DLN: 93493319162169 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization D Employer identification number B Check if applicable Oklahoma Business Roundtable Inc □ Address change 73-1377268 % OKLAHOMA BUSINESS ROUNDTABLE ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 655 Research Parkway Suite 420 ☐ Amended return ☐ Application pending (405) 235-3787 City or town, state or province, country, and ZIP or foreign postal code Oklahoma City, OK $\,$ 73104 G Gross receipts \$ 789,147 Name and address of principal officer H(a) Is this a group return for ANN ACKERMAN PHD ☐Yes **☑**No subordinates? 655 RESEARCH PARKWAY STE 420 H(b) Are all subordinates OKLAHOMA CITY, OK 73104 ☐Yes ☐No ıncluded? ☐ 501(c)(3) **☑** 501(c) (6) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW OKBUSINESSROUNDTABLE COM L Year of formation 1991 M State of legal domicile OK K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities BUSINESS LEADERSHIP ADVANCING OKLAHOMAS ECONOMY Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 11 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 2 Total number of volunteers (estimate if necessary) 6 20 Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 792,522 767,500 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 6,544 21,629 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18 799.066 789.147 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 119,783 117,453 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 781,627 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 467,448 901,410 889,401 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -102,344 -100,254 Net Assets or Fund Balances Beginning of Current Year End of Year 1,174,809 1,036,824 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 251,104 213,373 22 Net assets or fund balances Subtract line 21 from line 20 . 923,705 823,451 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-14 Signature of officer Sign Here ANN ACKERMAN PHD PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-11-14 P01251358 Paid self-employed Firm's name ► BKD LLP Firm's EIN ▶ Preparer Use Only Firm's address ▶ 6120 S Yale 1400 Phone no (918) 584-2900 Tulsa, OK 741364223 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

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Pa	rt III Statem	ent of Program Service Acc	omplishments		
	Check If	Schedule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe	the organization's mission			
		S PRIMARY ECONOMIC DEVELOPM NSION AND RECRUITMENT	ENT SUPPORT ORGANIZATION PROVI	DING VITAL FUNDING TO ASS	IST BUSINESS START-
2	Did the organiza	ation undertake any significant pro	gram services during the year which w	vere not listed on	
	the prior Form 9	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describ	e these new services on Schedule	0		
3	Did the organiza	ation cease conducting, or make sig	gnificant changes in how it conducts, a	any program	
		e these changes on Schedule O			☐ Yes ☑ No
4	Describe the org Section 501(c)(3	ganızatıon's program service accom	plishments for each of its three large: required to report the amount of gran ervice reported	st program services, as measui nts and allocations to others, th	red by expenses ne total
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Dat			, ,	,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program :	services (Describe in Schedule 0)		(Revenue \$)
4e	<u> </u>	service expenses >	jranio στ φ	(nevenue #	,

Form	990 (2018)			Page 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 💆	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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 2	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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		No
12=	Did the organization obtain congrate, independent audited financial statements for the tay year?			

a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E 13 13 Nο

14a No Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . business, investment, and program service activities outside the United States, or aggregate foreign investments 14b No 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Nο

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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20b

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No

No

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Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 19 Nο **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο

Form	990 (2018)			Page 4
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
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		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	ıl		

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

Statements Regarding Other IRS Filings and Tax Compliance

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

1a 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 conduct more than 5% of its activities through an entity that is not a related organization and that

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

	of any of these persons? If "Yes," complete Schedule L, Part III.
28	Was the organization a party to a business transaction with one of t instructions for applicable filing thresholds, conditions, and exception

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Part V

Yes

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1a

1b

Yes

36

37

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Nο

No

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11b

12b

13b

13c

12a

13a

14a

14b

15

No

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Section 501(c)(29) qualified nonprofit health insurance issuers.

