturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) ☐ Amended return 1200 NW 63RD STREET ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY, OK  $\,$  731165706  $\,$ G Gross receipts \$ 940,500 Name and address of principal officer H(a) Is this a group return for CHARLES SUBLETT ☐Yes ☑No subordinates? H(b) Are all subordinates ☐ Yes ☐No included? I Tax-exempt status 501(c)(3) ✓ 4947(a)(1) or If "No," attach a list (see instructions) 501(c) ( 4 ) ◀ (insert no ) **H(c)** Group exemption number ▶ Website: ► OKCUNITED ORG L Year of formation 2013 M State of legal domicile OK Summary 1 Briefly describe the organization's mission or most significant activities CATALYST OKLAHOMA IS A NON-PROFIT, NON-PARTISAN ORGANIZATION DEDICATED TO THE PROMOTION OF PRO-GROWTH PUBLIC POLICIES BASED ON THE FREE MARKET PRINCIPLES THAT ARE THE FOUNDATION OF A LONG TERM VIBRANT ECONOMY FOR OKLAHOMA Activities & Governance CATALYST OKLAHOMAS PRIMARY GOAL IS THE {SEE SCHED O} Check this box  $\blacktriangleright \sqcup$  if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 335,300 940,500 Program service revenue (Part VIII, line 2g) . 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) 0 335,300 940,500 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . 16,500 23,750 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶69,295 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 471,454 943,357 487,954 967,107 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -26,607 Revenue less expenses Subtract line 18 from line 12 . -152,654 Net Assets or Fund Balances End of Year Beginning of Current Year 20 Total assets (Part X, line 16) . 36,570 8.572 2,393 1,000 21 Total liabilities (Part X, line 26) . 7,572 Net assets or fund balances Subtract line 21 from line 20 34,177 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 2017-10-18 Signature of officer Sian Here CHARLES SUBLETT PRESIDENT Type or print name and title

Preparer's signature H Edward DeBee

Firm's address ≥ 1200 NW 63rd St Ste 5000

Oklahoma City, OK 73116

nt/Type preparer's name

Firm's name DeBee Gilchrist

H Edward DeBee

Paid

**Preparer** 

Use Only

Check | If

self-employed

Fırm's EIN ▶ 73-1508702

Phone no (405) 232-7777

P00286912

Date 2017-10-19

☑ Yes ☐ No

Form	990 (2016)				Page <b>2</b>
Par	t IIII Stateme	ent of Program Service	Accomplishments		
	Check If S	Schedule O contains a respoi	nse or note to any line in this F	Part III	🗆
1		he organization's mission			
BASE	D ON THE FREE M		RE THE FOUNDATION OF A LO	ATED TO THE PROMOTION OF PRO-GRO	
2	Did the organizat	tion undertake any significar	t program services during the	year which were not listed on	
	the prior Form 99	90 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe	these new services on Sch	edule O		
3	Did the organizat	tion cease conducting, or ma	ike significant changes in how	ıt conducts, any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe	these changes on Schedule	0		
4	Section 501(c)(3		is are required to report the a	s three largest program services, as mea mount of grants and allocations to others	
4a	(Code	) (Expenses \$	792,328 including grants	of \$ 792,328 ) (Revenue \$	)
	See Additional Data	1			
4b	(Code	) (Expenses \$	ıncludıng grants	of \$ ) (Revenue \$	)
4c	(Code	) (Expenses \$	ıncluding grants	of \$ ) (Revenue \$	)
4d	Other program so	ervices (Describe in Schedui inclu	e O) ding grants of \$	) (Revenue \$	)
4e	Total program :	service expenses >	792,328		

or X as applicable

1

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

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Yes

Page 3

No

Nο

Nο

No

No

Nο

No

No

Νo

Nο

No

Nο

Νo

Νo

No

No

Nο

Nο

Nο

No

Form 990 (2016)

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

lines 1c and 8a? If "Yes," complete Schedule G, Part II

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . .

