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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

A	For the	e 2016 calen	dar year, or tax year beginning , 2016, and ending	9		•		
В	Check if	applicable	C		D Employer i	dentification numb	per	
	Add	dress change	Oklahoma's Children, Our Future, Inc.		47-51	79130		
	⊢∹	me change	2601 N W Expressway 503W	ŀ	E Telephone			
	 -1	ial return	Oklahoma City, OK 73112					
	H-1	of return/terminated	• ,	}				
	H-1				•	ė		
	H-1	ended return	F Name and address of principal officer	IV-V la thua	G Gross recei		23,578.	
		plication pending	l · · · · · · · · · · · · · · · · · · ·			L-	Yes X No	
_	Tour	ware to take	Same As C Above	If 'No,'	subordinates inc attach a list (se	e instructions)	i les 🗌 no	
<u> </u>		exempt status	501(c)(3) X 501(c) (4					
<u></u>		site: ► N/		• • •	exemption numb			
K		of organization	Corporation Trust Association Other ► L Year of formation	on	M State	e of legal domicile		
Pa	nt I	Summar						
	1 1	Briefly descri	be the organization's mission or most significant activities The mission	on of C	<u>Oklahoma</u>	's Childr	en,	
မွ	1 -		re, Inc. is for inform Oklahomans about the im			nvesting	<u>in</u>	
ä]	bnpric e	ducation to ensure a brighter future for Oklah	oma_ta	milies.			
Governance	1 0 7	Chook this h	ox If the organization discontinued its operations or disposed of more					
ģ	3 1	Number of vo	oting members of the governing body (Part VI, line 1a)	re trian 2:	1 .	t assets		
			dependent voting members of the governing body (Part VI, line 1b).			4	3	
Activities &			of individuals employed in calendar year 2016 (Part V, line 2a)			5	<u></u>	
Œ			of volunteers (estimate if necessary)		-	6	0	
₹	7a 7	Total unrelate	ed business revenue from Part VIII, column (C), line 12		L	7a	0.	
	Ь	Net unrelated	business taxable income from Form 990-T, line 34		<u> </u>	7b	0.	
				Pi	rior Year	Curre	nt Year	
40	8	Contributions	,017,500	0. 5, 6	523,578.			
Revenue	9 F	Program serv	vice revenue (Part VIII, line 2g)	1				
e e			ncome (Part VIII, column (A), lines 3, 4, and 7d)	<u></u>				
Œ	11 (Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) %, 2017					
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>; 1</u>	,017,500	$0. \mid 5, \epsilon$	523,578.	
2017	13	Grants and s	imilar amounts paid (Part IX, column (A), lines 1-3).	1	···			
CV2	14 E	Benefits paid	To or for members (Fart IX, Column (A), line 4).					
	15 5	Salaries, oth	er compensation, employee benefits (Part IX-column (A), lines 5-10)		34,715	5. 1,494,263		
MINED EXPONSES	16a F	Professional	fundraising fees (Part IX, column (A), line 11e)					
噩	Ь٦	Total fundrais	sing expenses (Part IX, column (D), line 25) ▶					
_ŭ	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)		203,607	7 4 9	48,093.	
	18 7	•	es Add lines 13-17 (must equal Part IX, column (A), line 25)		238,322		342,356.	
2	19 F	•	expenses Subtract line 18 from line 12		779,178		18,778.	
			, , , , , , , , , , , , , , , , , , , ,	Reginning	g of Current Ye		of Year	
	ĭ	Total assets	(Part X, line 16)	Beginnin	779,178		60,400.	
V § 2			s (Part X, line 26)			5.1	0.	
و ج		Net assets or	fund balances Subtract line 21 from line 20				60,400.	
	rt II	Signatur		<u> </u>	779,178	P+	00,400.	
