

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning Jul 1, 2015, **and ending** Jun 30, 2016

B Check if applicable:	C Name of organization OKLAHOMA FOUNDATION FOR EXCELLENCE	D Employer identification number 73-1260595
<input type="checkbox"/> Address change	Doing business as	E Telephone number (405) 236-0006
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	
<input type="checkbox"/> Initial return	101 PARK AVENUE, SUITE 420	G Gross receipts \$ 7,538,720.
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Amended return	OKLAHOMA CITY OK 73102-7201	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	F Name and address of principal officer: Emily Stratton 101 Park Avenue Oklahoma City OK 73102	
I Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶	www.ofe.org	
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1996 M State of legal domicile: OK

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>To recognize and encourage excellence in teaching and scholarship in the State of Oklahoma, to nurture and support a favorable climate for the teaching profession and for the attainment of excellence by students, and to encourage the development of similar groups in Oklahoma communities.</u>		
2	Check this box <input type="checkbox"/> 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)	3	179
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	179
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	6
6	Total number of volunteers (estimate if necessary)	6	270
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	569,090.	567,137.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	59,105.	62,894.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	353,007.	1,264,917.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,202.	3,080.
		984,404.	1,898,028.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	240,496.	229,095.
	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)	360,178.	370,364.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	44,599.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	340,183.	378,350.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	940,857.	977,809.	
19 Revenue less expenses. Subtract line 18 from line 12	43,547.	920,219.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	7,505,655.	7,095,371.
	22 Net assets or fund balances. Subtract line 21 from line 20	46,328.	37,746.
		7,459,327.	7,057,625.

Part II 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.

Sign Here	Signature of officer	Date	05/12/17
	Emily Stratton		Executive Director
	Type or print name and title.		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	CELINDA K. OLSZEWSKI		
	Firm's name	Firm's EIN ▶	
	Firm's address	Phone no.	
	Celinda K Olszewski, CPA, LLC		(970) 674-1099
	116 Rock Bridge Drive		
	Windsor CO 80550		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

To recognize and encourage excellence in teaching and scholarship in the State of Oklahoma, to nurture and support a favorable See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 435,336. including grants of \$ 127,000.) (Revenue \$ 25,101.)

AWARDS PROGRAM - encompasses three initiatives including: ACADEMIC ALL-STATE AWARDS-Scholarship to each of the 100 Academic All-State Scholars selected from Oklahoma's public high school graduating seniors. MEDAL FOR EXCELLENCE-Cash awards to each of five categories including one teacher at each of the elementary, secondary, regional university/ community college and research university levels and one public school administrator.

4b (Code:) (Expenses \$ 175,071. including grants of \$ 90,334.) (Revenue \$ 0.)

TEACHER GRANT INITIATIVE - Provided grants to teachers for professional development opportunities. THirty-seven grants were made under this program during the period. Also, the Organization has partnered with the Tulsa Community Foundation to assist in bringing the national FUND FOR TEACHERS program to Oklahoma. This program provides funding for teachers to participate in self-designed summer learning activities, and the Organization provides administrative support for its Oklahoma activities.

4c (Code:) (Expenses \$ 90,937. including grants of \$ 7,761.) (Revenue \$ 0.)

MENTORING PROGRAM-promotes the growth and establishment of school-based mentoring programs in Oklahoma.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 116,663. including grants of \$ 4,000.) (Revenue \$ 9,459.)

4e Total program service expenses 818,007.