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the

29

**b** If "Yes"

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

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35a

35h

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Yes

Form 990 (2016)

Page 4

No

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No

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Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a
to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b
organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	

20b 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 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 . . . . . . . . . . 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,"

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 

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2016)			Page !
Par	t 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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 8  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1b	.		
		-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 <sub>b</sub>		
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
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 services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
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?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	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	1		
1	Section 501(c)(12) organizations. Enter	]		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2 <i>a</i>	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1 12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
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	]		
45	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
<b>7</b> a		-		

m 990	0 (2016)			Page
art V	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			✓
ecti	on A. Governing Body and Management		Yes	No
a En	ter the number of voting members of the governing body at the end of the tax year label 1a		103	
bo	there are material differences in voting rights among members of the governing dy, or if the governing body delegated broad authority to an executive committee or nilar committee, explain in Schedule O			
En:	ter the number of voting members included in line 1a, above, who are independent  1b  3			
Did off	d any officer, director, trustee, or key employee have a family relationship or a business relationship with any other ricer, director, trustee, or key employee?	2		No
	d the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors or trustees, or key employees to a management company or other person?	3		No
Did •	d the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
Did	d the organization become aware during the year of a significant diversion of the organization's assets?	5		No
Did	d the organization have members or stockholders?	6		No
	the organization have members, stockholders, or other persons who had the power to elect or appoint one or more embers of the governing body?	7a		No
Are pe	e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or rsons other than the governing body?	<b>7</b> b		No
	d the organization contemporaneously document the meetings held or written actions undertaken during the year by e following			
Th	e governing body?	8a	Yes	
Ea	ch committee with authority to act on behalf of the governing body?	8b	Yes	
	there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
ecti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
Dic	d the organization have local chapters, branches, or affiliates?	10a		No
	"Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, d branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	s the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
	scribe in Schedule O the process, if any, used by the organization to review this Form 990			
	d the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
COI	ere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to inflicts?	12b	Yes	
Sc	d the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in hedule O how this was done</i>	12c	Yes	
Did	d the organization have a written whistleblower policy?	13	Yes	
Did	d the organization have a written document retention and destruction policy?	14	Yes	
	d the process for determining compensation of the following persons include a review and approval by independent rsons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	e organization's CEO, Executive Director, or top management official	15a		No
Otl	her officers or key employees of the organization	15b		No
If'	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	d the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a kable entity during the year?	16a		No
ın.	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt situs with respect to such arrangements?	16b		No
ectio	on C. Disclosure			
	t the States with which a copy of this Form 990 is required to be filed▶			
	Ction 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	allable for public inspection. Indicate how you made these available. Check all that apply  Own website.  Another's website.  Upon request.  Other (explain in Schedule O)			
ро	escribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest licy, and financial statements available to the public during the tax year			
	ate the name, address, and telephone number of the person who possesses the organization's books and records ETERUS INC 804 MEETING STREET SUITE 101 CHARLESTON, SC 29403 (269) 544-0322	-	orm <b>99</b>	0 (20

(A)

Name and Title

(F)

Estimated

amount of other

compensation

#### 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

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

(B)

Average

hours per

week (list

• List all of the organization's former officers, key employees, or 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

(C)

Position (do not check more

than one box, unless person

is both an officer and a

(D)

Reportable

compensation

from the

(E)

Reportable

compensation

from related

any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Former ্ Individual trustee organizations MISC) MISC) related Institut⊬onal Trust⊷e director below dotted employ organizations line) ě 10 00 (1) CHARLES SUBLETT ................. Х DIRECTOR PRESIDENT CHAIRMAN 0 00 3 00 (2) MARK NICHOLS . . . . . . . . . . . . . . . . . X Χ 0 DIRECTOR SECRETARYTREASURER 0.00 3 00 (3) ALLEN WRIGHT ................ DIRECTOR 0 00

Form 990 (2016)

