Form **990** 

A For the 2018 calendar year, or tax year beginning

## **Return of Organization Exempt From Income Tax**

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

, 2018, and ending

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

	OMB	No 1545-0047	
	2	2018	
	* Op	en fo Rublic Ispection	
	,		*******
loy <del>o</del> r	ıdentification	number	
-51	179130		
phone	number		
s rece	erpts \$	536,3	<u>32.</u>

В	Check if a	applicable	C											D Employer:	dentific	cation number
	Addi	ress change	01	clahoma	's	Chi]	Ldrei	n, Our	Futur	e, Inc				47-51	791	30
	Nam	ne change	26	501 N W	E	xpres	ssway	y 503W	1					E Telephone	numbe	r
	Initia	al return	O	clahoma	C	ity,	OK .	73112						i		
	HEINA	return/terminated												ļ		
	$\vdash$	ended return														F26 220
	$\vdash$		놑	Name and ad									114.5 1- 45.4	G Gross recei		536, 332.
	[ Аррі	lication pending				-	-	ær						a group return fo		
	~		Si	une As					<del></del>	T 1		. 1	H No	ll subordinates inc ," attach a list (so	luded? e instr	uctions) Yes No
<u> </u>		empt status:	L	501(c)(3)	<u>X</u>	501(c)	(4	) <b>▼</b> (in	sert no.)	4947(a)(	1) or	527	4			•
<u> </u>	Webs	site: ► N/	A								<b> </b>		H(c) Group	exemption numb	er 🕨	
K	Form o	of organization		Corporation	Т	Trust	Ass	sociation	Other >		L Year	of formati	on	M State	of lea	al domicile.
Pá	irt I	Summar	v -						<del>-</del>							
Chertie	1 8	Briefly descrif	je	the organiz	ati	on's mi	ssion	or most s	ignificant	activities:	The m	1991	on of	Oklahoma	' e	Children,
		Dur Futu		Tnc	7	s for	inf	Orm O	k Lahom:	ne abo	111t +1	10 1 m	morta	nce of in	3	ting in
ဦ	1 7	oublic e	411	cation	÷.	0 200	1170	a brid	Apter .	Future	for	76 75	oma f	amilies.	10.5	5CTUA TU
폌	1	200110		Carron	- =	<u> </u>	<u>u. c</u> .	-a- 5111	aucer -	racare_	TOT 7	7.FTG!	Oma_r	amitices.		
Activities & Governance	2 0	back this bo	-		_									25% of its net		
g	3 N	lumber of vo	hini	ii ii ii	= U	the co	COLL OF	a body (E	eu its oper	ations or (	uisposed	or mo	re than a			ets
۰ď	A N	lumber of inc	ler.	endent vol	hine	nemb	ers of	the cove	roung bod	cia). ≀/Part\/l	line 1h)		•	ļi	3	
es	5 T	otal number										• • •			•	
₹	6 T	otal number							ai 2010 (i	art v, mit	- Za) .	• •				0
ট্	7a T	otal unrelate							ıma (C) J	ne 12		•	•		7a	
•	1	let unrelated										•	•		7b	0.
		et dinelated		13111C33 LDA	aUi	e incom	- 11011	11 01111 5	30-1, little	<del>20</del>			<u>-</u>		/B	0.
	8 C	antributions.		d aranta /F		4 V/III	1h\						<u> </u>	Prior Year		Current Year
单		Contributions									• •		<b> </b>		_	536,332.
Revenue		rogram serv								• • •	• • • • • • • • • • • • • • • • • • • •	•	<u> </u>			
<u>§</u>		nvestment in									•	• •	ļ			·
u.	11 0	ther revenue	; (F	art VIII, co	וטוכ	mn (A)	unes-	200 xc	<b>4</b>	and lie)						
		otal revenue									(), line 1	<u>2) .                                    </u>	<u> </u>			<u>536,332.</u>
		Frants and si									-					
	14 B	lenefils paid	to	or for men	ibe	rs (Pari	Ø cc	(A <del>), npp</del> plo	λη imβe ∄∬ 1	9 131						
_	15 S	alaries, othe	r c	ompensati	on,	employ	ee be	nefits (Pa	art IX, colu	ımn (A)⊈li	nes 5-1	0)				3,000.
ğ	16a P	rofessional f	ันท	draising fei	25	(Part IX		nn (A)	ne Her.	455	١				十	
9	1	otal fundrais							N I' I	JI	1	••••	E 40.		100	7
Expenses							1								<b>A</b>	
_		lher expens							-						1	520,239.
	18 T	otal expense	25	Add lines	13-	17 (mus	st equa	al Part IX	, column (	(A), line 2!	5) .					523,239.
	19 R	levenue less	ex	penses. Su	ıbtı	ract line	18 fro	om line 12	2 .							13,093.
5 §													Beginni	ng of Current Ye	ar	End of Year
8 £	20 T	ntal assets (	Pai	rt X, line 1	5)									15,393	1.	28,486.
₹6	21 To	otal liabilities	s (F	art X, line	26	5) .			,					0		0.
ؤ ڌِ	22 N	et assets or	fur	nd halance		Subtract	line 2	1 from lu	no 20					15,393	<del>+</del>	<del></del>
		Signature			<u> </u>	2000.00				<del></del>	<del>···</del>		Т	15,393		28,486.
C		<del></del>						<del></del>		<del></del>	<del></del>			<del></del>		<del></del>
omt	r penallies dete Deck	s of perjury, I dec aration of prepar	ciare gr (e	other than office	kam cer)	ined this r is based o	eturn, in on all infi	ormation of	ompanying so which prepar	hedules and s er has any kn	statements owledge	, and to t	ne best of n	ny knowledge and	belief,	it is true, correct, and
		THE	di,	1.00	7	19 -	Υ			•			— г			
		Signatur	e of	officer		W IN	<del>ф</del> -							ale		<del></del>
Sig		20	•	Τ .	()	MIL 10 CA	10 -	Phil	1705					J. 10		
le	re	270		ance c		inicu		7 / ( )	100							<del> </del>
				name and titl	e _		$-\Delta$		-							
		Print/Type pr	epa	rer's name			73			1 MIS	Date	.21	. 12	Check X if	PT	IN
Pai	d	Joe D.	_B	eller,	C)	PA	10	emol/ i	<u> L1444</u>	n abai A		· V	· <u> </u>	self-employed	P	01059720
<sup>2</sup> re	parer	Firm's name		► J.D.	BI	ELLER	AMO	COMPA	NY, PI	TC						
	e Only		ss				_		E 1105					Firm's EIN 🖹 🔏	20-A	375134
	-								12-727							607 2943
lav	the IC	S discuss thi	5 14											1.101010 (4		
			-								•••			200/10		
) // /	4 FOFP	aperwork Re	:00	COOR ACT	40	uce, set	: tne s	eparate i	nStructiói	15.		TEE	40101L 08/	20/18		Form <b>990</b> (2018)