$\overline{}$				as bact of m	. knowledge and	t bolief it is true o	arrant and	
com	er penanie plete Dec	claration of prepa	eclare that I have examined this return, including accompanying schedules and statements, and to the erier (other than officer) is based on all information of which preparer has any knowledge	ne best of my	knowledge and	i beller, it is true, co	orrect, and	
		1 12	Janes Com and - Ol O's	14	-15-1	7		
Sig	1 0	Signa	re of officer	Dat	e			
He	jii re	N. 96	phonie Canada-Phillips					
110	••	Type or	print name and title					
			preparer's name Preparer's Apparte Date	. 1	Check X n	PTIN		
_			V AVA SIVIX ALIA VIVA		_	1	720	
Pa			Beller, CPA /JECON BANK DIE	7	self-employed	P010597	20	
	eparei e Only	!			C CO. > .	20 027512	4	
US	e Only	y Firm's addre		- 1		<u>20-837513</u>		
		20 1	OKLAHOMA CITY, OK 73112-7272		Phone no (4	405) 607		
Ma	∕the IH	ゃっ aiscuss th	is return with the preparer shown above? (see instructions)			X Yes	No	

	6) Oklahoma's Children,	Our Future, Inc.	47-5	179130	Page 2
	tatement of Program Service	•			
	neck if Schedule O contains a respons	se or note to any line in this Part III			
-	escribe the organization's mission			-	
		ldren, Our Future, Inc. is			
		n public education to ensur	<u>e_a_brighter_f</u>	uture for	<u></u>
OKTan	oma_families				
2 Did the or	rganization undertake any cignificant pro	gram services during the year which were not li	stad on the arear		
	or 990-EZ?	grain services during the year which were not in	sted on the phor	□ Vac	X No
	describe these new services on Sched	lule ()		Yes	V MO
		e significant changes in how it conducts, an	v nrogram services?	Yes	X No
	describe these changes on Schedule (y program services		<u>N</u>
	•		program services as	measured by	expenses
Section 5	501(c)(3) and 501(c)(4) organizations	ecomplishments for each of its three largest are required to report the amount of grants	and allocations to other	ers, the total e	xpenses,
and reve	nue, if any, for each program service	reported			
A = (Codo) (Expenses \$	including grants of \$	\	.	
4 a (Code) (Expenses \$	including grants of \$) (Revenue	۶	
			~		
A b (Code	\/Funance ¢	redudes arente of \$	\ /Dayanya	ė	
4 b (Code _	(Expenses \$	including grants of \$) (Revenue	۶	—— [,]
			~		
			~		
			~		
4 - (Cada) (European &	unallydian areats of C) (Payanya	<u>. </u>	
4 c (Code _) (Expenses \$	including grants of \$) (Revenue	۶	,
A d Other are	agram convene (Decaribe in Cabadilla	0)			
	ogram services (Describe in Schedule		(Revenue \$,
(Expense			(LIEACHING A		,
BAA	gram service expenses	O		Form	n 990 (2016)
~~~		TEL TOTOLE TOTOTO		***	/

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	i	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		X
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	 	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
t	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 ь		х
C	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	 	х
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
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	11 f		X
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		х
ŧ	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	12 b	<u> </u>	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		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 (see instructions)	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
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
BAA	TEEA0103L 11/16/16	Form	990	(2016)

		_	Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
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		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2 ⁷ 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? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		Ĺ
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	i 	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		х
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		х
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
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	-	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197  Note. All Form 990 filers are required to complete Schedule O	38		х
BAA		Form	990	(2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 24 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Х 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return n b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. 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? X 3 a **b** If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **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) Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions? 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a services provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Form 82827 d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11 b 12 a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O **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 13b 13 c c Enter the amount of reserves on hand Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14 a

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

14b

Form 990 (2016) Oklahoma's Children, Our Future, Inc. 47-5179130 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 8 a 8 b X b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Х 12a Did the organization have a written conflict of interest policy? If 'No.' go to line 13 12 2 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a X X b Other officers or key employees of the organization. 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16 a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Other (explain in Schedule O) Own website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to

the public during the tax year

Cathy Welch 2601 N W Expressway

Oklahoma City OK 73120

See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

	Oklahoma's					47-5179130	Page			
Part VII Com Inde	pensation of Opendent Contra	fficers, Directors	ctors,	Trustees,	Key Employees,	Highest Compensated Employees	, and			
Check if Schedule O contains a response or note to any line in this Part VII										

C1! A	<b>A</b> (C:	Dina at a	T 1/	. – .	1 1 1 1 1		pensated En	
Section A	LITTICATE	LILLACTORS	I PII CTOOC K	av = mnnin	JOOC 204 HIZ	anact I am	nancatad Ln	10101000
Jechon A.	OHICCI 31	DITECTORS.	II USICCS. IN	EA FILIDIO	vees, anu mi	ZIICSL GUIII	Delisaleu Lii	IUIUVEE

- 1 a 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

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

				(C)				Tronk omoon, amook		
(A) Name and Title		1	dır	rector/trust		neck more ess person er and a tee)		(D) Reportable compensation from the organization	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Linda Hasler Reid President	0							0.	0.	0.