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

19

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	o" respo	onse to i	lines 🔽
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more		.,	
	members of the governing body?	7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		Yes	No
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b	Yes	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b		No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	10b 11a 12a	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	10b 11a 12a 12b	Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes Yes	No
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a b c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	
b 11a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No
b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No
b 11a b 12a b c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No
b 11a b 12a b c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No
b 11a b 12a b c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records •OKLAHOMA BUSINESS ROUNDTABLE 655 RESEARCH PARKWAY STE 420 OKLAHOMA CITY, OK 73104 (405) 235-3787

policy, and financial statements available to the public during the tax year

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

- 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, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons
- Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

☐ Check this box if neither the organization no	r any related or	rganızat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, u n of or/t	t che unle: ficer rust	ss pers	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) BILL ANOATUBBY PRESIDENT	1 0 0 0	Х		x				0	0	0
(2) BRENDA ROLLS VICE-CHAIRMAN/CHAIR ELECT	10	х		х				0	0	0
(3) CHRIS SCULLY SECRETARY/TREASURER	10	х		х				0	0	0
(4) ROBERT MARTINOVICH PAST CHAIRMAN	10	Х		×				0	0	0
(5) MITA BATES DIRECTOR	10	×						0	0	0
(6) SCOTT DEWALD DIRECTOR	10	х						0	0	0
(7) STEVE HAHN DIRECTOR	10	х						0	0	0
(8) STEVE HENDRICKSON DIRECTOR	1 0	Х						0	0	0
(9) DAVE KOLLMANN DIRECTOR	10	х						0	0	0
(10) CHAD RICHISON DIRECTOR	1 0	х						0	0	0
(11) FRED MORGAN EX OFFICIO	10	Х						0	0	0
(12) ROY WILLIAMS EX OFFICIO	1 0 0 0	Х						0	0	0
(13) MIKE NEAL EX OFFICIO	1 0 0 0	Х						0	0	0
(14) ANN ACKERMAN PRESIDENT & CEO	20 0			x				78,255	0	0
										Form 900 (2019)
										Form 990 (2018)

Form 990 (2018)										Page 8
Part VII Section A. Officers, Direct	tors, Trustees	, Key l	Empl	loye	es,	and I	ligh	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne b	ox, u in off tor/tr	che nles icer	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

	÷	,tu÷		sated		
						_
	·					

1h Suh-Total	 	 _	•		

1b Sub-Total	-	-	_	>			
d Total (add lines 1b and 1c)	 			▶	78,255	0	0

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

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

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

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

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

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

(A)

Name and business address

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

d Total (add lines 1b and 1c)

of reportable compensation from the organization ▶ 0

Section B. Independent Contractors

compensation from the organization ▶ 0

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

2

3

4

5

1b Sub-Total			>		

1b Sub-Total	-	-	_	>		

Yes

3

4

5

(B)

Description of services

No

No

No

No

(C)

Compensation

Form 990 (2018)

