### EXTENDED TO NOVEMBER 15, 2018

# lment of the Treasury

## Return of Organization Exempt From Income Tax

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

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

Open to Public

nternal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Address change OKLAHOMA SPEAKER'S BALL, INC Name change 20-2018083 Doing business as Initial Number and street (or P 0, box if mail is not delivered to street address) Room/suite E Telephone number Final return/ P.O. BOX 1524 405-235-5567 termin ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended NORMAN, OK 73070-1524 H(a) Is this a group return Applica-tion pending F Name and address of principal officer ROBERT G. MCCAMPBELL Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? 501(c)(3) X 501(c) ( If "No," attach a list (see instructions) Tax-exempt status ) (insert no.) J Website: ➤ WWW.OKSPEAKERSBALL.COM H(c) Group exemption number K Form of organization: X Corporation Association Other > Year of formation 2004 M State of legal domicile OK Partil Summary Briefly describe the organization's mission or most significant activities THE PURPOSE OF THE CORPORATION Activities & Governance IS TO ORGANIZE AND EXECUTE AN ANNUAL BALL TO INAUGURATE THE CURRENT \_\_\_\_ if the organization discontinued its operations or disposed of more than 25% of its net assets Check this box ▶ Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 382,800 378,854. Contributions and grants (Part VIII, line 1h) SCANNED MAR 0 7 2019 0. 0 Program service revenue (Part VIII, line 2g) 0 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 378,854. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 382,800 20,000 60,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 19,260 500. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 350,713 268,922. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 389,973 350,422. Total expenses Add lines 13-17 (must equal Part IX, column <7,173.b <u>28,4</u>32. Revenue less expenses Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 188.570. 160,138. Total assets (Part X, line 16) 0. Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 160 138. 570. Part II Signature Block tements, and to the best of my knowledge and belief, it is Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and true, correct, and complete. Declaration of preparer fother than officer) is based on all information of which preparer has any knowledge 2018 Monature of officer Sign CHUCK THOMPSON, SECRETARY/TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name 11/13/18 self employed Paid KELLEY GRACE, ₽00841870 CPA Firm's name EIDE BAILLY LLP Firm's EIN 45-0250958 Preparer Firm's address 2402 WESTPORT DR Use Only Phone no 405-292-2900 NORMAN, OK 73069-6336

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

X Yes

orm	990 (2017) OKLAHOMA SPEZ		<u>C</u>	<u> 20-2018083</u>	Page 2
Par	rt III Statement of Program Service Ac	complishments			
	Check if Schedule O contains a response or i	note to any line in this Part III			
1	Briefly describe the organization's mission	-		<u>-</u>	
•	THE PURPOSE OF THE CORPORA	ATION IS TO ORG	ANIZE AND EXECU	TE AN ANNUAL	
	BALL TO INAUGURATE THE CUI				
	CELEBRATE THE COMMENCEMENT				ΨO
	BENEFIT A WORTHY OKLAHOMA			I I ON .	
2	Did the organization undertake any significant prog	ram services during the year v	which were not listed on the		
	prior Form 990 or 990-EZ?			L Yes	X No
	If "Yes," describe these new services on Schedule	0			
3	Did the organization cease conducting, or make sig	nificant changes in how it cor	nducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O				
4	Describe the organization's program service accom	plishments for each of its three	ee largest program services, as	measured by expenses	
·	Section 501(c)(3) and 501(c)(4) organizations are re				
	revenue, if any, for each program service reported	quired to report the ameant o	9	,	
4-	· • • • • • • • • • • • • • • • • • • •	0 • including grants of \$	60,000.) (Revenu		
4a					′
	ORGANIZED AND EXECUTED A				<u> </u>
	CELEBRATE THE UPCOMING LEG				
	RAISED \$25,000 FOR AN OKLA			BEGAN	
	PREPARATIONS FOR A SIMILAR	R EVENT FOR 201	8.		
				-	
				·	
		•	· · · · · · · · · · · · · · · · · · ·		
4b	(Code) (Expenses \$	including grants of \$	) (Reven	ue \$	)
				<del></del>	
				<del></del>	
4c	(Code) (Expenses \$	including grants of \$	) (Revenue	ue \$	)
		····			
			<del></del>		
4d	Other program services (Describe in Schedule O )	·	<del> </del>		
	,	2 to of \$	) (Revenue \$	1	
46	(Expenses \$ including grain Total program service expenses ▶	343,450.	/ Pricycline a		
マピ	Total program service expenses	J 1 J 1 1 2 V 1		Form Q	90 (2017)
				, 0,,,,	()