Part 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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
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		X
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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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	X	
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	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.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	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		X
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? <i>If 'Yes,' complete Schedule L, Part I</i>		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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II</i>		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? <i>If 'Yes,' complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		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? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and deductible contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1 a 179 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 1 b 179		
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
 Emily Stratton 101 Park Avenue, Ste 420 Oklahoma City OK 73102 (405) 236-0006

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Teresa B. Adwan Trustee	2.00	X					0.	0.	0.	
(2) Zachary W. Allen Trustee	0.00	X					0.	0.	0.	
(3) Ann Simmons Alspaugh Trustee	0.00	X					0.	0.	0.	
(4) Bill Anoatubby Trustee	0.00	X					0.	0.	0.	
(5) Jami Rhoades Antonisse Trustee	1.00	X					0.	0.	0.	
(6) Jari Askins Trustee	0.00	X					0.	0.	0.	
(7) Bill John Baker Trustee	0.00	X					0.	0.	0.	
(8) Leah M. Barby Trustee	0.00	X					0.	0.	0.	
(9) Howard G. Barnett Jr Trustee	0.00	X					0.	0.	0.	
(10) Daniel V. Barney II Trustee	0.00	X					0.	0.	0.	
(11) Jan Barrick Trustee	1.00	X					0.	0.	0.	
(12) Claudia H. Bartlett Trustee	0.00	X					0.	0.	0.	
(13) Sharon M. Bartlett Trustee	0.00	X					0.	0.	0.	
(14) Julie E. Bates Trustee	0.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Bruce T. Benbrook Trustee	0.00	X					0.	0.	0.	
(16) Loyd Benson Trustee	0.00	X					0.	0.	0.	
(17) Randy L. Beutler Trustee	0.00	X					0.	0.	0.	
(18) Mike Blake Trustee	0.00	X					0.	0.	0.	
(19) Kevin Blaylock Trustee	0.00	X					0.	0.	0.	
(20) Gail Bliss Trustee	0.00	X					0.	0.	0.	
(21) Suzanne Boettcher Trustee	0.00	X					0.	0.	0.	
(22) Molly Shi Boren Trustee	0.00	X					0.	0.	0.	
(23) Montie R. Box Trustee	0.00	X					0.	0.	0.	
(24) Todd Boyd Trustee	0.00	X					0.	0.	0.	
(25) Connell Branam Trustee	0.00	X					0.	0.	0.	
1 b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							94,189.	0.	2,580.	
d Total (add lines 1b and 1c)							94,189.	0.	2,580.	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0										

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions) . .	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above . .	1 f 567,137.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f ▶		567,137.			
Program Service Revenue	2 a <u>Program service events</u>		Business Code			
		611710	35,461.	35,461.	0.	0.
	b <u>Program admin fees</u>	561000	27,433.	27,433.	0.	0.
	c					
	d					
	e					
	f All other program service revenue . . .					
	g Total. Add lines 2a-2f ▶		62,894.			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▶		126,944.	0.	0.	126,944.
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties ▶					
	6 a Gross rents	(i) Real	(ii) Personal			
		b Less: rental expenses				
		c Rental income or (loss) . .				
		d Net rental income or (loss) ▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		6,778,665.				
		b Less: cost or other basis and sales expenses	5,640,692.			
		c Gain or (loss)	1,137,973.			
	d Net gain or (loss) ▶		1,137,973.	0.	0.	1,137,973.
	8 a Gross income from fundraising events (not including . . \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a				
		b Less: direct expenses	b			
		c Net income or (loss) from fundraising events ▶				
9 a Gross income from gaming activities. See Part IV, line 19.	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue		Business Code				
11 a <u>Other miscellaneous</u>	900099	3,080.	0.	0.	3,080.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ▶		3,080.				
12 Total revenue. See instructions ▶		1,898,028.	62,894.	0.	1,267,997.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	29,000.	29,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	200,095.	200,095.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	96,770.	0.	96,770.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages	216,565.	80,015.	136,550.	0.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,439.	0.	6,439.	0.
9 Other employee benefits	23,159.	0.	23,159.	0.
10 Payroll taxes	27,431.	0.	27,431.	0.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,342.	0.	15,342.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	30,821.	0.	30,821.	0.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	9,614.	5,219.	870.	3,525.
13 Office expenses	38,236.	16,770.	18,860.	2,606.
14 Information technology	7,550.	0.	7,550.	0.
15 Royalties				
16 Occupancy	36,910.	0.	36,910.	0.
17 Travel	12,534.	12,076.	357.	101.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	197,804.	190,551.	7,253.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,368.	0.	1,368.	0.
23 Insurance	3,756.	0.	3,756.	0.
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 Allocation-Officer compensation	0.	79,877.	-87,961.	8,084.
b Allocation-Other salaries/wages	0.	98,746.	-116,838.	18,092.
c Allocation-Pension plan contrib	0.	5,315.	-5,853.	538.
d Allocation-Other employee benefits	0.	19,116.	-21,051.	1,935.
e All other expenses	24,415.	81,227.	-66,530.	9,718.
25 Total functional expenses. Add lines 1 through 24e.	977,809.	818,007.	115,203.	44,599.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash — non-interest-bearing		1	
	2	Savings and temporary cash investments	375,329.	2	310,671.
	3	Pledges and grants receivable, net	7,375.	3	6,225.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	11,921.	9	10,372.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 39,259.		
	10b	Less: accumulated depreciation	10b 35,630.		
	11	Investments — publicly traded securities	6,899,120.	11	6,569,201.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	209,425.	15	195,273.
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,505,655.	16	7,095,371.	
Liabilities	17	Accounts payable and accrued expenses	534.	17	2,217.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	45,794.	21	35,529.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	46,328.	26	37,746.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	6,590,309.	27	6,206,575.
	28	Temporarily restricted net assets	123,158.	28	105,190.
	29	Permanently restricted net assets	745,860.	29	745,860.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	7,459,327.	33	7,057,625.
	34	Total liabilities and net assets/fund balances	7,505,655.	34	7,095,371.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,898,028.
2	Total expenses (must equal Part IX, column (A), line 25)	2	977,809.
3	Revenue less expenses. Subtract line 2 from line 1	3	920,219.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,459,327.
5	Net unrealized gains (losses) on investments	5	-1,321,921.
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	7,057,625.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 b	Were the organization's financial statements audited by an independent accountant?	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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