	90 (2018)						Page 9
Part '	VIII Statement of Revenue Check if Schedule O contains			line in this Dest VIII			П
	Check if Schedule O Contains	a respo	inse of flote to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a			revenue		512 - 514
nts nts	b Membership dues	1b					
irai Nou	c Fundraising events	1c					
s, c An	d Related organizations	1d					
Gift Tar	e Government grants (contributions)	1e					
iii š	f All other contributions, gifts, grants,	l le					
Contributions, Gifts, Grants and Other Similar Amounts	and similar amounts not included above	1f					
ib in	g Noncash contributions included						
Contributions, Gifts, Grants and Other Similar Amounts	ın lines 1a - 1f \$						
G R	h Total. Add lines 1a-1f		•	0			
<u>1</u>			Business				
พร.	2a MEMBERSHIP FEES			541900	67,500 76	7,500	
Program Service Revenue	b	_					
AC.	с ———						
₹.	d ————————————————————————————————————						
ran	e ————————————————————————————————————						
Togi	f All other program service revenue		7	67,500	•	'	<u> </u>
٩	9Total. Add lines 2a-2f		<u> </u>	•	T		
	3 Investment income (including divided similar amounts)		nterest, and other	21,629	9		21,629
	4 Income from investment of tax-exe		ond proceeds ►		D		
	5 Royalties		>	(0		
	(ı) Rea	ı	(II) Personal	1			
	6a Gross rents						
	b Less rental expenses			1			
	c Rental income or	0	0	1			
	(loss)]			
	d Net rental income or (loss)		<u> </u>	(0		
	7a Gross amount	ties	(II) Other	_			
	from sales of assets other						
	than inventory						
	b Less cost or other basis and			1			
	sales expenses			1			
	C Gain or (loss) d Net gain or (loss)			<u></u>			
	8a Gross income from fundraising ev		<u> </u>	1			
		of					
Other Revenue	See Part IV, line 18		0				
Re	b Less direct expenses	ь	0]			
ler	c Net income or (loss) from fundrais		ents 🕨	-	0		
₽ O	9a Gross income from gaming activit See Part IV, line 19	ıes					
		a	0				
	b Less direct expenses	b [0]			
	c Net income or (loss) from gaming	activiti	es >	1	0		
ľ	10a Gross sales of inventory, less returns and allowances						
		a	0]			
	b Less cost of goods sold	ь	0]			
-	c Net income or (loss) from sales of Miscellaneous Revenue	invent	ory ▶ Business Code	,	0		
-	11aMISCELLANEOUS REVENUE		900099	11	8 18	3	
	MOCEUMICOUS NEVEROL						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		•	18	8		
	12 Total revenue. See Instructions						
				789,14	7 767,518	3	21,629 Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> \square</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	304,500			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	80,250			
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			
7 Other salaries and wages	32,446			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	2,212			
10 Payroll taxes	2,545			
11 Fees for services (non-employees)				
a Management	43,000			
b Legal	0			
c Accounting	22,748			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	1,964			
14 Information technology	3,379			
15 Royalties	0			
16 Occupancy	33,422			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			_
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,740			
23 Insurance	2,990			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	-,			
a SPECIAL PROJECTS	269,981			
b LT GOV'S ECONOMIC DEV FUND	37,224			
c RECEPTIONS & MEETINGS	25,218			
d MEMBER SERVICES	15,447			
e All other expenses	10,335			
25 Total functional expenses. Add lines 1 through 24e	889,401			
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form	า 990	(2018)					Page 11
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			767,198	1	99,315
	2	Savings and temporary cash investments .		[400,000	2	863,982
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net	[0	4	0	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	nployees Complete	0	5	0	
s	6	Loans and other receivables from other disqualities section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations. Part II of Schedule L	rsons (as defined under s(c)(3)(B), and of section 501(c)(9)	0	6	0	
Assets	7	Notes and loans receivable, net	0	7 8	0		
	8		nventories for sale or use				
	9	Prepaid expenses and deferred charges		, ' '	3,751	9	7,500
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	14,843			
	ь	Less accumulated depreciation	10 b	12,723	3,860	10 c	2,120
	11	Investments—publicly traded securities .			0	11	0
	12	Investments—other securities See Part IV, line	11 .		0	12	0
	13	Investments—program-related See Part IV, line	11 .		0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			0	15	63,907
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	1,174,809	16	1,036,824
	17	Accounts payable and accrued expenses			11,686	17	8,661
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
ý	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ge		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	0	23	0
	24	Unsecured notes and loans payable to unrelated	l thırd	parties	0	24	0
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24		s to related third parties,	239,418	25	204,712

	13	Investments—program-related See Part IV, line II	1 0	13	
	14	Intangible assets	0	14	
	15	Other assets See Part IV, line 11	0	15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	1,174,809	16	1,
	17	Accounts payable and accrued expenses	11,686	17	
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
Š	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			

213.373

823.451

823,451

1,036,824 Form **990** (2018)

0

0

251,104

923.705

923,705

1,174,809

0

26

27

28

29

30

31

32

33

34

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Total liabilities. Add lines 17 through 25 . .

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

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

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

26

27 28

29

30

31

32

33

34

Net Assets or Fund Balances

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			789,147
2	Total expenses (must equal Part IX, column (A), line 25)	2			889,401
3	Revenue less expenses Subtract line 2 from line 1	3			-100,254
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			923,705
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			823,451
Pa	rt XII 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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	За		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requiaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	Зь		

Additional Data

Software ID: **Software Version:**

EIN: 73-1377268

Name: Oklahoma Business Roundtable Inc.

Form 990 (2018)

Form 990, Part III, Line 4a: Promotes new business investment throughout Oklahoma, including funding support for start-up, retention, expansion and attraction of business facilities and operations **SCHEDULE D**

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.