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20-2018083

Form 990 (2017) OKLAHOMA SPEAKER'S BALL, INC
Part IV Checklist of Required Schedules

1	to the appropriate placewheel in partice $EO(1/2)/2$ , as $4.047/2/41$ (athers these appropriate for indiction)?			
•	ts the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ł		
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		,,
	public office? If "Yes," complete Schedule C, Part I	3	-	X
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			٠,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
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,	_		<b>.</b>
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			, v
_	Schedule D, Part III	8		<u> X</u>
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	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, VIII, IX, or X	10		
••	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
ŭ	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
	complete Schedule G, Part III		990	

Form 990 (2017) OKLAHOMA SPEAKER'S BALL, INC
Part IV | Checklist of Required Schedules (continued)

			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	X	
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 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		:	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		·	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			٠,,
	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)	00-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b_		
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
2 <del>9</del> 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		1
30	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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "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 19?			
	Note All Form 990 filers are required to complete Schedule O	38_	X	
		Form	990	(2017)

	· Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable	5		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<u>)</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		-	
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	)	_	_
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
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		<u> </u>
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		X
b	If "Yes," enter the name of the foreign country		١.	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			r. ~
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		Ì	
	any contributions that were not tax deductible as charitable contributions?	6a	X	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	ļ.,
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	<u> </u>	<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	₩
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?	<u>7g</u>	ļ	ـــــ
h		7h	ļ	<del> </del>
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_		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	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		+-
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		Ì
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	┥		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		┼
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	$\exists$		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		+-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	₩
	Note. See the instructions for additional information the organization must report on Schedule O			
b				
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	<del> </del>		-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	l X

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

20-2018083 Form 990 (2017) OKLAHOMA SPEAKER'S BALL, INC 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  $\mathbf{x}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 7a 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? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a 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 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 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 12c X 13 Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b 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 taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OK 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 X Upon request Own website 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 State the name, address, and telephone number of the person who possesses the organization's books and records 🕨

SARAH SMITH - 405-795-0588 1725 GREENBRIAR DRIVE, NORMAN

73072

OK

# 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 report able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization	i i	T g					1541			(F)
(A) Name and Title	(B)			ر Pos	C) ition	1		( <b>D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
Name and Title	Average hours per		not c	heck	more	than is bot		compensation	compensation	amount of
	week	offi	cer ar	d a d	recto	or/trus	tee)	from	from related	other
	(list any	cto						the	organizations	compensation
	hours for	dre				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ruste			esuac		(W-2/1099-MISC)		organization
	organizations	a fa	onal t		loyee	8 S				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	•		organizations
	line)	Ĕ	Ĕ	5	- <del>S</del>	훈통	<u>&amp;</u>			
(1) CHUCK THOMPSON	0.30	٠,		\ •				0	0.	^
SECRETARY/TREASURER	10.00	X		Х				0.	<b>U</b> •	0.
(2) MARIAN M. FREE	10.00							01 500	_	•
EXECUTIVE BALL DIRECTOR		X				<u> </u>		21,500.	0.	0.
(3) ROBERT G. MCCAMPBELL	1.00	<b>-</b> _			į					
PRESIDENT		X		X	_			0.	0.	0.
(4) CASEY KILLBLANE	0.30	┨								•
DIRECTOR		X				<u> </u>		0.	0.	0 .
(5) SEIGEL HEFFINGTON	0.30	1						_	_	_
DIRECTOR		X						0.	0.	0.
(6) MARK LIOTTA	0.30	1						_	_	_
VICE PRESIDENT		X		X				0.	0.	0.
(7) SARAH SMITH	10.00	1						_	_	_
DEPUTY TREASURER		X		X		ļ		0.	0.	0.
		1								
						<u> </u>				
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		4	ı		1	1	1	1		