BAA Form 990 (2015)



Department of the Treasury
Internal Revenue Service

Name of the Organization OKLAHOMA FOUNDATION FOR EXCELLENCE	Employer Identification number 73-1260595
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Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26 Barbara M. Braught Trustee	0.00	X						0.	0.	0.
27 Larry E. Briggs Trustee	0.00	X						0.	0.	0.
28 Diana D. Brown Trustee	0.00	X						0.	0.	0.
29 Stanley K. Brownlee Trustee	0.00	X						0.	0.	0.
30 Kenneth L. Buettner Trustee	0.00	X						0.	0.	0.
31 Bob Burke Trustee	0.00	X						0.	0.	0.
32 Steve Burrage Trustee	1.00	X						0.	0.	0.
33 Ken Busby Trustee	0.00	X						0.	0.	0.
34 William M. Cameron Trustee	0.00	X						0.	0.	0.
35 Beverly R. Carter Trustee	0.00	X						0.	0.	0.
36 Chip Carter Trustee	0.00	X						0.	0.	0.
37 Robin J. Cauthron Trustee	0.00	X						0.	0.	0.
38 Lou Christian Trustee	0.00	X						0.	0.	0.
39 Jack H. Coleman Trustee	0.00	X						0.	0.	0.
40 G. Bridger Cox Trustee	0.00	X						0.	0.	0.
41 Wm. H. Crawford Trustee	0.00	X						0.	0.	0.
42 Janet Cunningham Trustee	0.00	X						0.	0.	0.
43 Kyle Dahlem Trustee	1.00	X						0.	0.	0.
44 Jenny Dakil Trustee	0.00	X						0.	0.	0.
45 Leslie Dougherty Trustee	0.00	X						0.	0.	0.
46 Lee Ann DeArman Trustee	1.00	X						0.	0.	0.