0/8

	1990 (2018) Oklahoma's Children, Our Future, Inc.	<u>47-5</u> 17	9130	Pag	je 2
Par	t III Statement of Program Service Accomplishments				
	Check if Schedule O contains a response or note to any line in this Part III	<i>.</i> .			П
1	Briefly describe the organization's mission				
	The mission of Oklahoma's Children, Our Future, Inc. is for information	rm Oklah	omane :	ahout	
	the importance of investing in public education to ensure a brigh	ucer Inc	are ro		
	Oklahoma families.				
Z	Did the organization undertake any significant program services during the year which were not listed on the price	or	т.,		_
	Form 990 or 990-EZ?	••	Yes	X N	lo
	If "Yes," describe these new services on Schedule O	_			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program set if "Yes." describe these changes on Schedule O.	rvices? .	Yes	X N	lo
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	rices, as mea	sured by	expense:	s.
	and revenue, if any, for each program service reported	is to others,	uie iotai e	xpenses	٠,
	(Code ) (Expenses \$ 523,239: including grants of \$ ) (R	)augaria A			
42	(Code) (Expenses \$523, 239. including grants of \$) (R	revenue \$			_)
		- <b></b>			
			<b>-</b>		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
4 b	(Code ) (Expenses \$ including grants of \$ ) (R	Revenue \$			
		•-			′
		- <b></b>			
		- <del></del>			
			<b>-</b>		
				- <b>-</b>	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
			··		
4 0	: (Code. ) (Expenses \$ Including grants of \$ ) (R	Revenue \$			)
		_			_
		- <b></b>			
			- <b>-</b>		
4 d	Other program services (Describe in Schedule O )				
	(Expenses \$ including grants of \$ ) (Revenue \$			<u>)                                    </u>	
4 e	Total program service expenses ► 523 239				

Form 990 (2018) Oklahoma's Children, Our Future, Inc.

47-5179130

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X Schedule A . . . . . • . . 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . 2 Х 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 X 3 4 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 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, Х 6 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 . . . X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, complete Schedule D, Part III Х 8 Х 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Х permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 Page 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10<sup>7</sup> If 'Yes,' complete Schedule D, Part VI Х 11 a 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 X 11 b c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII 11 c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Х in Part X, line 16? If 'Yes,' complete Schedule D, Part IX ... 11 d e Did the organization report an amount for other liabilities in Part X, line 257 If 'Yes,' complete Schedule D, Part X X 11 e 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 ... X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete X 12a 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 . . . X 12 b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b 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 X 15 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 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X 17 column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 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 X 18 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 Х 19 Х 20a 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . . . .

X

20b

21

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

4.7	Checkist of Required Schedules (continued)		V	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Yes	No 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
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		x
-	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
1	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		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)		J. Carrier	<b>2</b>
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	(Albert Che):=	Х
ı	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete  Schedule L, Part IV	28b		Х
•	c 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		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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		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 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
i	off '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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule Q	38		x
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V .		Yes	No
1 :	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable.	Same .	7777	1717A
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	图建		13 多数 15 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
,	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	要等
BAA		Form		(2018)

Form 990 (2018) Oklahoma's Children, Our Future, Inc.

Rant V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2:	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return	2a 0			
ı	b If at least one is reported on line 2a, did the organization file all required federal employmen	<u> </u>	2 b	Markey 2	i' - w
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in:			<u> </u>	1
3:	a Did the organization have unrelated business gross income of \$1,000 or more during the year	·-	3 a		X
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0		3ь		
4:	a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f		4 a		х
ı	b If 'Yes,' enter the name of the foreign country. ►		<b>10.38</b>	£8 7 1	16-c
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR).		200	# <b>*</b>
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year?	5a		X
1	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		X
•	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, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6a		х
1	b if 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ons or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).				W.
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p	artly for goods and	40		
•	services provided to the payor?		7a	1	-
1	b it 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
•	c Did (he organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas required to file			
	Form 8282?	- d	7c		S
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	/ d	1	100	2. 31.12
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7e 7f		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben		<del>- / ·</del>		
	g If the organization received a contribution of qualified intellectual property, did the organization file if as required?		7 g		
,	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained organization have excess business holdings at any time during the year?	by the sponsoring	8 8		T 130
9	Sponsoring organizations maintaining donor advised funds.		73.7	- X - X - X - Y	# # A
	a Did the sponsoring organization make any taxable distributions under section 4966?		9a	s, krami	17c. \$445
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son?	9 b		
	Section 501(c)(7) organizations. Enter:			i Cit	10
	a Initiation fees and capital contributions included on Part VIII, line 12	10a	- X-12	201	7.0
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	· · · · · · · · · · · · · · · · · · ·		2	
4	a Gross income from members or shareholders .	11 a	£9.4%	ALT.	
1	Gross income from other sources (Do not net amounts due or paid to other sources	11 6			
	against amounts due or received from them)	11 b	独定为	22.0	
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	•	12a	4250m3	22 Teach
	- '	12b	泰選	7	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		120		
•	a Is the organization licensed to issue qualified health plans in more than one state?	٠ ٠	13a		<b>4337</b> 0
	Note. See the instructions for additional information the organization must report on Schedul	e O.	20 - 40 - 40 20	,	
•	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.	136			
	Enter the amount of reserves on hand	13c		- X	
	a Did the organization receive any payments for indoor tanning services during the tax year?.		14a	1	X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in				
	excess parachute payment(s) during the year?		15		X
	If 'Yes,' see instructions and file Form 4720, Schedule N			数数	
16	Is the organization an educational institution subject to the section 4968 excise tax on net in	vestment income?	16		Х
-	If 'Yes,' complete Form 4720, Schedule O.		25 ares	o oley omie	e kree
BAA	TEEA0105L 12/31/18		Form	990 (	2018)

	. , , , , , , , , , , , , , , , , , , ,			
Par	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or c Schedule O. See instructions.	b below, hanges i	and n	_
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
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.	3	Yes	No
ŧ	Enter the number of voting members included in line 1a, above, who are independent 1b	3		(2).7°
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		X
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
4	Did the organization make any significant changes to its governing documents			
_	since the prior Form 990 was filed?	. 4		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?.  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?	. 7a		х
t	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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8 a		X
ŧ	Each committee with authority to act on behalf of the governing body?	8 b		Х
	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	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Interna	l Revenu		
	Date of the last tent to the last tent tent to the last tent tent tent tent tent tent tent te		Yes	No
	Did the organization have local chapters, branches, or affiliates?  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?	. 10 а	_	. <b>X</b>
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
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule	Name of	100	स्थार राज्यस्य स्थार
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	. 12a		X
t	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	12 c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	rar	X
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?	河南	S is	
	The organization's CEO, Executive Director, or top management official	15 a		X
ŧ	Other officers or key employees of the organization	. 15 b	<u>Gaja</u>	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	10 - 200 10 - 200 10 - 200	毫定	
	i Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	. 16a		X
	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?	16 b		7
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available Check all that apply.  Own website  Other (explain in Schedule O	)	)s onl	ly)
19	Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements the public during the tax year  See Schedule 0  State the name, address, and telephone number of the person who possesses the organization's books and records	available to		
20		-		
	Cathy Welch 2601 N W Expressway Oklahoma City OK 73120			···