	(A)  Name and title	(B) Average hours per week	(do box offi	not c	Pos heck ss pe	C) ition more irson		one h an	( <b>D</b> ) Reportable compensation from	(E) Reportable compensation from related	n I		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099 MIS		fr org an	pensa om the anizat d relate anizatie	e ion ed
														•
											<del></del>			
	Sub-total  Total from continuation sheets to Part V	II Section A	<u> </u>					<u> </u>	21,500.		0.			0.
	Total (add lines 1b and 1c)  Total number of individuals (including but i		ose	liste	ed al	oove	 e) wh	no re	21,500.	0,000 of reportable	0.			0.
	compensation from the organization	<u> </u>											Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series any individual listed on line 1a, is the s	such individual				٠						3	-	X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual	· ·		4		Х
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	e J f	or su	ıch j	pers	son		· · · · · · · · · · · · · · · · · · ·			5		X
1	Complete this table for your five highest countries the organization. Report compensation for								the organization's tax		pens			
	(A) Name and business	address	NO	ONE	<u> </u>				(B) Description of s	ervices	С	(C ompe		n
												•		
2	Total number of independent contractors ( \$100,000 of compensation from the organ	_	ot lir	mited	d to		se lis	sted 	above) who received m	ore than		Form (	990 "	2017

	•	Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts ts	1 a	Federated campaigns	1a					
irar		Membership dues	1b					
S, E	С	Fundraising events	1c			,		
ar /	d	Related organizations	1d					
S, E		Government grants (contribut	ions) 1e	·				1
P S	f	All other contributions, gifts, gran						1 .
the the		similar amounts not included abo	1 1	378,854.				;
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$					1
<u>8</u>	h	Total. Add lines 1a 1f		▶	378,854.			
				Business Code		, , , , , , , , , , , , , , , , , , ,		
9	2 a	·						
e Zi	b							
n S	С	·						
le a	d	·					<del></del>	
Program Service Revenue	е	<u></u>	····					
۱ ۵	f	All other program service reve	enue					<u>,</u>
$\rightarrow$	g			▶				;
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		<b>▶</b>				
	4	Income from investment of tax	x exempt bond p	oroceeds -				
	5	Royalties						
- 1	_		(ı) Real	(II) Personal				1
ŀ	6 a							
	b	· •						i i
	С.	Rental income or (loss)				·		
	d	, ,	(A) Cooperation	(v) Othor				
	/ a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory  Less cost or other basis		<del> </del>				
	D			1				
	•	and sales expenses Gain or (loss)		<del>                                     </del>				
ļ	c d		L	<u> </u>				
	-	Gross income from fundraising	a events (nat					<del>                                     </del>
nue	0 4	Including \$	- :		•			
Š		contributions reported on line						
Other Reven		Part IV, line 18	а а					
the	b	Less direct expenses	b					
0		Net income or (loss) from fund	fraising events	<b></b>				
		Gross income from gaming ac	=					
		Part IV, line 19	а	]				
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns				•	
		and allowances	а					
	b	Less cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory	▶				
L		Miscellaneous Revenu	e	Business Code				
1	11 a					_		
ŀ	b							
	С							
	d			L				<del> </del>
	е	Total. Add lines 11a 11d		▶				
	12	Total revenue See instructions		<b>&gt;</b>	378,854.	0.	0.	0.