OMB No 1545-0047

DLN: 93493319162169

b Assets included in Form 990, Part X

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

(Form 990)

	al Revenue Service	► Go to <u>www.irs.g</u>	ov/Form990 for the latest information.	Inspecti	on
	me of the organ			Employer identification numb	er
)ki	ahoma Business Rou	ndtable Inc		73-1377268	
Pa	rt I Organi	zations Maintaining Donor Advis	sed Funds or Other Similar Funds o	r Accounts.	
	Comple	te if the organization answered "Ye			
			(a) Donor advised funds	(b)Funds and other accoun	ts
	Total number at	·			
		of contributions to (during year)			
i		of grants from (during year)			
	Aggregate value	·			
	organization's p	roperty, subject to the organization's ex	-	☐ Yes	□ No
ì		oses and not for the benefit of the donor	nor advisors in writing that grant funds can or donor advisor, or for any other purpose o	onferring impermissible	□ No
Pa	rt III Conser	vation Easements. Complete if th	e organization answered "Yes" on Forn	n 990, Part IV, line 7.	
	Purpose(s) of co	onservation easements held by the organ	nization (check all that apply)		
	Preservation	on of land for public use (e g , recreation	or education)	historically important land area	
	☐ Protection	of natural habitat	Preservation of a c	ertified historic structure	
	☐ Preservation	on of open space			
	Complete lines 2	, ,	qualified conservation contribution in the for	m of a conservation Held at the End of the N	Vear
а	Total number of	conservation easements		2a	
b	Total acreage re	stricted by conservation easements		2b	
С	Number of conse	ervation easements on a certified histori	structure included in (a)	2c	
d		ervation easements included in (c) acqui n the National Register	red after 7/25/06, and not on a historic	2d	
	Number of constant tax year ▶	ervation easements modified, transferre	d, released, extinguished, or terminated by	the organization during the	
	Number of state	es where property subject to conservatio	n easement is located ▶		
i	Does the organi and enforcemen	zation have a written policy regarding that of the conservation easements it holds	ne periodic monitoring, inspection, handling o		lo.
	Staff and valunt	toor hours devoted to manutaring unspec	ting, handling of violations, and enforcing co		
ì		leer flours devoted to monitoring, hispec	ting, handling or violations, and emorting co	miser varion easements during the y	yeai
,	Amount of expe	nses incurred in monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year	
	Does each conse and section 170		above satisfy the requirements of section 1	70(h)(4)(B)(ı)	lo
l	balance sheet, a		ervation easements in its revenue and exper footnote to the organization's financial state ts		
ar			of Art, Historical Treasures, or Oth	er Similar Assets.	
		te if the organization answered "Ye			
a	art, historical tre	easures, or other similar assets held for	6 (ASC 958), not to report in its revenue stapublic exhibition, education, or research in ficial statements that describes these items		f
b	historical treasu		6 (ASC 958), to report in its revenue statem ic exhibition, education, or research in furth		
((i) Revenue includ	led on Form 990, Part VIII, line 1		▶ \$	
(i	ii)Assets ıncluded	ın Form 990, Part X		▶ \$	
:	If the organizati	·	tal treasures, or other similar assets for fina 116 (ASC 958) relating to these items	ncial gain, provide the	
а	_	ed on Form 990, Part VIII, line 1		▶ \$	