Form 990 (2018)	Oklahoma's	Children, Ou	ır Future,	Inc.	47-5179130	Page 7
Part VII Com	pensation of O	Officers, Director	rs, Trustees,	Key Employees, Highes	t Compensated Employee	s, and

macpendent contractors				
Check if Schedule O contains a response or note to any line in this Part VII.	 	 _	ſ	

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

- 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 employees.'
- 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 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)	)				.,	<u> </u>
(A) Name and Title	(B) Average hours per	1	dır	(do n box, n an o rector	do not check more box, unless person an officer and a ector/trustee)			(D) Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted lirle)	or director	Institutional trustee	Officer	Key emptoyee	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)										
(8)										
(9)										
(10)								in		
(11)										
(12)										
(13)										
(14)										
						_				

	1990 (2018) Oklahoma's Children, Ou									47-5179			age 8
Ha	t VII   Section A. Officers, Directors, Tru		Key	En			es,	and	d Highest Con	pensated Er	mplo	yees (cont	inued)
	. (A) Name and title	Average hours per week	box	, unle	Pos check	erson direct	than is both	h an tee)	compensation from	(E)  Reportable compensation from related organizations	m	(F) Estimated amount of o	ther
		(fist any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizatio (W-2/1099-MISC	ans )	compensati from the organizatio and relate organizatio	en ed
(15)								_	<u>-</u>				
(16)						-					+		<del></del>
(17)			-			-					+		
(18)										<del></del>			
(19)													
(20)													
(21)						-					_	<del> </del>	
(22)			-			_					+	- <del></del>	
(23)						-						<del></del>	
(24)													
(25)													
1 8	Sub-total		1		. ,			<b>&gt;</b>	0.		0.		0.
	Total from continuation sheets to Part VII, Section	on A						<b>•</b>	0.		0.		0.
	Total (add lines 1b and 1c)  Total number of individuals (including but not limited from the organization • 0		ısted	abov	ve) v	vho	recen	ved	0 . more than \$100,00		0. omper	sation	0.
	from the organization 0			-						· · · · · · · · · · · · · · · · · · ·		Yes	No
3	Did the organization list any <b>former</b> officer, direction line 1a? If 'Yes,' complete Schedule J for such	tor, or tru h ındıvıdu	istee, <i>ial</i>	key	en en	plo	yee,	or h	nighest compensa · ·	ted employee		3	
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportaber than \$1	le co 50,00	mpe 00?	ensa If 'Y	ition 'es,	and com	oth ople	er compensation te Schedule J for	from		4	X
5	Did any person listed on line 1a receive or accruing for services rendered to the organization? If 'Yes	e comper s, <i>comple</i>	isatio	n fre	om lule	any <i>J fo</i>	unre	late	ed organization or erson	ındividual		5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest compen- compensation from the organization. Report compen-	sated ind sation for	epen the ca	den alen	t cor dar y	ntra year	ctors endii	tha ng v	it received more to with or within the or	nan \$100,000 of ganization's tax y	r year		
	(A) Name and business add	ress							(B) Description (	of services	С	(C) ompensatio	on
2	Total number of independent contractors (including t \$100,000 of compensation from the organization		ited to	o the	se I	ısted	abo	ve)	who received more	than			
BAA	The state of companies of non-the organization	<del></del>	TEEAO	108L	. 08/0	03/18					<u> المنظمة المنظمة</u> ا	Form <b>990</b>	(2018)