Section	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns All oth	er organizations must co	omplete column (A)	
	Check if Schedule O contains a respons				X
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations			•	ŧ
	and domestic governments. See Part IV, line 21	60,000.	60,000.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				•
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	·			*
	individuals See Part IV, lines 15 and 16			,	•
4	Benefits paid to or for members				•
	Compensation of current officers, directors,	24 522	24 522		
	trustees, and key employees	21,500.	21,500.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
11	Fees for services (non-employees)	E 204		E 204	
	Management	5,294.		5,294.	
	Legal	1,195.		1,195.	
	Accounting	1,193.		1,193.	
	Lobbying  Professional fundrations convices See Bart IV, line 17				
	Professional fundraising services See Part IV, line 17 Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0	113,319.	113,319.		
	Advertising and promotion	113,317.	113,317.		
13	Office expenses	483.		483.	
	Information technology	403.		±03.	
	Royalties				
	Occupancy	. ==-			<del></del>
17	Travel				
	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	-			
	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization		_		
23	Insurance				
	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 0)				
	CATERING	69,783.	69,783.		
	DECORATIONS	48,937.	48,937.		
	BALL EXPENSE - FACILITY	27,693.	27,693.		
	BANKING	2,218.	2,218.		
	All other expenses	-,			
	Total functional expenses Add lines 1 through 24e	350,422.	343,450.	6,972.	0
	Joint costs Complete this line only if the organization			<u> </u>	<del>_</del>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)
Part X Balance Sheet

	· · ·	Dalamed enect				
		Check if Schedule O contains a response or not	e to any line in this Part X	<del>_</del>	1	
	`			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		160,138.	1	188,270.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	300.
	5	Loans and other receivables from current and fo	ormer officers, directors,			, ,
	Ì	trustees, key employees, and highest compensation				
		Part II of Schedule L			5	
	ő	Loans and other receivables from other disquali	fied persons (as defined under	, , , ,	٠,	.·
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing	i day i e ta	٠,٠	
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
şţ		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets	#	14		
	15	Other assets See Part IV, line 11		-	15	
	16	Total assets. Add lines 1 through 15 (must equi	al line 34)	160,138.	16	188,570.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete i			21	
es	22	Loans and other payables to current and former				
Ę	}	key employees, highest compensated employee	s, and disqualified persons		·-	
Liabilities	j	Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	•		23	
	24	Unsecured notes and loans payable to unrelated	•	<del></del>	24	
	25	Other liabilities (including federal income tax, pa				
		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	<b></b> .	0.	_26	0.
		Organizations that follow SFAS 117 (ASC 958			*	
ces		complete lines 27 through 29, and lines 33 an	d 34.	160,138.		100 570
<u>la</u>	27	Unrestricted net assets		100,130.	27	188,570.
Ва	28	Temporarily restricted net assets			28	
pur	29	Permanently restricted net assets	00.050		29	
or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958), CRECK Nere			
S O	20	and complete lines 30 through 34.			20	
Net Assets	30	Capital stock or trust principal, or current funds	unmont fund		30	
t As	31	Paid in or capital surplus, or land, building, or eq			31 32	
Š	32 33	Retained earnings, endowment, accumulated in Total net assets or fund balances	come, or other futius	160,138.	33	188,570.
	34	Total liabilities and net assets/fund balances		160,138.	<u>33</u> 34	188,570.
	<u></u>	Total liabilities and Het assets/10110 Dalances		100,100	<b>→</b>	100,0100

orm	1990 (2017) OKLAHOMA SPEAKER'S BALL, INC	70-70Ts	3 U B 3	Pа	ge IZ
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	37	8,8	<u>54</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	35	0,4	22.
3	Revenue less expenses Subtract line 2 from line 1	3	2	8,4	<u>32.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16	0,1	<u>.38.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	18	<u>8,5</u>	<u> 70.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
				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	0			لــــا
2a			2a	ļ <u>-</u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	dona -			, ]
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				لـــا
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	`	.	.
	consolidated basis, or both				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	ļ	<del>                                     </del>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		,		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			لجبيا
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	i	I

Form **990** (2017)

SCHEDULE I (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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Open to Public OMB No 1545-0047 Inspection Employer identification number

