Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

	nal Reve	nue Service		>	Go to www.	irs.gov/Form99	0 for instruction	s and the lates	t information.	190	'Y ins	pection
A	For th	e 2018 ca	alendar v	ear, or tax year be	ginning 0	7/01/18	, and ending	06/30/				
				organization					 -	D Employ	yer identification r	number
		ррисавіе		-	יים התסת	blic Sch	ools Found	dation				
\vdash	Address (change	Doing b		iiiOira Eu	DITC SCIN	JOIS FOUNC	acion_		_{72_} .	1210460	
!	Name cha	ange -		usiness as and street (or P O box if m	avilab ton at lice	red to street address			Room/suite		ne number	
$\overline{\Box}$	nitial retu			L West Danfo:	_		13)		Roombadile		-340-28	19
	Final retu			own, state or province, cour					<u> </u>	-	<u> </u>	
	erminate		-	_	····/, -····· •.							670 004
\Box	Amended	return	Edmo			OK 73003	<u> </u>			G Gross re	eceipls\$	672,894
\equiv		'		nd address of principal offic	er				H(a) le thie	a group return for	subordinates?	Yes X No
LJ /	Applicatio	n pending	Mar	k Fish					11(4) 13 (113	a group return to	Subcidinates:	
								~~	H(b) Are al	l subordinates in	cluded?	∣Yes ∐ No
									ረ	"No," attach a lis	t (see instructions)
		mpt status	X	501(c)(3) 501(c)	() <	(insert no)	4947(a)(1) or	527	ブ			
	Website			dmondpsf.o.		(Inderente)	1 10 11 (2)(1) 01	1.1.421.2		exemption num	har N	
					1			 				
		organization	X Cor		Association	Other -		<u> </u>	Year of formation	1904	M State of lega	al domicile OF
E K	artli		mmary									
	1 1	Briefly des	scribe the	e organization's miss	ion or most	significant act	ivities [.]	!				
یو		Edmor	nd Pul	olic Schools	Founda	tion con	nects the	communit	\mathbf{x} and \mathbf{i}	ts resou	ırces	
ᇤ		with	Edmor	nd Public Sch	hool's	teachers	, students	s and sch	ool nee	ds in pu	ırsuit	
Ĕ		of th	he hid	ghest level	of acad	emic exc	ellence.			_		
Š	2 (Ē	if the organizatio				of more than 2	5% of its not	accate		
Activities & Governance			_					of more than 2	.570 OF Its Het	1	24	
∞5			_	nembers of the gove		•				3		
ië.	4	Number of	f indeper	ndent voting member	rs of the gov	erning body (F	art VI, line 1b)			4	24	
Ξ	5	Total numl	ber of inc	ident voting membel dividuals employed i lunteers (estimate if	n calendar y	ear 2018 (Par	V, line 22)	T11 /FF		5	3	
형	6	Total numl	ber of vo	lunteers (estimate if	necessary)		I KEU	FIVED	l	6	30	
`	7a ¯	Total unrel	lated bus	siness revenue from	Part VIII, co	lumn (C), line	12		70	7a		0
	h l	Net unrela	ated busi	ness taxable income	from Form	990-T. line 38	181 444	0 0 0000	SS	7b		0
		TOL OILLOIG	100 000	TOOD TOXABLE INCOME		.,	A MAY	2 0 2020 -	Prior	Year	Currer	nt Year
.	8 (Contributio	ons and o	grants (Part VIII, line	1h)		L		2 3	76,060		584,000
울				evenue (Part VIII, line			OGD	EN, UT	 		 	0 - 7 0 0
ē		-		•	•			-14, 01		96,074		88,894
Revenue				(Part VIII, column (• • • • • • • • • • • • • • • • • • • •	•				90,074	<u> </u>	00,094
_			-	rt VIII, column (A), lır						50 100		<u> </u>
	12	Total rever	nue – ad	d lines 8 through 11	(must equa	l Part VIII, colu	mn (A), line 12)			72,134		572,894
	13 (Grants and	d simılar	amounts paid (Part I	IX, column (A), lines 1-3)			3	90,765	<u> </u>	<u>157,489</u>
	14 E	Benefits pa	aid to or	for members (Part I)	K, column (A	\), line 4)						0
G	15 8	Salaries, o	other con	npensation, employe	e benefits (Part IX. columi	n (A), lines 5–10)	1	36,188	1	58,382
Expenses				aising fees (Part IX, o			. (7)	,				0
e l				• •		-	84,	157				
X			_	xpenses (Part IX, col			04,	407		96 524	4	10 410
		-		art IX, column (A), lıı					<u> </u>	86,524		10,410
- 1	18 7	Fotal expe	enses Ac	ld lines 13–17 (must	equal Part	IX, column (A)	, line 25)			13,477		<u>726,281</u>
	19 F	Revenue le	ess expe	nses Subtract line 1	18 from line	12				41,343		<u>-53,387</u>
Assets or Balances										Current Year		f Year
alar sets	20 7	Fotal asset	ets (Part)	X, line 16)						54,023		37 4 ,850
A Sign	21 7	Fotal liabili	lities (Par	t X, line 26)					1	.57,968	1	132,183
를			-	balances Subtract I	ne 21 from	line∕20 .			1,2	96,055		242,667
	artill		nature			11/1			·		<u>, , , , , , , , , , , , , , , , , , , </u>	
						// had wall a		ulas and atatam	onto and to th	o boot of my le		aliaf it is
Un tru	aer per	naities of pe	erjury, i de molete. De	eclare that I have exam eclaration of preparer (other than be	orvistaset or	ompanying scried all information of	which preparer	has any knowl	e best of filly k edde	nowledge and b	ellet, it is
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Sig		_				"" 					5/14/1	<u> </u>
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Her	e		Mark	Fish				Presi	.dent			
•		Тур	pe or print n	ame and title				1 -1				
		Print/Type p	preparer's r	name		Preparer's signal	the sel	11/19	# Date	Check	(If PTIN	_
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use	Only			2812 NW							40.5	
		Firm's addre	ress	Oklahoma	City,	OK 73	112-7064	<u> </u>		Phone no		<u> </u>
May	the IR	S discuss	this retu	rn with the preparer	shown abov	e? (see instru	ctions)				X	Yes No
For F	aperw	ork Reduc	ction Act	Notice, see the separ	ate instructi	ons.					Fo.	orm 990 (2018)
DAA	•		-							1	71	,,