Form 990 (2016) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (D) (F) (A) (C) Name and Title Position (do not check more Average Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) organization (Worganizations (Wany hours from the for related 2/1099-MISC) 2/1099-MISC) organization and Highest compensat employee Officer Former Individual trustee vev employee organizations related Institutional Trustee director below dotted organizations line) 1b Sub-Total . . .  $\blacktriangleright$ 

 $\blacktriangleright$ Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

c Total from continuation sheets to Part VII, Section A . d Total (add lines 1b and 1c) . Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

line 1a? If "Yes," complete Schedule J for such individual . 3 Nο

No

No

310,017

307,300

128,838

(C) Compensation

Form 990 (2016)

LEGAL SERVICES

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

4

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

services rendered to the organization? If "Yes," complete Schedule J for such person . . . . 5

Indonondant Contractors

Se

5

1

OKLAHOMA CITY, OK 73102

1200 NW 63RD STREET SUITE 5000 OKLAHOMA CITY, OK 73116

compensation from the organization ▶ 3

DEBEE GILCHRIST PC,

section B. Independent Contractors		
Complete this table for your five highest compensated independent contractors that received from the organization Report compensation for the calendar year ending with or within the or		sation
(A) Name and business address	<b>(B)</b> Description of services	Comp

from the organization. Report compensation for the calendar year ending with or within the organization's tax year					
(A)	(B)				
Name and business address	Description of services				
VOLUTION AGENCY INC,	CONSULTING				

from the organization. Report compensation for the calculating year change with or within the	rigariizacioni 5 tax year	
(A)	(B)	
Name and business address	Description of services	
REVOLUTION AGENCY INC,	CONSULTING	
1020 PRINCESS STREET		

RI ALEXA

Name and Dusiness address	Description of services
DLUTION AGENCY INC, PRINCESS STREET ANDRIA. VA 22314	CONSULTING
C DD	IDUDITO DEL ATTONO

REVOLUTION AGENCY INC,	CONSULTING
1020 PRINCESS STREET	
ALEXANDRIA, VA 22314	
JONES PR,	PUBLIC RELATIONS
220 DOBEDT C KEDD AVE CHITE FOO	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part	VIII Statement of Revenue						rage <b>J</b>
	Check if Schedule O contains		nse or note to an	/ line in this Part VII	ı		
	Check if Schedule of Contains	<u>3 u (CSPO</u>	inse of floce to all	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
	1a Federated campaigns	14-1			revenue		512-514
ह ह	Marshaushaushaushaushaushaushaushaushaushau	1a					
ran	<b>b</b> Membership dues	1b					
Contributions, Giffs, Grants and Other Similar Amounts	c Fundraising events	1c					
iffs ar /	<b>d</b> Related organizations	1d					
ຶ :≝	e Government grants (contributions)	1e					
Sir	f All other contributions, gifts, grants, and similar amounts not included	1 1					
単層	above	1f	940,500				
들	g Noncash contributions included						
ont Je	ın lınes 1a-1f \$						
<u>ت</u> =	h Total.Add lines 1a-1f			940,500			
3			Busines	s Code			
Service Revenue	2a 	_					
æ	ь —						
J.	с ———						
<u> </u>	d						
Ē	e ————————————————————————————————————						
Program	<b>f</b> All other program service revenu	ıe					
Ĕ	gTotal.Add lines 2a-2f	. 1	•				
	3 Investment income (including div		nterest, and other				
	sımılar amounts)			<u> </u>			
	4 Income from investment of tax-ex	-		<u> </u>			
	<b>5</b> Royalties (i) Re		(II) Personal	<u> </u>			
	6a Gross rents	aı	(II) Personal				
	<b>b</b> Less rental expenses						
	c Rental income or						
	(loss)						
	<b>d</b> Net rental income or (loss) .			7			
	(ı) Secu	rities	(II) Other				
	<b>7a</b> Gross amount from sales of						
	assets other than inventory						
	<b>b</b> Less cost or other basis and						
	sales expenses  C Gain or (loss)						
	d Net gain or (loss)		•	_			
	<b>8a</b> Gross income from fundraising e						
a n	(not including \$	of					
₹	contributions reported on line 1c See Part IV, line 18						
Other Revenue	<b>b</b> Less direct expenses	ь					
- L	c Net income or (loss) from fundra	L	ents				
Ě	9a Gross income from gaming activ	ities					
O	See Part IV, line 19	a					
	<b>b</b> Less direct expenses			$\dashv$			
	c Net income or (loss) from gamin	L	es •				
	<b>10a</b> Gross sales of inventory, less	[					+
	returns and allowances	J					
		а					
	<b>b</b> Less cost of goods sold	ь					
	c Net income or (loss) from sales	of invent					
	Miscellaneous Revenue		Business Code				
	114						
					1	1	1
	b						
						1	
	С						
	<b>d</b> All other revenue						
	e Total. Add lines 11a-11d		•				
	12 Total revenue. See Instructions	s		0.10 = 0	0		0
			•	940,50	<u>U</u>	0	0 0 Form <b>990</b> (2016)