Cat No 52283D

Schedule D (Form 990) 2018

Par	31111	Organizations Ma	aintaining Col	lections of A	rt, Histor	ical T	reası	ures, or	Other	Similar A	ssets	(continued)
3		the organization's acqui (check all that apply)	uisition, accessior	n, and other rec	ords, check	any of	the fo	ollowing t	hat are a	sıgnıfıcant	use of it	s collection
а		Public exhibition			d		Loan	or excha	ange prog	grams		
b		Scholarly research e Other										
С		Preservation for future	generations									
4	Provid Part >	de a description of the d	organızatıon's col	lections and exp	lain how th	ey furtl	ner th	e organız	ation's e	xempt purpo	ose in	
5		g the year, dıd the orga s to be sold to raıse fun								nılar	□ Y	es 🗆 No
Pai	rt IV	Escrow and Custo Complete if the org X, line 21.			Form 990), Part	IV, li	ıne 9, or	reporte	ed an amo	unt on	Form 990, Part
1a		e organization an agent, ded on Form 990, Part >		an or other inter	rmediary for	r contri	bution	ns or othe	er assets	not	□ Y	es 🗌 No
Ь	If "Y∈	es," explain the arrange	ment ın Part XIII	and complete t	he following	table				-	Amount	
С	Begin	ning balance							1c			
d	Addıt	ions during the year						[1d			
е	Dıstrı	butions during the year	-						1e			
f	Endın	ig balance							1f			
2a	Did th	ne organization include	an amount on Fo	rm 990, Part X,	line 21, for	escrov	or cu	ustodial a	ccount lia	ability?	□ Y	es 🗆 No
Ь		es," explain the arrange										
_	rt V	Endowment Fund										
				(a)Current yea		rior yea			ears back			(e)Four years back
1 a	Beginn	ing of year balance .										
b	Contrib	outions										
c	Net inv	estment earnings, gain	s, and losses									
d	Grants	or scholarships	•									
e		expenditures for facilitie	es									
f	Admını	strative expenses .										
g	End of	year balance										
2	Provid	de the estimated percer	ntage of the curre	ent year end bal	ance (line 1	g, colu	mn (a	ı)) held a	s			
а	Board	d designated or quasi-ei	ndowment 🟲									
ь	Perm	anent endowment 🕨										
С	Temp	orarily restricted endov	vment 🟲									
	The p	ercentages on lines 2a,	, 2b, and 2c shou	ld equal 100%								
3a		here endowment funds	not in the posses	sion of the orga	nızatıon tha	t are h	eld an	nd admini	stered fo	r the		
	-	nization by hrelated organizations									Гэ	Yes No
	• •	elated organizations .			• • •	• •	٠.					a(ii)
ь		es" on 3a(II), are the rel			red on Sch	 edule R	?				. F	3b
4		ribe in Part XIII the inte	_	•								
Pai	rt VI	Land, Buildings,	and Equipmer	nt.								
		Complete of the org	ganization answ	vered "Yes" on							 	
	Descri	ption of property	(a) Cost or oth (investme	, , ,	Cost or other	r basıs (other)	(c) Acc	umulated o	depreciation		(d) Book value
1 a	Land											
b	Buildin	gs										
С	Leaseh	old improvements										
d	Equipm	nent				:	14,843			12,723		2,12
е	Other											
Tota	I. Add	lines 1a through 1e (Co	olumn (d) must e	qual Form 990,	Part X, colu	mn (B)	, line	10(c)) .		>		2,12

	Form 990) 2018			1.007	Page 3
Part VII	Investments—Other Securities. Complete if the org See Form 990, Part X, line 12.	janiza			
	(a) Description of security or category (including name of security)		(b) Book value	(c) Me Cost or end	ethod of valuation d-of-year market value
 (1) Financia (2) Closely-l (3)Other 	derivatives	•			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	990. P	art IV. lı	ne 11c. See Form 99	90, Part X, line 13.
	(a) Description of investment		ook value	(c) Me	ethod of valuation d-of-year market value
(1)				2032 01 011	a or year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on For	m 990, Pa	rt IV, line 11d See For	rm 990, Part X, line 15 (b) Book value
(1) AMOUNT (2)	S HELD BY OTHERS				63,907
(3)					
(4)					
(5)					
(6)					
(7)					+
(8)					+
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15)				▶ 63,907
Part X	Other Liabilities. Complete if the organization answe See Form 990, Part X, line 25.	red 'Y	es' on Fo	orm 990, Part IV, line	e 11e or 11f.
1.	(a) Description of liability		(b) B	ook value	
(1) Federal III UNEARNED F				0 202,500	
VACATION P.				2,212	
(3)					
(4)					
(5)					
(6)					
(7)			_		
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 25)	▶	, p. p. p.	204,712	tataments that you suit th
	or uncertain tax positions In Part XIII, provide the text of the for sill some state of the form of th				

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software Version:

EIN: 73-1377268

Name: Oklahoma Business Roundtable Inc

Supplemental Information

Explanation

ANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE

Software ID:

PART X, LINE 2 MANAGEMENT HAS EVALUATED THE ROUNDTABLE'S TAX POSITIONS AND CONCLUDED THAT THE ROUNDTABLE HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO, OR DISCLOSURE IN, THE FIN

Return Reference

DLN: 93493319162169 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Oklahoma Business Roundtable Inc. 73-1377268 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

					Page 2
sistance to D	Domestic Individu	ials. Complete if the org	janization answered "Yes'	on Form 990, Part IV, line 22	
ance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Informatio	n. Provide the inf	formation required in	Part I, line 2; Part III	, column (b); and any other a	idditional information.
	Informatio	Information. Provide the integral Explanation	Information. Provide the information required in Explanation	Information. Provide the information required in Part I, line 2; Part III Explanation	Information. Provide the information required in Part I, line 2; Part III, column (b); and any other