DAA

	Edmond Public Sch		-1210460	Page 2
	Statement of Program Serv		D / III	ভ
		a response or note to any line in this	Part III	<u>X</u>
Edmond with Ed	dmond Public Schoo	undation connects the last teachers, students academic excellence.		
prior Form	ganization undertake any significant p 990 or 990-EZ? escribe these new services on Sched	program services during the year which were in	not listed on the	Yes X No
services?	panization cease conducting, or make	e significant changes in how it conducts, any p	orogram	Yes X No
4 Describe the expenses	ne organization's program service ac	complishments for each of its three largest pr anizations are required to report the amount of		
Schools Scholar	nond Public School s through several sships, and other	32,243 including grants of \$ s Foundation supports programs including Gree projects identified The sional development for	the needs of Edmond at Idea Grants, Ach roughout the year i	ieve Fund, ncluding
the Cel		g teachers and support ence and distinguished all of Fame.		
4b (Code N/A) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code N/A) (Expenses \$	including grants of \$) (Revenue \$)
,				
4d Other progr	am services (Describe in Schedule (O)		
(Expenses		ding grants of \$	(Revenue \$)
	am service expenses	582,243		

Form **990** (2018)

Form 990 (2018) Edmond Public Schools Foundation

73-1210460

Page \$

	m 990 (2018) Editional Public Schools Foundation /3-1210400			age
	artily Checklist of Required Schedules		Vac	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	N
'	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			Г
	candidates for public office? If "Yes," complete Schedule C, Part I	3		2
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		_3
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		2
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		3
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ĺ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		2
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			l
	complete Schedule D, Part III	8		2
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			l
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			ĺ
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		3
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			ĺ
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
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		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			i
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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 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	
2a	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
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	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		<u> X</u>
5	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		<u> X</u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	_		٠,
_	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			7,7
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
	If "Yes," complete Schedule G, Part III	19		X
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
:1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1	- 1	

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

	n 990 (2018) Edmond Public Schools Foundation 73-1210460		F	age
E.B.	artily Checklist of Required Schedules (continued)	<u>-</u>		т
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on]		١
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ا
	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			ļ
	\$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	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1	1	
	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	<u> </u>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		1	
	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			l
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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		X
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)		ļ	
а	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	28b		X
С	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		X
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		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
••	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1000		
-	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	1000		
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33		
٥,	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	"		
50	102 Note: All Form 000 flow are required to complete Schedule O	20	· •	

Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance

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

- Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable
- Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable
- Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Yes No 1a 1b X 1c

W 10 14 1	art V/1 Statements Pagarding Other IPS Filings and Tay Compliance (continued)			Page
	Statements Regarding Other IRS Filings and Tax Compliance (continued)		1 //	Т
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	ĺ		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	╢
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		1-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	\ 	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	_	 **
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	<u> </u>	 	†
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	· · · · · · · · · · · · · · · · · · ·	770	-	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		4	. '
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	<u> </u>	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			\vdash
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	J) 	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		<u> </u>	1
	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?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year		معد - حد	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	L	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	'	4	
а	Initiation fees and capital contributions included on Part VIII, line 12	,		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	,	!	'n
11	Section 501(c)(12) organizations. Enter.		, ,	l
а	Gross income from members or shareholders	<u> </u>	, '	l
b	Gross income from other sources (Do not net amounts due or paid to other sources	j,	` ¦	ľ
	against amounts due or received from them)	<u> </u>	<u></u>	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	—-{	! !	á
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u>L</u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	,	
h	Note. See the instructions for additional information the organization must report on Schedule O	1	1 1	1
b	Enter the amount of reserves the organization is required to maintain by the states in which			9
_	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c	—- ¦ : :	, ,	
C 1/12		44-	<u></u>	v
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
10	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N	13	==-	 -
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u> </u>	X
-	5			