Form 990 (2016)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all	_		plete column (A)	
Check if Schedule O contains a response or note to ar	ny line in this Part IX		(C)	<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Par IV, line 22	t			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	s			
<b>7</b> Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				_
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	127,818	89,472	25,564	12,782
c Accounting	13,750	,	13,750	<u> </u>
d Lobbying				
e Professional fundraising services See Part IV, line 17	23,750			23,750
-	23,730			23,730
f Investment management fees	650	650		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	658	658		
<b>12</b> Advertising and promotion	161,048	112,734	32,209	16,105
13 Office expenses	140	98	28	14
<b>14</b> Information technology	158,821	111,175	31,764	15,882
15 Royalties				_
<b>16</b> Occupancy				
<b>17</b> Travel	2,900	2,900		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> 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 BANK SERVICE CHARGES	644		644	
b RESEARCH	469,955	469,955		
c PRINTING	7,623	5,336	1,525	762
d				
e All other expenses				
<b>Total functional expenses.</b> Add lines 1 through 24e	967,107	792,328	105,484	69,295
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)				
<del></del>				Farm 000 (2016)

Form **990** (2016)

Form 990 (2016)

Page **11** 

8.572

1,000

1,000

7,572

7,572

8.572

Form **990** (2016)

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2,393

34,177

34,177

36.570

36.570

2.393

Check if Schedule O contains a response or note to any line in this Part IX			🗆
	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1 Cash-non-interest-bearing	36,570	1	8,572

2 Savings and temporary cash investments .		2	
<b>3</b> Pledges and grants receivable, net		3	
4 Accounts receivable, net		4	ļ
5 Loans and other receivables from current and trustees, key employees, and highest compens II of Schedule L		5	
6 Loans and other receivables from other disqua section 4958(f)(1)), persons described in secti contributing employers and sponsoring organize	on 4958(c)(3)(B), and		

10a

10b

# voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net . . . . Inventories for sale or use . . Prepaid expenses and deferred charges .

11

12

13

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16

17

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21

23

24

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33

34

Liabilities 22

Fund Balances

Assets or 30

Net

10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D

Investments—publicly traded securities .

Intangible assets . . . . . .

Accounts payable and accrued expenses

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11 . . . . .

Tax-exempt bond liabilities . . . . .

persons Complete Part II of Schedule L . .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

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 . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

**Total assets.**Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Form	990 (2016)				Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	✓
1	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>			940,500
2	Total expenses (must equal Part IX, column (A), line 25)	2			967,107
3	Revenue less expenses Subtract line 2 from line 1	3			-26,607
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			34,177
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			2
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			7,572
	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	onedkin deneduce a deneduce a response of flore to drift into the trace and			Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle			

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

За

3b

Νo

Form **990** (2016)

Audit Act and OMB Circular A-133?