Additional Data

Broken Arrow, OK 74012
CREATIVE OKLAHOMA

133 W Main St Ste 100

Oklahoma City, OK 73102

		Software ID	:				
		Software Version	:				
		EIN	: 73-1377268				
		Name	: Oklahoma Business	Roundtable Inc			
Farm 000 Sahadula I. Bart	II Cuanta and	Other Assistance to	Damastia Ossasiaa	tions and Domosti	ia Carramanta		
Form 990, Schedule I, Part	11, Grants and	Other Assistance to	Domestic Organiza	tions and Domesti	ic Governments.		_
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

10,000

10,000

ECONOMIC DEVELOPMENT

ECONOMIC

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or government		п аррпсавте
BROKEN ARROW CHAMBER OF COMMERCE 210 N Main St Ste C	73-0534499	501(C)(6)

20-4463290

501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance For Inspiration & Recognition 22-2990908 501(C)(3) 15.000 ECONOMIC of Science & Technol DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Oklahoma City, OK 73172

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance COVERNORIC INTERNATIONAL 24 4762227 CHARA SE OV 20.000 LECONOMIC

DEVELOPMENT

TEAM PO Box 1836 Oklahoma City, OK 73012	31-1/6230/	State of OK	20,000		1	DEVELOPMENT
I2E INC	73-1525913	501(C)(3)	55,000			ECONOMIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

840 Research Pkwy Ste 250

Oklahoma City, OK 73104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 73-1503907 501(C)(6) 10.000 ECONOMIC NORMAN ECONOMIC DEVELOPMENT COALITION DEVELOPMENT DO Day E207

20.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

Norman, OK 73070
NORTHEAST OK REGIONAL ALLIANCE
PO Box 945

Tahlequah, OK 74465

03-0477584

ECONOMIC DEVELOPMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance OKLA AERONAUTICS 73-6017987 State of OK 10,000 ECONOMIC ELOPMENT

COMMISSON 110 N Robinson Ave Ste 200 Oklahoma City, OK 73102					DEVEL
OCAST 755 Research Parkway Suite	73-6017987	State of OK	20,000		ECONO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

110

Oklahoma City, OK 73104

NOMIC 'ELOPMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance OKLA ECONOMIC 73-1146041 State of OK 10.000 ECONOMIC DEVELOPMENT COUNCIL DEVELOPMENT PO Box 53217 Oklahoma City, OK 73152

ECONOMIC

DEVELOPMENT

9.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

State of OK

OKLA MANUFACTURING

525 S Main Ste 210 Tulsa, OK 74103

ALLIANCE

73-1408751

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 73-6017987 State of OK 10.000 OKLA STATE DEPT OF ECONOMIC

2500 N Lincoln Blvd Oklahoma City, OK 73105					DEVELOPMENT
POTTS FAMILY FOUNDATION 909 E Britton Rd	73-1119767	501(C)(3)	15,000		ECONOMIC DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

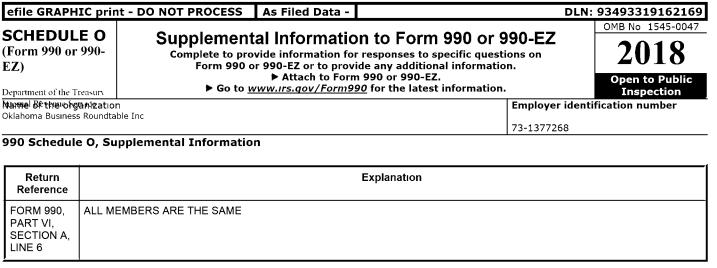
Oklahoma City, OK 73114

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

STITCHCREW INC 82-3028832 501(C)(3) 25,000 ECONOMIC 309 NW 13th St DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Oklahoma City, OK 73103



Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION A, LINE 7A

Return Explanation

990 Schedule O, Supplemental Information

FORM 990,	ORGANIZATIONS PROCESS TO REVIEW FORM 990 PRIOR TO FILING THE FORM 990 CONSISTS OF DISTRIBU
PART VI,	TING AN ELECTRONIC COPY OF THE RETURN TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL
SECTION B,	
LINE 11B	

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	BOARD MEMBERS ARE REQUIRED TO SIGN A DISCLOSURE STATEMENT ANNUALLY AND ANY CONFLICT OF INTEREST
PART VI,	MUST BE DISCUSSED WITH THE BOARD
SECTION B,	
LINE 12C	

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. DOCUMENTS AVAILABLE UPON REQUEST PART VI, SECTION C.

LINE 19