If "Yes," complete Form 4720, Schedule O

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

	Check if defication of designation of the country line in this that vi					
Sec	tion A. Governing Body and Management				T	
		ایا	24		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24			
	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	41.	24			ľ
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			-	└	X
_	any other officer, director, trustee, or key employee?			2	 	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct					x
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	,		4	+	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed Did the organization become aware during the year of a significant diversion of the organization's assets?			5	\vdash	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
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			-	<u> </u>	122
7a	one or more members of the governing body?			7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			14	1	1
b	stockholders, or persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar hv tl	ne followi	Y-1-1-1		
a	The governing body?	y (.	10110111	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			55	 	<u> </u>
,	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	evenue		1	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	nflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				1	
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			Ì		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	· · · ·			15b		X
	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 taxable entity during the year?			16a		X
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?			<u> </u> 16b		L
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None					
17	List the states with timer a copy of time remines to require	stion E	01(a)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Se (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	Jaon 3	υ τ(υ <i>)</i>			
	Own website X Another's website X Upon request X Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	st nol	cv and			
J	financial statements available to the public during the tax year	or boil	og, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and recor	ds ▶				
	ogan Taylor LLP 1225 N. Broadway					
	clahoma City OK 7301	3	4	05-84	8-2	020

Oklahoma City

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

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

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

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

compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (F) Position Reportable Reportable Estimated Name and Title Average compensation from (do not check more than one compensation amount of hours per box, unless person is both an from related other week (list any officer and a director/trustee) organizations compensation organization hours for (W-2/1099-MISC) from the related ndıvıdual trustes or director (ey employee lighest (W-2/1099-MISC) organization stitutional trustee hest compensated ployee and related organizations organizations below dotted line) (1) Stuart Graham 0.00 X 0 Board Member 0.00 0 (2) Trey Cole 0.00 X 0 0 0 0.00 Board Member (3) Jeff Despain 0.00 0 0 0.00 X Board Member (4) Ryan Featerstone 0.00 X 0 0 0 0.00 Board Member (5) Dr. Philip Gray 0.00 0.00 X 0 0 0 Board Member (6) Mark Fish 0.00 0 Vice President 0.00 X 0 0 (7) Kristen Hatton 0.00 0.00 X 0 0 0 Board Member (8) Sara Hudson 0.00 0 0.00 0 Board Member X 0 (9) Sherry Jordan 0.00 0 0 0 X 0.00 Board Member (10) Darin Kent 0.00 0.00 X 0 0 0 Board Member (11) Luke Munson 0.00 0 0 0.00 Board Member Form 990 (2018) DAA

• KPart VIII Section A. Office	ers, Directors, Tr	ustee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average			Pos	C) sition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	,				than o		compensation from	compensation from related	amount of other
	(list any					r/trust		the	organizations	compensation
	hours for	익물	5	Q	<u>~</u>	흥포	77	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related organizations	l a di	£	Officer	Key e	ghes	Former	(44-21099-14113C)		organization and related
	below dotted	얼팂	§	`	employee	ee 8	-			organizations
	line)	Individual trustee or director	Institutional trustee		yee	mpe				
		8	stee			Highest compensated employee		-		
(12) Brian Peters	son	1				_				
	0.00									
Board Member	0.00	X						0	0	0
(13) Reggie Smitl	n Sr.	1				1 1				
	0.00		l							
Board Member	0.00	X						0	0	0
(14) Sara Walker										
. .	0.00	1			l					
Board Member	0.00	X	l					i o	0	0
(15) Lisa Wilson	0.00	+	\vdash	-						
(15) LISA WIISON	0.00									
		37		l						•
Board Member	0.00	X						0	0	0
(16) Aimee Yarbro	I =									
	0.00			ļ						
Board Member	0.00	X				Ш		0	0	0
(17) NIcholas Est	trada	1								
	0.00									ì
Board Member	0.00	X						0	0	0
(18) Brad Reeser										
(,	0.00	i		l						
Board Member	0.00	x				1 1		o	o	0
(19) Chealse Brad		+			 -					
(19) Chearse brac	0.00									
- 1 March	0.00	x						o	o	0
Board Member	0.00	Α				LJ	_	<u> </u>		
1b Sub-total		_						06.650		· · · · · · · · · · · · · · · · · · ·
c Total from continuation sh	· ·	Secti	on A	١.				86,650		. <u> </u>
d Total (add lines 1b and 1c)								86,650		
2 Total number of individuals (reportable compensation fro	(including but not l m the organization	limite n ▶	d to 0	thos	e list	ed a	bove	e) who received more than	\$100,000 of	
	<u> </u>							<u> </u>		Yes No
3 Did the organization list any								oyee, or highest compensa	ted	
employee on line 1a? If "Yes	s," complete Sche	dule .	J for	sucl	h ind	ivıdu	al			3 X
4 For any individual listed on l	ne 1a, is the sum	of re	porta	ble	com	pens	atıor	n and other compensation	from the	
organization and related org	anizations greater	than	\$15	0,00	02 11	"Yes	s," C	omplete Schedule J for suc	ch	4 X
Individual	1		ame	once	ation	from		v uproloted propertion or	individual	
5 Did any person listed on line for services rendered to the									ilidividual	5 X
Section B. Independent Contrac		03,	COIII	0,010	001	,cuar		ior such person		1 0 1 1 22
1 Complete this table for your		ensa	ted i	nder	end	ent c	ontr	actors that received more t	han \$100 000 of	·
compensation from the orga										ar
	(A) nd business address								(B) ion of services	(C) Compensation
Name a	no business address							Descript	ion or services	Compensation
	· · · · · · · · · · · · · · · · · · ·									
									•	
										-
						ļ				