TEEA0108L 08/03/18

-	Check if Schedule O contains a response or note to a	iny line in this Part V	/III		П
		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) - Revenue excluded from tax under sections
9 9	1 a Federated campaigns 1a 536, 332		revenue		512-514
ant	b Membership dues 1 b				
G G	c Fundraising events 1 c				
irts ar A	d Related organizations . 1d				
S E	e Government grants (contributions)				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above				
a di	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f	536,332.			
Program Service Revenue	Business Code			THE STATE OF THE S	
eve.	2a			<u> </u>	<del>                                     </del>
e H	<u> </u>				
Ş	<u> </u>	<del></del>	<del> </del>		
နို	<u> </u>	<del></del>		ļ	·
퉏	f All other program service revenue .	<del></del>		· · · · · · · · · · · · · · · · · · ·	
8	g Total. Add lines 2a-2f.	-		and the second	
	3 Investment income (including dividends, interest and other similar amounts).	•		TE ELECTION	
	4 Income from investment of tax-exempt bond proceeds.				
	5 Royalties	A-18-18-18-18-18-18-18-18-18-18-18-18-18-		क्षा करणा । इ.स.च्या करणा ।	**************************************
	6a Gross rents				Carried State
	b Less rental expenses				
	c Rental income or (loss) d Net rental income or (loss)		THE RESERVE TO THE	The state of the s	
-	(A) Sagarates (A) Other	04-17-18-28-28-28-28-28-28-28-28-28-28-28-28-28			一元·罗斯·斯·斯·斯·斯·斯·
	7 a Gross amount from sales of assets other than inventory				
	• '				
İ	b Less cost or other basis and sales expenses				
	c Gain or (loss)	The state of the s	Carl Sixte Shares		
- 1	d Net gain or (loss)	► 350mm 107802 · · · · · · · · · · · · · · · · · · ·	Particular Style are an all C C St	BAS 1944-19 10 01 1 1 1 1 1 1 1 1	articological properties and the
Revenue	8a Gross income from fundraising events (not including \$				
š	of contributions reported on line 1c).				
æ	See Part IV, line 18 . a				
je l	b Less direct expenses b				
₹	c Net income or (loss) from fundraising events	-			
	9a Gross income from gaming activities See Part IV, line 19				
	b Less. direct expenses b				
	c Net income or (loss) from gaming activities	•			
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b		A STATE OF THE STA	To the Late of the	
ļ	c Net income or (loss) from sales of inventory .	Serveral Association in the Company of the Company	712 000000000000000000000000000000000000		N Vertinante and a large
ļ	Miscellaneous Revenue Business Code				40年1月1日 1月1日
	11 a	ļ	ļ		<del>                                     </del>
_	D	<del> </del>			
	C				
	d All other revenue	<del> </del>			The state of the s
Į	e Total. Add lines 11a-11d.				
	12 Total revenue. See instructions	536,332.	0.	0.	<u> </u>

Check if Schedule O contains a response or note to any line in this Part IX											
Do 1 6b, 1	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	3,000.	3,000.								
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,000.	3,000.								
9	Other employee benefits.	-									
10	Payroll taxes										
	Fees for services (non-employees):		<del></del>	<del>                                     </del>	<del></del>						
17											
а	Management										
b	Legal .	146,960.	146,960.		<u> </u>						
c	: Accounting	1,730.	1,730.								
d	l Lobbying.										
e	Professional fundraising services. See Part IV, line 17.										
f	Investment management fees			- (Lune - Lune	<del></del>						
g	Other (If line 11g amount exceeds 10% of line 25, column										
	(A) amount, list line 11g expenses on Schedule 0.5ch	69,409.	69,409.	· · · · · · · · · · · · · · · · · · ·							
12	Advertising and promotion .	210,000.	210,000.								
13	Office expenses	150.	150.								
14	Information technology	10,200.	10,200.	·							
15	Royaltics ,										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings.										
20	Interest ,		· · · · · · · · · · · · · · · · · · ·								
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	· · · · · · · · · · · · · · · · · · ·	<del></del>								
23	Insurance										
	Other expenses Itemize expenses not										
	covered above (List miscellaneous expenses				2. 10 10 10 10 10 10 10 10 10 10 10 10 10						
	in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				The state of the s						
	expenses on Schedule O.) .										
а	Donation	75,000.	75,000.	-4.7140-14-14-14-14-14-14-14-14-14-14-14-14-14-	7. 1 2. 0. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.						
	Miscellaneous	5,140.	5,140.								
				· · · <del> · · · · · ·</del>	· · · · · · · · · · · · · · · · · · ·						
	Printing and Publications	1,258.	1,258.	<u> </u>							
	Bank Fees	258.	258.	<del></del>	<del> </del>						
	All other expenses	134.	134.	ļ	<del></del>						
_25	Total functional expenses Add lines 1 through 24e	523,239.	523,239.	0.	0.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Piff following SOP 98-2 (ASC 958-720)	,									