OKLAHOMA SPEAKER'S	SPEAKER'S	BALL, INC					20-2018083
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	tion
criteria used to award the grants or assistance?	stance?						Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mon	toring the use of grant	funds in the United	d States			*****
Part II Grants and Other Assistance to Domestic Organizations and	Domestic Organ	izations and Domestic	c Governments. C	omplete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II car	be duplicated if additi	ional space is need	Jed			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RATE UNIVERSITY							
FOUNDATION - 400 SOUTH MONKOE - STILLWATER, OK 74074	73-6097060	501C3	5,000.	0			GENERAL OPERATING EXPENSES
NORTHWESTERN OKLAHOMA STATE UNIVERSITY FOUNDATION - 709							GENERAL OPERATING
OKLAHOMA BLVD - ALVA, OK 73717	73-0947945	50103	5,000.	0			EXPENSES
OKLAHOMA CASA 3813 N SANTA FE AVE STE 202 <u>OKLAHOMA</u> CITY, OK 73118	73-1333538	501C3	25,000,	0			GENERAL OPERATING EXPENSES
FOLDS OF HONOR							
-				•			GENERAL OPERATING
OWASSO OK 74055	75-3240683	501C3	25,000.	0			EXPENSES
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	rganizations listed in th	e line 1 table				•
~	s listed in the line	1 table				·	<b>A</b>
LHA For Paperwork Reduction Act Notice, see the Instructions for Forr	, see the Instruct	nons for Form 990.					Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) OKLAHOMA SPEAKER'S BALL, INC  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  Part III can be duplicated if additional space is needed	SPEAKER'S BALL, individuals. Complete if the o	INC organization answe	ered "Yes" on Form 9	90, Part IV, line 22	20-2018083 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		•			
1	1 1	100	- 40	late and a second second	
Fart IV   Supplemental information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ured in Part i, line	s z, Pan III, column	(b), and any otner ac	lottonal intormation	
				•	
,					
		L .			
732102 11-01-17		۲ <sub>T</sub>			Schedule I (Form 990) (2017)

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### 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.

► Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

Employer identification number 20-2018083

OKLAHOMA SPEAKER'S BALL, INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OKLAHOMA SPEAKER OF THE HOUSE; TO CELEBRATE THE COMMENCEMENT OF THE

OKLAHOMA LEGISLATIVE SESSION; AND TO BENEFIT A WORTHY OKLAHOMA

501(C)(3) CHARITABLE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE CURRENTLY NO COMMITTEES ABLE TO ACT ON BEHALF OF THE BOARD.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED AT LEAST BY THE TREASURER AND CHAIRMAN.

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

THE POLICY COVERS ALL BOARD MEMBERS AND EXECUTIVE DIRECTORS. CONFLICTS ARE REVIEWED AND DETERMINED BY THE CHAIRMAN OF THE BOARD. IF THE CHAIRMAN HAS A CONFLICT, IT IS REVIEWED AND DETERMINED BY THE REMAINING BOARD MEMBERS. A PERSON WITH A CONFLICT HAS TO RECUSE HIM/HERSELF FROM ANY INVOLVEMENT WITH THAT PARTICULAR MATTER.

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

EXECUTIVE DIRECTOR IS THE ONLY POSITION LISTED ABOVE FOR WHICH COMPENSATION IS RECEIVED. THE EXECUTIVE DIRECTORS COMPENSATION IS REVIEWED AND APPROVED EACH YEAR BY THE BOARD OF DIRECTORS. THE REVIEW INCLUDES THE CHAIRMAN OF THE BOARD COMPARING THE EXECUTIVE DIRECTORS COMPENSATION TO OTHER SIMILAR ORGANIZATIONS IN OKLAHOMA. THE BOARD ADOPTED A COMPENSATION REVIEW POLICY AS OF JULY 24, 2012.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization OKLAHOMA SPEAKER'S BALL, INC	Employer identification number 20-2018083
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY	ARE PUBLICLY
AVAILABLE UPON REQUEST TO OKLAHOMA SPEAKERS BALL, INC. F	'INANCIAL STATEMENTS
ARE PUBLICLY FILED WITH THE OKLAHOMA ETHICS COMMISSION A	ND ARE MADE
AVAILABLE ONLINE BY THE COMMISSION.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
EVENT WEB SITE/DEVELOPMENT EXPENSE:	
PROGRAM SERVICE EXPENSES	10,150.
MANAGEMENT AND GENERAL EXPENSES	0,
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,150.
EVENT CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	58,883.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING_EXPENSES	0.
TOTAL EXPENSES	58,883.
EVENT ENTERTAINMENT/AUDIO VISUAL:	
PROGRAM SERVICE EXPENSES	44,286.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	44,286.