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

Part VIII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	• •		an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation				
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1039-IVII3C)	from the organization and related organizations
(20) Lori Dickinso	n-Black									
	0.00					İ		64 000		_
Former Exec Director (21) Deanna Bostor	0.00		-	X				64,920	0	0
(21) Dealina Boscoi	40.00									
Executive Director	0.00			х				21,730	0	0
(22) Carl Tipton										
	0.00			7.7						•
Past President (23) Cole Stanley	0.00	 		X		-		0	0	0
(23) Cole Stanley	0.00									
President	0.00			x				o	0	0
(24) Shandy Belfor										
	0.00									•
Board Member (25) Robbie Kinnai	0.00	-		X				0	0	0
(25) RODDIE KIMMA	0.00			İ						
Secretary	0.00_			x				0	0	0
(26) Melissa Hull										
Treasurer	0.00			x				0	0	0
1b Sub-total							•	86,650		
c Total from continuation shee	ets to Part VII, S	Secti	on A	١.			▶			
d Total (add lines 1b and 1c)				41	- 11			4600	\$400,000 -£	
2 Total number of individuals (in reportable compensation from			α το	เทอร	e iisi	ied a	DOVE	e) who received more than	\$100,000 01	
3 Did the organization list any fo employee on line 1a? If "Yes,"								oyee, or highest compensa	ted	Yes No
4 For any individual listed on line organization and related organ	1a, is the sum	of re	porta	able :	com	pens	atio	n and other compensation omplete Schedule J for suc	from the ch	
<i>individual</i>Did any person listed on line 1.	a receive or acc	rue c	omp	ensa	ation	fron	n an	y unrelated organization or	indıvıdual	
for services rendered to the or	ganization? <i>If "</i> Y	es,"	com	plete	Sch	nedu	e J	for such person		5
Section B. Independent Contracto						4-			han \$100,000 of	
Complete this table for your five compensation from the organization.	zation Report comp	ensa ompe	ensa	haep tion f	or th	ent c	lend	lar year ending with or with	in the organization's tax ye	ar
Name and	(A) business address							Descript	(B) son of services	(C) Compensation
										-
Total number of independent or received more than \$100,000 or contact.								se listed above) who		

Total representation of the semilar amounts o	P	irt V	Statement of Reversible Check if Schedule Check	nue O cor	ntains a	response	or note to any line	in this Part VIII	-	
3 investment income (including dividends, interest, and other similar amounts) 4 income from investment of tax-exempt bond proceeds 5 5 Royalities (i) Real (ii) Personal 6 Gross rents b Less rental exps c Rental in corn cor (foss) 4 Not rental income or (foss) 5 Royalities (ii) Real (iii) Personal 6 Gross amount from 1 (iii) Securities (iii) Other 1 dividend (iii) Securities 1 dividend (iii							(A)	(B) Related or exempt function	Unrelated business	Revenue excluded from tax under sections
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 5 Royalties (i) Real (ii) Personal 6 Gross rents b Less rental exps c Rental in corne or (loss) 7 a Gross amount from (i) Sacurities slated dasets other than inventor) b Less cost order base a sales exps c Gain or (loss) d Net gain or (loss) 4 d Net gain or (loss) 5 error (loss) 6 Gross income from fundraising events (iii) Interest (i	इ	1a	Federated campaigns	1a						
3 investment income (including dividends, interest, and other similar amounts) 4 income from investment of tax-exempt bond proceeds 5 5 Royalities (i) Real (ii) Personal 6 Gross rents b Less rental exps c Rental in corn (or for six) d Net rental income or (loss) A Stream of Gross amount from (i) Securities sisted deads other than inventory b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) A Ste gain or (loss) b Less cost or other basis & sales exps c Gain or (loss) C Gain or (loss) C See Part IV, line 18 b Less direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities 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 Less cost of goods sold c Net income or (loss) from gaming activities Pada Gross sales of inventory, less returns and allowances a b Less cost of goods sold b Less cost of goods sold c Net income or (loss) from gaming activities Pada Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from gales of inventory Miscellaneous Revenue Busin Code 11a b C d All other revenue e Total. Add lines 11a–11d	ra c	b					1	1		
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Sec	tion 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			piete column (A)	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	457,489	457,489		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign		1		
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16		ž		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	<u> </u>			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		100 105		
7	Other salaries and wages	145,345	109,165	5,255	30,925
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.007		2 22 4	
9	Other employee benefits	3,237	779	2,236	222
10	Payroll taxes	9,800	6,689	1,214	1,897
11	Fees for services (non-employees)	20.254	2.50	04 044	
а	Management	32,354	868	31,311	175
b	_				
С	Accounting				
d	• •	-	Andrew Marketon and Processing States		
е	Professional fundraising services See Part IV, line 17			The state of the s	
f	Investment management fees				
g					
	(A) amount, list line 11g expenses on Schedule O)	2 006	206	200	1 250
12	Advertising and promotion	2,006	326	322	1,358
13	Office expenses	18,457	4,171	10,661	3,625
14	Information technology	842	40	790	12
15	Royalties	1 200		1 000	
16	Occupancy	1,200		1,200	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.300	2.716	C 500	
19	Conferences, conventions, and meetings	9,308	2,716	6,592	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses literalize expenses not covered above (List miscellaneous expenses in line 24e lif	4	5	3	ĺ
	line 24e amount exceeds 10% of line 25, column	·	, <u>, , , , , , , , , , , , , , , , , , </u>		
	(A) amount, list line 24e expenses on Schedule O				
_	Special Events	44,587			44,587
a	Grants and Scholarships	1,656			1,656
D	Granes and Schorarships	1,000			1,000
r C	,				
d	All other expenses				
e 25	·	726,281	582,243	59,581	84,457
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	120,201	302,233	33,301	04,401
~0	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ►	1			
DAA				<u>l</u>	Form 990 (2018)