(2) Shawn Sheehan Vice President	0 0							0.	0.	0.
(3) Stephanie Canada- Phillips Secretary	0							0.	0.	0.
(5)										
(6)										
<u></u>										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box,	not ch unles er and	s perso	re than on is both ctor/trus	n an tee)	(D)  Reportable compensation from the organization (W 2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimate amount of compensation the organization and relate organization.	other cion con ed
(15)										
(16)										
(17)										
(18)										
(19)							1			
(20)										
(21)			1							
(22)										
(23)										
(24)										
(25)										<u>-</u>
1 b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited from the organization ▶ 0		ısted a	above	e) who	o receiv	► ► ved	0. 0. 0. more than \$100,00	0. 0. 0. 0 of reportable com	pensation	0. 0. 0.
							<del> </del>		Yes	No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru <i>h individu</i>	stee, ial	key	empl	oyee,	or h	nighest compensa	ted employee	3	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportab er than \$1	le cor 50,00	nper 102 /	isatio f 'Yes	n and s,' com	oth ple	er compensation te Schedule J for	from	4	X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s.' comple	satioi te Sc	n fro hedu	m an ile J	y unre for suc	late h p	ed organization or erson	ındıvıdual	5	X
Section B. Independent Contractors  1 Complete this table for your five highest compen								han \$100 000 of		
compensation from the organization Report compen	sation for	the ca	lend	ar yea	r endır	ng v	vith or within the or	ganization's tax yea	r. <b>(C)</b>	
Name and business add	ess ———						Description	of services	Compensati	on —-—
Total number of independent contractors (including be \$100,000 of compensation from the organization).		ited to	thos	e liste	ed abov	ve)	who received more	than		
BAA	<u> </u>	TEEA01	108L	11/16/1	6		<del></del> -		Form <b>990</b>	(2016)

	Check if Schedule O contains a response or note to a	<del></del>	·		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a Federated campaigns1a5,623,578				
arar our	<b>b</b> Membership dues 1 b	]			
S, C	c Fundraising events 1 c	]			
Giff	d Related organizations 1 d	_			
ns,	e Government grants (contributions)	_			1
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1 f				
onti of C	g Noncash contributions included in lines 1a-1f \$	-			
<u>3 8</u>	h Total. Add lines 1a-1f	5,623,578.			<del> </del>
Program Service Revenue	Business Code 2 a	-			}
ĕ	b	+			<del> </del>
e B	c	<del> </del>			<del> </del>
ēZi	d	<del></del>			<del>                                     </del>
E	e	<del>                                     </del>			<del></del>
gra	f All other program service revenue				
<u> </u>	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and				1
	other similar amounts)  4 Income from investment of tax-exempt bond proceeds.				<del> </del>
	<ul><li>Income from investment of tax-exempt bond proceeds.</li><li>Royalties</li></ul>	<u> </u>			
	(i) Real (ii) Personal	<del> </del>			<del> </del>
ĺ	6 a Gross rents	-			
	<b>b</b> Less: rental expenses	7			
	c Rental income or (loss)	1			
	d Net rental income or (loss)	F			
	7 a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
1	<b>b</b> Less, cost or other basis	[			
!	and sales expenses	-[			
1	c Gain or (loss) d Net gain or (loss)				
	[	-			
된	8a Gross income from fundraising events (not including . \$	1			
Other Revenue	of contributions reported on line 1c)				
æ	See Part IV, line 18	!			