		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	12,993.	1	26,086.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net .		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under 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	
ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	<del></del>	8	
¥	9	Prepaid expenses and deferred charges		9	····
i	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b	The state of the s	10 c	r manager is terrary. See
	11	Investments – publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	<del></del>
	13	Investments — program-related. See Part IV, line 11.		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,400.	15	2,400.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15,393.	16	28,486.
	17	Accounts payable and accrued expenses		17	20,1001
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
.e	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.
alances		Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets		<b>27</b>	144442 T CET 0 200 15W-
Bal	28	Temporarily restricted net assets		28	
!	29	Permanently restricted net assets		29	
Net Assets or Fund		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
2	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	15,393.	32	28,486.
ē	33	Total net assets or fund balances	15,393.	33	28,486.
-	34	Total liabilities and net assets/fund balances	15,393.	34	28,486.
BA	4	TEEA0111L 08/03/18			Form 990 (2018)

Forn	1990 (2018) Oklahoma's Children, Our Future, Inc.	7-51	<u>/9130</u>		_Page 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		🖸
1	Total revenue (must equal Part VIII, column (A), line 12)	1		53	6,332.
2	Total expenses (must equal Part IX, column (A), line 25)	2	$\Box$		3,239.
3	Revenue less expenses Subtract line 2 from line 1	3		1	3,093.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	,	1	5,393.
5	Net unrealized gains (losses) on investments	5	, ]		
6	Donated services and use of facilities	6	,		
7	InvesIment expenses	7	, <del>                                    </del>		
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,				
Pierri (	column (B))	10	<u> </u>	2	8,486.
Pa	A XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				· · · П
				Y	es 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			45	
2:	Were the organization's financial statements compiled or reviewed by an independent accountant? .			2a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi	ewed o	na	4	100
	separate basis, consolidated basis, or both:		-		
	Separate basis Consolidated basis Both consolidated and separate basis				
1	b Were the organization's financial statements audited by an independent accountant?			2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a seg	arate			
	basis, consolidated basis, or both.			17.38	
	Separate basis Consolidated basis Both consolidated and separate basis			1	
,	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the ai	udit,			i
				2 C	and the second
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule 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 Singl	e		127.	WARRIET CAN
	Audit Act and OMB Circular A-133?	•		3a	X
- 1	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		·	3 b	
BAA	TEEA0112L 08/03/18			Form 9	90 (2018)

•

# SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 2018 Pien (o Public - hispection - hispection - hispection - hispection rumber

Department of the Treasury Internal Revenue Service Name of the organization

	Oklahoma's Children, Our F	uture, Inc.		47-517	91.30	
Ra	it   Organizations Maintaining Dono	or Advised Funds or Ot	her Similar Funds			_
	Complete if the organization ans	wered 'Yes' on Form 99	0, Part IV, line 6.			
		(a) Donor advised	l funds	(b) Funds and	other accounts	
1	Total number at end of year			·	<u> </u>	
2	33 5					
3						_
4	Aggregate value at end of year.					
5	Did the organization inform all donors and dorare the organization's property, subject to the			advised funds	Yes No	
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	ers, and donor advisors in write of the donor or donor advisor.	ting that grant funds ca or, or for any other pur	an be used only pose conferring	]Yes ☐ No	
Þ۵	rt II Conservation Easements.				<u> </u>	-
	Complete if the organization ans	wered 'Yes' on Form 99	0, Part IV, line 7.			
1						_
	Preservation of land for public use (e.g., r		Preservation of a l	historically importa	nt land area	
	Protection of natural habitat		Preservation of a	certified historic str	ucture	
	Preservation of open space		<b>—</b>			
2	Complete lines 2a through 2d if the organization i	neld a qualified conservation co	ntribution in the form of	a conservation ease	ment on the	
	last day of the tax year.		5	2 124 -445-	Fad addle Tan Varia	
	- Total number of consequence accompate		Ž	<del></del>	End of the Tax Year	_
	a Total number of conservation easements		· · ·	2a		
	<ul> <li>b Total acreage restricted by conservation ease</li> <li>c Number of conservation easements on a certi</li> </ul>		d in (a)	2 b		_
			· · · · · · · · · · · · · · · · · · ·	20		_
	d Number of conservation easements included i structure listed in the National Register	n (c) acquired after 7/25/06,	and not on a historic	2 d		
3	Number of conservation easements modified, translatax year ▶	nsferred, released, extinguished	, or terminated by the or	ganization during th	e	
4	Number of states where property subject to conse	ervation easement is located >				
5	Does the organization have a written policy re and enforcement of the conservation easemer		•	g of violations,	Yes No	
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violation	s, and enforcing consen	vation easements du	ring the year	
7	Amount of expenses incurred in monitoring, insper-	ecting, handling of violations, ai	nd enforcing conservation	n easements during	the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the	equirements of section	170(h)(4)(B)(i)	Yes No	
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote	s conservation easements in its to the organization's financia	revenue and expense sl statements that descr	tatement, and balan ribes the organizati	ce sheet, and on's accounting for	
-X-	conservation easements.		T 011	Charles A	-4-	_
ŝ	Complete if the organization ans	wered 'Yes' on Form 99	0, Part IV, line 8.	ner Similar Ass	ets.	_
1	a If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, educati	on, or research in furthei	statement and bala rance of public servi	ince sheet works of ce, provide,	
	b If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items:	r SFAS 116 (ASC 958), to report public exhibition, education,	oort in its revenue state or research in furtheranc		sheet works of art, provide the	
	(i) Revenue included on Form 990, Part VIII,	line 1	•	<b></b> ►\$	<del></del>	
	(ii) Assets included in Form 990, Part X .	•				
	If the organization received or held works of art, harmounts required to be reported under SFAS	116 (ASC 958) relating to the	ilar assets for financial e ese items		owing	
	a Revenue included on Form 990, Part VIII, line		•	<b>►</b> \$		_
	b Assets included in Form 990, Part X			►\$		