*Form 990 (2018)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 104,173 106,178 Cash-non-interest bearing 2 Savings and temporary cash investments 25,000 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 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 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 10b 10c b Less accumulated depreciation 1,115,819 1,055,836 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 209,031 212,836 15 15 Other assets See Part IV, line 11 1,454,023 1,374,850 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,773 13,436 Accounts payable and accrued expenses 17 17 83,814 156,195 18 Grants payable 18 34,933 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 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 157,968 132,183 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 686,429 612,847 27 Unrestricted net assets 440,170 460,364 28 28 Temporarily restricted net assets 169,456 169,456 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 1,296,055 1,242,667 33 Total net assets or fund balances 1,454,023 1,374,850 Total liabilities and net assets/fund balances

Form 990 (2018)

	n 990 (2018) Edmond Public Schools Foundation 73-1210460				Pa	ge 12
Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					_X_
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>6</u> '	72,	<u>894</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	_			281
3	Revenue less expenses Subtract line 2 from line 1	3	1			<u> 387</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	.,29	96, I	055
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_				1
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1	. , 24	12,	<u> 667</u>
Pa	irt XIII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
			-		Yes	No
1	Accounting method used to prepare the Form 990					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		- 1	3		
	Schedule O				i	
2a	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		ļ			
	reviewed on a separate basis, consolidated basis, or both		1	1	1	
	Separate basis Consolidated basis Both consolidated and separate basis					
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		,			
	separate basis, consolidated basis, or both		i i	1	'	1
	X Separate basis		1		<u> </u>	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		Ļ	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		ľ			
	Schedule O		<u> </u>			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	-				
	the Single Audit Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		i	ŀ		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3h		

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ.

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

OMB No 1545-0047

(Ōpjen√to/Rúblic ∥nspection√

Name of the organization

Edmond Public Schools Foundation

Employer identification number 73-1210460

The c	organization is no	t a private foundation becau	se it is. (For lines 1 through 12	, check on	ly one box)	2
1	A church, co	onvention of churches, or ass	sociation of churches describe	d in sectio	n 170(b)(1)(A)(i).	
2	A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (Fo	rm 990 or	990-EZ))		
3	A hospital or	r a cooperative hospital serv	ice organization described in s	ection 170)(b)(1)(A)(i	ii).	
4	A medical re	esearch organization operate	d in conjunction with a hospita	l described	ın sectio	n 170(b)(1)(A)(iii). Enter the ho	spital's name,
	city, and star	te					
5	An organizat	tion operated for the benefit	of a college or university owne	d or operat	ted by a go	overnmental unit described in	
	section 170	(b)(1)(A)(iv). (Complete Par	t II)				
6	A federal, st	ate, or local government or g	governmental unit described in	section 1	70(b)(1)(A))(v).	
7		tion that normally receives a section 170(b)(1)(A)(vi). (C	• • • • • • • • • • • • • • • • • • • •	from a gov	ernmental	unit or from the general public	
8	A community	y trust described in section	170(b)(1)(A)(vi). (Complete Pa	art II)			
9		_	scribed in section 170(b)(1)(A of agriculture (see instructions			unction with a land-grant college y, and state of the college or	e
10	receipts from support from	n activities related to its exer gross investment income a	1) more than 33 1/3% of its sunter functions—subject to certaind unrelated business taxable to, 1975 See section 509(a)(2)	in exception income (le	ons, and (2 ss section	511 tax) from businesses	s
11		ion organized and operated	exclusively to test for public sa	afety See s	section 50	9(a)(4).	
	of one or mo Check the bo a Type I. A the supp	re publicly supported organic ox in lines 12a through 12d th A supporting organization op orted organization(s) the pov	zations described in section 5 hat describes the type of supported, supervised, or controlle wer to regularly appoint or elections.	09(a)(1) or orting orga ed by its su et a majority	section 5 nization ar ipported or	ns of, or to carry out the purpose 09(a)(2). See section 509(a)(3) ad complete lines 12e, 12f, and ganization(s), typically by giving ectors or trustees of the). 12g
	``	• •	omplete Part IV, Sections A				
	control o	r management of the supportion(s) You must complete	Part IV, Sections A and C.	same per	sons that o	ted organization(s), by having control or manage the supported and functionally integrated with	
	, its suppo	rted organization(s) (see ins	tructions) You must complet	te Part IV,	Sections	A, D, and E.	.1
	➤ that is no	ot functionally integrated. The	e organization generally must s	satisfy a dis	stribution r	with its supported organization equirement and an attentivenes	• •
		•	nust complete Part IV, Section		•		
			eived a written determination f n-functionally integrated suppo			a Type I, Type II, Type III	
		mber of supported organizati		nung organ	Zation		1
		• • •	ne supported organization(s)				L
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			42010 (000 110111011011)	Yes	No		instructions)
(A) 1	Edmond Pr	blic Schools		+	 	-	
(^) -	danona r	73-6021168	2	x		457,489	0
(B)		73 0021100		 		13,7,103	
(C)				-			<u>. </u>
(D)							
(E)							
. ,	{						
Total	J	,		1		457,489	0
	perwork Reductio	n Act Notice, see the Instruct	ions for Form 990 or 990-EZ.				Form 990 or 990-EZ) 2018