#### **Additional Data**

### Software Version:

**EIN:** 46-4126174

Software ID:

Name: CATALYST OKLAHOMA INC

Form 990 (2016)

Form 990, Part III, Line 4a:

RESEARCH AND PROMOTION OF PRO-GROWTH PUBLIC POLICIES BASED ON FREE MARKET PRINCIPLES

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

## Political Campaign and Lobbying Activities

OMB No 1545-0047

DLN: 93493292014937

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Proxy Tax) (see separate instructions), then

EZ)

SCHEDULE C (Form 990 or 990-

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** CATALYST OKLAHOMA INC 46-4126174 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes □ No 4a Was a correction made? ☐ Yes ☐ No h If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 474,254 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 474.254 4 Did the filing organization fileForm 1120-POL for this year? ☐ Yes ✓ No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see th	ne instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (	Form 990 or 990-EZ) 2016

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

activity

Volunteers?

1

b

(b)

Amount

(a)

Yes

No

#### Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

SCHEDULE G

DLN: 93493292014937

2016

OMB No 1545-0047

**Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding** Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a

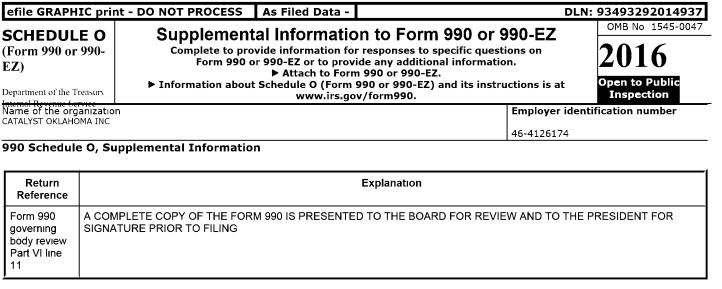
Attach to Form 990 or Form 990-EZ.

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

	ne of the organization ALYST OKLAHOMA INC						Employer ide	entification number
٠,١	ALTST OKLAHOMA INC						46-4126174	
?		<b>tivities.</b> Complete rs are not required		-		on Form 990,	Part IV, line 1	17.
	Indicate whether the orga	nızatıon raısed funds	through	any of the	following activities	Check all that a	pply	
а	✓ Mail solicitations				e 🗌 Solicitation	of non-governm	ent grants	
b	☐ Internet and email sol	ıcıtatıons			f Solicitation	of government of	grants	
c	Phone solicitations				g 🔲 Special fun	draising events		
d	✓ In-person solicitations							
2a	Did the organization have or key employees listed in	Form 990, Part VII)	or entity	ın connect	ion with profession	al fundraising sei	rvices? 🗹 Y	es 🗆 No
b	If "Yes," list the ten higher to be compensated at leas			fundraiser	s) pursuant to agree	ements under wh	hich the fundrais	ser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or rol of outions?	(iv) Gross receip from activity	(or re fundrai	ount paid to tained by) ser listed in ol (i)	(vi) Amount paid to (or retained by) organization
	HOWARD STRATEGIES LLC 1800 NE 32ND STREET MOORE, OK 73160	PLANNING AND SUPERVISION	Yes	No No			18,750	-18,750
	MARGARET ANN MORRIS 9911 S 85TH EAST AVENUE TULSA, OK 74133	PLANNING AND SUPERVISION		No			6,000	-6,000
ot	al		•	•			24,750	-24,750
	List all states in which the or	rganızatıon ıs registe	red or lice	ensed to so	olicit contributions o	r has been notifi	ied it is exempt	from registration or