Schedule D (Form 990) 2018 Okla							47-517		Page 2
Part III Organizations Mainta	ining Colle	ctions of	f Art, Hist	orical	Treasures, o	r Other !	Similar Ass	ets (cont	inued)
3 Using the organization's acquisition items (check all that apply)	n, accession, a	nd other rec	ords, check a	any of ti	ne following that a	ire a signifi	cant use of its o	collection	
a Public exhibition			d 🔲 Loan	or exc	hange programs				
<b>b</b> Scholarly research			e Other	·					
c Preservation for future gene	rations								
4 Provide a description of the organic Part XIII		·		-	J	, ,	•		
5 During the year, did the organization be sold to raise funds rather to	ation solicit or than to be ma	receive doi intained as	nations of a	rt, histo	orical treasures, i	or other sii	milar assets	Yes	No
Part IV Escrow and Custodia							Yes' on Fo		
line 9, or reported an	amount on	Form 99	0, Part X,	line 2	21.				
1 a Is the organization an agent, tru on Form 990, Part X?		n or other i	intermediary	for co	ntributions or oth	ner assets	not included	Yes	No
<b>b</b> If 'Yes' explain the arrangement	t in Part XIII a	and complet	te the follow	ing tab	le <sup>.</sup>				
								Amount	
c Beginning balance						1 c			
d Additions during the year	,					1 d			
e Distributions during the year			ē			. 1e			
f Ending balance .						. 11			
2 a Did the organization include an								Yes	No
b If 'Yes,' explain the arrangemen	t in Part XIII	Check here	if the expla	nation	has been provide	ed on Part	XIII		. П
							<del></del>		
Part V   Endowment Funds. C	Complete if	the organ	nization ai	nswer	cd 'Yes' on Fo	orm 990,	Part IV, Iir	ne 10.	
	(a) Current	year	(b) Prior yea	ar	(c) Two years bac	k (d) T	hree years back	(e) Four	years back
1 a Beginning of year balance .	ļ								
<b>b</b> Contributions.	ļ							<u> </u>	
c Net investment earnings, gains, and losses	<b></b>			į					
d Grants or scholarships .									
<ul> <li>Other expenditures for facilities and programs</li> </ul>									
f Administrative expenses .									
g End of year balance .									
2 Provide the estimated percentage	e of the curre	nt year end	balance (li	ne 1g,	column (a)) held	as.			
a Board designated or quasi-endown	nent 🟲		8						
b Permanent endowment >	8								
c Temporarily restricted endowme	nt ►	ૄ	;						
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100%.							
3a Are there endowment funds not in organization by	the possession	of the organ	nization that	are held	and administered	d for the		Ye	s No
(i) unrelated organizations								3a(i)	
(ii) related organizations .								3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ated organizat	tions listed	as required	on Sch	edule R?			3b	
4 Describe in Part XIII the intende	_		•					·	
Part VI Land, Buildings, and			·		<del></del>		<del></del>		<del></del>
Complete if the organ			es' on For	m 990	). Part IV. line	e 11a. Se	ee Form 990	0. Part X	. line 10.
Description of property		(a) Cost or	other basis tment)	(b)	Cost or other	(c) Acc	cumulated eciation	(d) Boo	
1a Land .	· · ·	,		<u> </u>	20.0 (00.0.)	<b>建筑 1887.</b> 万			
<b>b</b> Buildings						1802-11-11 A 194			
c Leasehold improvements									
d Equipment		ļ	<del></del>	<del> </del>		<b></b>			
e Other	•		<del></del>	<del> </del>		<del> </del>			
Total. Add lines 1a through 1e (Colum	nn (d) must ei	ual Form	990 Part Y	colum	(R) line 10c \	L			0.
BAA	(0) 11103( 6)		Jo, i all A,	Joinin	, (U), mie 100.)	•		ale D (Form	
								(, _, _, _, _, _, _, _, _, _, _, _, _, _,	,