		mond Publ				3-1210460	Page,2
P	artill Support Schedule for C						
	(Complete only if you che						fy under /
	Part III. If the organization	n fails to qualify	under the test	s listed below,	please comple	te Part III)	
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	/(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")					/	,
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	,					
	shown on line 11, column (f)	'	1	1	1	1	
6	Public support. Subtract line 5 from line 4		promote the second		/	7	
	tion B. Total Support			/	Addition of the second		·
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4				, <u>, , , , , , , , , , , , , , , , , , </u>		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on			/			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10				L		
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the	,	t, second, third, fo	urth, or fifth tax yea	ar as a section 50	12 1(c)(3)	
	organization, check this box and stop her	re /					▶
<u>Sec</u>	tion C. Computation of Public Su	upport Percen	tage				
14	Public support percentage for 2018 (line 6	i, column (f) divide	d by line 11, colum	ın (f))		14	%
15	Public support percentage from 2017 Sch	edule A, Part II, lin	e 14			15	%
I6a		,			33 1/3% or more, (check this	_
	box and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			▶ 📙
b	33 1/3% support test—2017. If the organ	ization did not che	ck a box on line 13	3 or 16a, and line 1	5 is 33 1/3% or m	ore, check	
	this box and stop here. The organization						▶ [_]
17a	10%-facts-and-circumstances test—201	If the organizati	on did not check a	box on line 13, 16	Sa, or 16b, and line	e 14 is	
	10% or more, and if the organization meet						
	Part VI how the organization preets the "fa	icts-and-circumsta	nces" test. The org	ganization qualifies	s as a publicly sup	ported	
	organization						▶ ∐
þ	10%-facts-and-circumstances test—201	-		•			
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me	eets the "facts-and	-circumstances" te	st The organization	on qualifies as a p	ublicly	. —
	supported organization						▶ ∐
8	Private foundation. If the organization did	d not check a box of	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee	. —
	instructions						▶ ∐
						Schedule A (Form 9	990 or 990-EZ) 2018

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to	qualify under t	he tests listed b	elow, please c	complete Part II	.)	
	ction A. Public Support		1"		· -	·	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership						
	fees received (Do not include any "unusual grants")						 /
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge					/	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			//			
	line 6)						
	tion B. Total Support	T			·	,	,
Çale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6			/			<u> </u>
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	-					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			 .	i		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop/her	e		<u> </u>			
Sec	tion C. Computation of Public Su	ipport Percen	tage				
15	Public support percentage for 2018 (line 8	, column (f), divide	ed by line 13, colum	nn (f))		15	%
16	Public support percentage from 2017 Scho					16	%
Sec	tion D. Computation,∕of Investme	nt Income Per	rcentage				
17	Investment income percentage for 2018 (I	ine 10c, column (f)), divided by line 13	, column (f))		17	%%_
18	Investment income percentage from 2017					18	%
19a	33 1/3% support tests—2018. If the orga			14, and line 15 is	more than 33 1/39	%, and line	
	17 is not more than 33 1/3%, check this bo						▶ ∐
b	33 1/3% support tests—2017. If the orga line 18 is not more than 33 1/3%, check th	nization did not ch	eck a box on line 1	4 or line 19a, and	line 16 is more tha	an 33 1/3%, and	▶ [7
20	Private foundation. If the organization did						<u> </u>

Schedule A (Form 990 or 990-EZ) 2018

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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10b Form 99	n or gan	EZ) 2018
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2	1	0	4	6	0	Page

Sched	ule A (Form 990 or 990-EZ) 2018 Edmond Public Schools Found	ati	on 73-1	210460	Page 6
Rã	Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	aniza	ations		
1	X Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v 20,	1970 (explain in Par	t VI). See	
	instructions. All other Type III non-functionally integrated supporting organizations must	st com	plete Sections A thro	ough E.	
Sec	ion A - Adjusted Net Income		(A) Prior Year	(E	B) Current Year
			(A) Thorrea	<u>'</u>	(optional)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3_	<u> </u>		
4	Add lines 1 through 3	4	<u> </u>		
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
co	lection of gross income or for management, conservation, or				
ma	untenance of property held for production of income (see instructions)	6			
	Other expenses (see instructions)	7			
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			<u> </u>
Sect	ion B - Minimum Asset Amount		(A) Prior Year	. (E	B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			,	
ıns	tructions for short tax year or assets held for part of year)	<u> </u>		<u>*</u>	
	a Average monthly value of securities	1a			
	b Average monthly cash balances	1b			
	c Fair market value of other non-exempt-use assets	1c	<u> </u>		
	d Total (add lines 1a, 1b, and 1c)	1d			
	e Discount claimed for blockage or other				
	factors (explain ın detail ın Part VI)			<u> </u>	The state of the s
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3_	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,				
se	e instructions)	4			
5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6			
	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	on C - Distributable Amount			b .	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2	<u> </u>	. amount	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<u></u>		
4	Enter greater of line 2 or line 3	4		Book and	
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			Ţ.	
em	ergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally integrated T	Гуре І	II supporting organiza	ation (see	
	instructions)				