	gross receipts greater than \$5	/ ·			
- 1		<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events
Reversie		(event type)	(event type)	(total number)	(add col (a) through col (c))
:	<b>1</b> Gross receipts				
	2 Less Contributions				
4	4 Cash prizes				
Se Se	Noncash prizes				
듄	<sup>6</sup> Rent/facılıty costs				
<u>සි</u>   7	7 Food and beverages				
ਹੂ	B Entertainment				
_	Other direct expenses				
	10 Direct expense summary Add lines 4 t				
Part					   more than \$15,000
<u>.</u> . T	on Form 990-EZ, line 6a.				<u> </u>
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Expenses	2 Cash prizes				
<u>ᅑ</u>   :	3 Noncash prizes				
Direct	4 Rent/facility costs				
<u>ā</u> ļ.	5 Other direct expenses				
		☐ Yes <u>%</u>	☐ Yes %	Yes %	
6	<b>5</b> Volunteer labor	□ No	□ No	□ No	
7	7 Direct expense summary Add lines 2 t	hrough 5 in column (d)		•	
	Net gaming income summary Subtract	line 7 from line 1, colum	n (d)		
	Enter the state(s) in which the organization				
					☐ Yes ☐ No
	Were any of the organization's gaming lic	enses revoked, suspende	d or terminated during the		Yes No

Sche	dule G (Form 990 or 990-EZ) 2016					F	age	
11	Does the organization conduct gaming	j activities with nonmember:	s?		☐Yes	□No		
12	Is the organization a grantor, benefici- formed to administer charitable gamin		member of a partnership or other entity		□Yes	□No		
13	Indicate the percentage of gaming act	ivity conducted in						
а	The organization's facility			13a				
b	An outside facility			13b			(	
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	cords				
	Name •							
	Address >							
15a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No		
b			anization 🕨 \$ and th	e				
	amount of gaming revenue retained by the third party ▶ \$							
С	If "Yes," enter name and address of the third party							
	Name ►							
	Address ►							
16	Gaming manager information							
	Name ►							
	Gaming manager compensation $ hildsymbol{ ho}$ \$							
	Description of services provided							
	☐ Director/officer	☐ Employee	☐ Independent contractor					
17	Mandatory distributions							
а	,	te law to make charitable di	stributions from the gaming proceeds to		_			
_	retain the state gaming license?							
b	·		uted to other exempt organizations or spent					
В-	in the organization's own exempt activ			- (···) -	and (\. n	ad Dawt		
Pal		l5c, 16, and 17b, as app	cions required by Part I, line 2b, column licable. Also complete this part to provid					
	Return Reference		Explanation					
			<u>'</u>	ule G (F	orm 990 or	990-EZ)	201	



Return Explanation
Reference

990 Schedule O, Supplemental Information

ı	Conflict of	THE ORGANIZATION REQUIRES OFFICERS AND DIRECTORS TO ANNUALLY DISCLOSE AND UPDATE INFORMATI
ı	ınterest	ON REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY MEMBERS THAT COULD GIVE RISE TO POT
ı	policy	ENTIAL CONFLICTS
ı	compliance	
ı	Part VI line	
ı	12c	

Return Explanation
Reference

990 Schedule O, Supplemental Information

Governing documents	THE ORGANIZATION PROVIDES THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY UPON REQUEST
etc available	
to public Part	
VI line 19	

990 Schedule O, Supplemental Information Return **Explanation** Reference Explanation EXPLANATION ROUNDING ADJUSTMENT of other

changes in
net assets or
fund
balances
Part XI line 9

Return Reference Explanation

General FORM 990 PART I, LINE 1 & FORM 990 PART III, LINE 1CATALYST OKLAHOMA, INC (CATALYST) IS A

990 Schedule O, Supplemental Information

explanation attachment

NON-PROFIT, NON-PARTISAN ORGANIZATION DEDICATED TO THE PROMOTION OF PRO-GROWTH PUBLIC POL

ICIES BASED ON THE FREE MARKET PRINCIPLES THAT ARE THE FOUNDATION OF A LONG TERM VIBRANT E

CONOMY FOR OKLAHOMA CATALYSTS PRIMARY GOAL IS THE EDUCATION OF CITIZENS, OPINION LEADERS,

AND POLICY MAKERS ON THE IMPORTANCE OF SOUND FISCAL AND ECONOMIC POLICY TO JOB GROWTH, FI

NANCIAL WELL-BEING. AND OVERALL QUALITY OF LIFE FOR ALL OKLAHOMANS