F	<b>b</b> Less direct expenses <b>b</b>	-			
₹	c Net income or (loss) from fundraising events	·			
	9a Gross income from gaming activities See Part IV, line 19				
	<b>b</b> Less direct expenses <b>b</b>				Ì
	c Net income or (loss) from gaming activities	•			<u> </u>
	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b	_			
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code	-			
	11a	<del> </del>		<del> </del>	<del> </del>
	b	<del> </del>		<del> </del>	<del> </del>
	d All other revenue			<del></del>	<u> </u>
	e Total, Add lines 11a-11d	<del> </del>	<del></del>		<del> </del>
	12 Total revenue. See instructions	5,623,578.	0.	0.	0.
		1 0, 020, 0, 0.	<u></u> .	<u> </u>	<u> </u>

	Check if Schedule O contains a re			implete column (A)	X
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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 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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.,	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,494,263.		1,494,263.	
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	İ			
	<b>b</b> Legal	113,479.		113,479.	<del></del>
	c Accounting	10,935.		10,935.	
	d Lobbying	10, 555.		10, 555.	
	e Professional fundraising services. See Part IV, line 17				
	Investment management fees	<del></del>			<del></del>
	Other (If line 11g amount exceeds 10% of line 25, column	<del></del>	······································		
	(A) amount, list line 11g expenses on Schedule 0 \$cb Φ	777,016.		777,016.	
12	Advertising and promotion	3,227,157.		3,227,157.	
13	Office expenses	25,119.		25,119.	<del></del>
14	Information technology	2,930.		2,930.	
15	Royalties				
16	Occupancy	45,555.		45,555.	
17	Travel	14,533.		14,533.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
20	Conferences, conventions, and meetings. Interest				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization				
	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.)				
;	Printing and Publications	610,166.		610,166.	
	Event Expense	18,163.		18,163.	
	Bank Fees	1,265.		1,265.	
	Meals and Entertainment	900.		900.	
	All other expenses	875.		875.	
	Total functional expenses. Add lines 1 through 24e	6,342,356.	0.	6,342,356.	0.
26		0,022,000.	5.	2,022,000.	<u> </u>

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
	•		(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	779,178.	1	58,000.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	· · · · · · · · · · · · · · · · · · ·
	4	Accounts receivable, net		4	
i	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 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	<del></del>
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges.		9	· · · · · · · · · · · · · · · · · · ·
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10 c	
	11	Investments – publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	2,400.
	16	Total assets. Add lines 1 through 15 (must equal line 34).	779,178.	16	60,400.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>ië</u>	21	Escrow or custodial account liability Complete Part IV of Schedule D	· · · · · · · · · · · · · · · · · · ·	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	0.
ę		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.	!		
Ě	27	Unrestricted net assets.		27	
3al	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets.		29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
Ŋ	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	779,178.	32	60,400.
Net Assets	33	Total net assets or fund balances	779,178.	33	60,400.
Z	34	Total liabilities and net assets/fund balances	779,178.	34	60,400.
BA	A				Form 990 (2016)

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Pai	t XI Reconciliation of Net Assets	<del></del>					
	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	5,6	23,5	578.		
2	Total expenses (must equal Part IX, column (A), line 25).	2	6,3	42,3	356.		
3	Revenue less expenses Subtract line 2 from line 1	3	-7	18,	778.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	79,1	178.		
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))						
Pa	t XII   Financial Statements and Reporting				100.		
	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				ļ		
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	viewed on a					
			2 b	l	x		
1	were the organization's financial statements audited by an independent accountant?	narata	2.0		<u>^</u>		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both	eparate		' 	1		
	Separate basis Consolidated basis Both consolidated and separate basis		1		İ		
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule ${\sf O}$						
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	gle	3 a		Х		
	of Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	3 b				
BAA			Form	990	(2016)		

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

 Attach to Form 990 or 990-EZ.
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

47-5179130

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

Officer review prior to filing.

Oklahoma's Children, Our Future, Inc

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

No other documents available to the public.

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

	(A)	(B) Program	(C) Management	(D) Fund-
	Total	Services	& General	raising
Consulting Services Filing Fees	691,63 95	81. 53.	691,631. 953.	
Professional Fees - Other	Total \$ 777,01	32. 16. \$ 0.	\$ 4,432. \$ 777,016.	\$ 0.