Schedule A (Form 990 or 990-EZ) 2018

1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2016 f From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 c Remaining underdistributions of prior years b Applied to 2018 distributable amount c Remaining underdistributions for years prior to 2018, if any Subtract lines 4a and 4b from 4 c Remaining underdistributions for 2018 Subtract lines 3 and 4b from line 1 For result greater than zero, explain in Part VI See instructions c Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions c Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions c Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions c Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions c Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions c Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions c Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions c Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 7 See 2018 Subtract lines 3h and 4b from 1 See 2018		Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount c Carryover from 2013 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f d Distributions for 2018 from Section D, line 7 s Applied to 2018 distributable amount c Remaining underdistributions of prior years b Applied to 2018 distributable amount c Remaining underdistributions for years prior to 2018, if any Subtract lines 4a and 4b from Ine 2 For result greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 3j and 4c 8 Breakdown of line 7 8 Excess from 2014 b Excess from 2016 d Excess from 2016 d Excess from 2017				Pre-2018	Amount for 2018
(reasonable cause required-explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2016 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remander Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2018 from Section D, line 7 \$ a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 FRemaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2016 d Excess from 2016 d Excess from 2017	1	Distributable amount for 2018 from Section C, line 6			
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c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2018 from Section D, line 7 s Applied to underdistributions of prior years b Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019, Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2016 c Excess from 2016 d Excess from 2017	а	From 2013			
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greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017		any Subtract lines 3g and 4a from line 2 For result			
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and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017	6	· 			
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and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017	7	·			
a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017		•			
a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017	8				
b Excess from 2015 c Excess from 2016 d Excess from 2017	a				
c Excess from 2016 d Excess from 2017					(
d Excess from 2017					

Schedule A (Form 990 or 990-EZ) 2018

Rart Will Supplemental II

age 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)

Part IV, Section D, Line 2 - Explanation of Working Relationship

The Edmond Public Schools Foundation (EPSF) has an advisory board composed of Edmmond Public School (EPS) employees, including the Supt. and Public Information Officer who participate in regularly scheduled meetings.

Furthermore, the teacher of the year sits as an advisory board member. The EPSF staff meet on a regular basis with administrative staff of EPS, sit in on their strategic planning, asks for feedback from all EPS employees through an annual survey and communicates on a regular basis

Part V, Line 1 - Integral Part Test

Under final regulations, the distributable amounts equals the greater of (1) 85 percent of the organization's adjusted net income for the prior taxable year and (2) 3.5 percent of the aggregate fair market value of the organization's non-exempt use assets, with certain adjustments. Certain excess amounts may reduce the distributable amount in subsequent years. (for up to five years after the excess amount is generated)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Name	e of the organization		Employer	Identification number
E	dmond Public Schools Foundation		73-1	210460
	Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or A	Account	s.
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 6.		
		(a) Donor advised funds	(<u>t</u>) Funds and other accounts
1	Total number at end of year			<u> </u>
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that			
	funds are the organization's property, subject to the organization's excl			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
K	Conservation Easements. Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	ortant land	l area
	Protection of natural habitat	Preservation of a certified historic	c structure	
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conse	rvation	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic structure inclu	uded in (a)	2c	· ·
ď	Number of conservation easements included in (c) acquired after 7/25/0	06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ext	inguished, or terminated by the organizat	tion during	the
	tax year ▶			
4	Number of states where property subject to conservation easement is to			
5	Does the organization have a written policy regarding the periodic monitoring	toring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	f violations, and enforcing conservation ea	asements	during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	ations, and enforcing conservation easem	nents durir	ng the year
_	Dec. 1 Constitution of the			
8	Does each conservation easement reported on line 2(d) above satisfy the	ne requirements of section 170(h)(4)(b)(f)	1	☐ Yes ☐ No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easeme	ante in ite revenue and evnence statemen	t and	1es 1to
3	balance sheet, and include, if applicable, the text of the footnote to the	•		ne
	organization's accounting for conservation easements			
Pá	Organizations Maintaining Collections of Art,	Historical Treasures, or Other S	Similar A	Assets.
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	•		eet
	works of art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furthe	erance of	
	public service, provide, in Part XIII, the text of the footnote to its financial	al statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and balar	nce sheet	
	works of art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furthe	erance of	
	public service, provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		>	\$
2	If the organization received or held works of art, historical treasures, or o	- · · · · · · · · · · · · · · · · · · ·	vide the	
	following amounts required to be reported under SFAS 116 (ASC 958) r	elating to these items		
	Revenue included on Form 990, Part VIII, line 1		•	\$
<u>b</u>	Assets included in Form 990, Part X			\$