Schedule D	(Form 990) 2018	Oklahoma's Childre	n, Our Future,	Inc.	47-5179130	Page 3
Part VII	Investments -	- Other Securities. e organization answered		N/A	See Form 990 Part X	Line 12
		egory (including name of security)	(b) Book value		ion Cost or end-of-year market va	
	derivatives	gory (including name or secondy)	( <b>L</b> ) 555K ( <b>L</b> ) 5	(c) monou or variable	on object and or just manual to	
	held equity interes	sts	····			
(3) Other						
(A)					<del></del>	
(B)						
(C)						
(D)						
(E)				 		
(F)					· · · · · · · · · · · · · · · · · · ·	
(G) (H)					<del></del>	
(1)						
	(h) must equal Form	990, Part X, column (B) line 12.)			Charles Towns	Marie (San Carlotte
Dan VIII	Investments -	- Program Related.	· · · · · · · · · · · · · · · · · · ·	N/A	E CONTRACTOR OF THE PARTY OF TH	(##K) 12 14 14 14 14 14 14 14 14 14 14 14 14 14
EEROCE AND	Complete if th	e organization answered		), Part IV, line 11c. :	See Form 990, Part X	(, line 13.
	(a) Description of	investment	(b) Book value	(c) Method of valuation	n. Cost or end-of-year mar	ket value
(1)						
(2)						
(3)				·-· · · · · · · · · · · · · · · · · · ·	<del></del>	
(4)	·			<del></del>		
(5) (6)	<del></del>					
(7)		···· - ···				
(8)	<del> </del>					
(9)		·····				
(10)	<del>,</del>					
		990, Part X, column (B) line 13.)				3 4 2 6
Part IX	Other Assets.	e organization answered	l 'Yes' on Form 990	Part IV line 11d :	See Form 990 Part X	Cline 15
	Complete ii iii		scription	,, r are re,o erar	( <b>b</b> ) Book	
(1)						2,400.
(2)	·	· · · · · · · · · · · · · · · · · · ·				
(3)		<del></del>		···		
<u>(4)</u> <u>(5)</u>	<del></del>					
(6)						
(7)						
(8)						
(9)						
(10)	<del></del>					0.400
		al Form 990, Part X, column (l	B) line 15.)	···	<u></u>	2,400.
Part X	Other Liabiliti	es. ganization answered 'Yes' on F	orm 990. Part IV. line 1	le or 11f. See Form 990.	Part X. line 25.	
		tion of liability	(b) Book value	<b>有一种人们不是他国外不同</b>	THE RESIDENCE OF THE PARTY OF T	Fr. 194 3
(1) Feder	al income taxes				San	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(2)						<b>然类</b> 。
(3)				E STREET, SAN V	g garage and the second	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
(4) (5)				The state of the s		
(6)			<del></del>			THE TANK THE
(7)						
(8)						
(9)						He see that
(10)						
(11)					<b>是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>	Decate 1
		990, Part X, column (B) line 25)	>	12-24-64-64-54-1-4-1-4-1-4-7-4-7-4-4-4-4-4-4-4-4-4-4-	Variable Control of the Annual Control of the	erica estado
		In Part XIII, provide the text of the fo Check here if the text of the footnote			ure organization's Hability for unco	ertain 🗀
MX POSIBURS U	IUC: FIN 40 (ASC /4U)	CHECK HEIE II THE TEXT OF THE TOURING	nas been provided in Part Ain	· · · · · · · · · · · · · · · · · · ·	Schadula N/Form	· · · □

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	-A 37 /3
	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	r be of
a Net unrealized gains (losses) on investments 2a	to and the second
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII ),	
c Add lines 4a and 4b	40
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses 2c	
d Other (Describe in Part XIII )	2
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII )	
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par ine 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	t V, y additional information.

Schedule D (Form 990) 2018

#### 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.

- Altach to Form 990 or 990-EZ.

2018

Openius Public
Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Oklahoma's Children, Our Future, Inc. 47-5179130

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

Officer review prior to filing.

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

No other documents available to the public.

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

		(A)	(B)	(C)	_ (D)
		Total	Program Services	Management & General	Fund- <u>raising</u>
Consulting Services		37,629.	37,629.		
Professional Fees - Other		31,780.	31,780.		
	Total	\$ 69,409.	\$ 69,409.	\$ 0.	\$ 0.