-	edule D (Form 990) 2018 Edmond P				210460	Page 2	
3	Using the organization's acquisition, access	T				is (commuea)	
_	collection items (check all that apply)	⊿ □	l aan as assahaana				
_	a Public exhibition d Loan or exchange programs						
b							
C A	Preservation for future generations	collections and evalua	how they further the c	raanization's evernt	nurnoco in Port		
4	Provide a description of the organization's of XIII	collections and explain	i now they further the c	nganization's exempt	puipose iii rait		
5	During the year, did the organization solicit						
	assets to be sold to raise funds rather than		art of the organization'	s collection?	 	Yes No	
Pa	Escrow and Custodial Ar	•					
	Complete if the organizatio 990, Part X, line 21.	n answered "Yes"	on Form 990, Pai	t IV, line 9, or rep	orted an amour	nt on Form	
1a	Is the organization an agent, trustee, custoo	lian or other intermed	ary for contributions or	other assets not			
	ıncluded on Form 990, Part X?					Yes No	
b	If "Yes," explain the arrangement in Part XII	I and complete the fol	lowing table.				
						Amount	
	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
	Did the organization include an amount on I					∐ Yes ∏ No	
	If "Yes," explain the arrangement in Part XII	Check here if the ex	planation has been pro	ovided on Part XIII	·		
LPa	Endowment Funds.		F 000 D	4 N / June 40			
	Complete if the organizatio						
	-	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back	
	Beginning of year balance	209,031	204,640	194,810			
	Contributions		600	450			
С	Net investment earnings, gains, and						
	losses	15,855	15,441	21,010			
	Grants or scholarships	10,395	9,841	9,781			
е	Other expenditures for facilities and						
	programs		1 222				
	Administrative expenses	1,655	1,809	1,849			
_	End of year balance	212,836	209,031	204,640			
	Provide the estimated percentage of the cur		(line 1g, column (a)) h	ield as:			
	Board designated or quasi-endowment ▶	%					
	Permanent endowment ▶ %						
С	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2c she	•					
3a	Are there endowment funds not in the posse	ession of the organizat	tion that are held and a	idministered for the		(
	organization by					Yes No	
	(i) unrelated organizations					3a(i) X	
	(ii) related organizations					3a(ii) X	
b	If "Yes" on line 3a(II), are the related organiz	•				3b	
Pa	Describe in Part XIII the intended uses of the Land, Buildings, and Equ		wment funds				
11/10	Complete if the organization		on Form 990 Par	t IV line 11a See	Form 990 Par	t X line 10	
-	Description of property	(a) Cost or other ba			ccumulated	(d) Book value	
		(investment)	(other		preciation	1-1 - 2-11 - 20100	
1a	Land						
	Buildings						
	Leasehold improvements						
	Equipment						
	Other						
	. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	X, column (B), line 10c)			
					Sch	edule D (Form 990) 2018	

(F) (G) (H)

Investments—Program Related.

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Rart IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description		(b) Book value
(1) OCCF Edmond PS Foundation		178,955
(2) OCCF Rees Writing Mentorship		33,881
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		212,836

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(8)		-
_(9)		_
Total. (Column (b) must equal Form 990, Part X, col (B) line 2	5)▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Page 3

Rart XIII Supplemental Information.

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 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 additional information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part X - FIN 48 Footnote

The Foundation evaluates and accounts for uncertain tax positions, if any, in accordance with U.S. generally accepted accounting principles, including the Foundation's tax position as a tax-exempt not-for-profit entity.

Through the Foundation's evaluation of its uncertain tax positions, management has determined no uncertain tax positions exist as of June 30, 2019 which would require accrual or disclosure in its financial statements. The Foundation's Form 990 filings for the years ended before June 30, 2015 are no longer subject to examination by taxing authorities.

4c

726,281

*Schedule D (Form 990) 2018 Edmond Public Schools Foundation

*Part*XIII Supplemental Information (continued)

73-1210460

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

► Attach to Form 990.

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

OMB No 1545-0047

tame of the organization Edmond Public Schools	ols Foundation	tion				Emp	Employer identification number 73–1210460	
Rand General Information on Grants and Assistance	l 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 criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant finds in the United States.	the amount of the grance?	ants or ass	Istance, the grantees'	eligibility for the grant	s or assistance, an	ַם	X Yes	N S
Registrate: Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	omestic Organi	zations a	ind Domestic Go	vernments. Com	plete if the organism	anization answ	ered "Yes" on Form 990,	
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,	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
1) Edmond Public Schools								
		·	457,489	ĺ				
(2)							-	
(3)								
(4)								
(5)								
(9)						-		
(2)								
(8)								
(6)								
 Enter total number of section 501(c)(3) and government organizations listed Enter total number of other organizations listed in the line 1 table 	organizations listed	In the line 1 table	1 table				A A	

Schedule I (Form 990) (2018)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

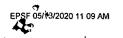
EPSF 05/13/2020 11 09 AM

Schedule I (Form 990) (2018) Edmond Public Schools Foundation 73-1210460

Reanity 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

	rait III carl be duplicated II additional space is needed	orial space is needed				
-	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
-						
2						
က						
4	•					
S.	-					
9						
7						
7 Partily	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ide the information re	quired in Part I, line	2; Part III, column (b)	i; and any other additional i	nformation.



SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization

2018

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Edmond Public Schools Foundation

73-1210460

Form 990, Part III, Line 4d - All Other Accomplishments

Edmond Public Schools Foundation connects the community and its resources
with Edmond Public Schools teachers, students and school needs in pursuit
of the highest level of academic excellence.

Form 990, Part VI, Line 11b

Edmond Public Schools Foundation will provide the 990 to the finance committee, then the entire board before submitting.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Those members with a conflict are asked to abstain from voting.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Directors are not compensated for their service, however, the exectuive committee of the trustees meets at large once a year to discuss the appropriate compensation for the exectuive director. Compensation is based on comparative salaries within the region and is based on industry benchmarks. The exectuive committee votes on the amount of compensation.

Form 990, Part VI, Line 18

Edmond Public Schools Foundation makes its governing documents available to the public upon request. As well as on Guidestar

Schedule O (Form 990 or 990-EZ) (2018)
Name of the organization

Employer identification number

Edmond Public Schools Foundation

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Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation
Rounding \$ -1