Department of the Treasury
Internal Revenue Service

Name of the Organization OKLAHOMA FOUNDATION FOR EXCELLENCE	Employer Identification number 73-1260595
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Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
47 Nance Diamond Trustee	0.00	X					0.	0.	0.	
48 Jennifer Dickey Trustee	1.00	X					0.	0.	0.	
49 Linda Downing Trustee	0.00	X					0.	0.	0.	
50 Janet T. Drummond Trustee	0.00	X					0.	0.	0.	
51 Vanessa Drummond Trustee	0.00	X					0.	0.	0.	
52 Denise Dutton Trustee	0.00	X					0.	0.	0.	
53 Leonard J. Eaton Jr. Trustee	0.00	X					0.	0.	0.	
54 Linda Edmondson Trustee	0.00	X					0.	0.	0.	
55 Cheryl Evans Trustee	0.00	X					0.	0.	0.	
56 Patricia P. Evans Trustee	0.00	X					0.	0.	0.	
57 C. Kendric Fergeson Trustee	0.00	X					0.	0.	0.	
58 G. Douglas Fox Trustee	0.00	X					0.	0.	0.	
59 Barbara Gabel Trustee	0.00	X					0.	0.	0.	
60 John A. Gaberino Jr. Trustee	0.00	X					0.	0.	0.	
61 Gregg A. Garn Trustee	0.00	X					0.	0.	0.	
62 Sandy Garrett Trustee	1.00	X					0.	0.	0.	
63 Aulena S. Gibson Trustee	0.00	X					0.	0.	0.	
64 Lynda J. Gipson Trustee	0.00	X					0.	0.	0.	
65 Nancy J. Grigsby Trustee	0.00	X					0.	0.	0.	
66 Charles R. Hall Trustee	0.00	X					0.	0.	0.	
67 Linda C. Haneborg Trustee	0.00	X					0.	0.	0.	

Department of the Treasury
Internal Revenue Service

Name of the Organization OKLAHOMA FOUNDATION FOR EXCELLENCE	Employer Identification number 73-1260595
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Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
68 Thomas N. Hardiman Trustee	0.00	X						0.	0.	0.
69 John R. Hargrave Trustee	0.00	X						0.	0.	0.
70 Morgan Harris Trustee	0.00	X						0.	0.	0.
71 Joseph Harroz Jr. Trustee	0.00	X						0.	0.	0.
72 Rik Helmerich Trustee	0.00	X						0.	0.	0.
73 Jean Hendrickson Trustee	1.00	X						0.	0.	0.
74 Robert Henry Trustee	0.00	X						0.	0.	0.
75 Karen Henson Trustee	0.00	X						0.	0.	0.
76 Bill H. Hill Trustee	0.00	X						0.	0.	0.
77 Dan Hogan III Trustee	0.00	X						0.	0.	0.
78 Stephen B. Holton Trustee	0.00	X						0.	0.	0.
79 Anne T. Holzerberlein Trustee	0.00	X						0.	0.	0.
80 David L. Houston Trustee	0.00	X						0.	0.	0.
81 James K. Howard Trustee	0.00	X						0.	0.	0.
82 J. Clifford Hudson Trustee	0.00	X						0.	0.	0.
83 Dow R. Hughes Trustee	1.00	X						0.	0.	0.
84 John H. Jameson Trustee	0.00	X						0.	0.	0.
85 Joseph S. Jankowsky Trustee	0.00	X						0.	0.	0.
86 Mary M. Jenkins Trustee	1.00	X						0.	0.	0.
87 Albert Johnson Jr. Trustee	0.00	X						0.	0.	0.
88 Beth Johnson Trustee	0.00	X						0.	0.	0.

Department of the Treasury
Internal Revenue Service

Name of the Organization OKLAHOMA FOUNDATION FOR EXCELLENCE	Employer Identification number 73-1260595
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Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
89 Glen D. Johnson Jr. Trustee	0.00	X						0.	0.	0.
90 Paige L. Johnson Trustee	1.00	X						0.	0.	0.
91 David E. Jones Trustee	0.00	X						0.	0.	0.
92 Sherrel A. Jones Trustee	0.00	X						0.	0.	0.
93 Farooq Karim Trustee	0.00	X						0.	0.	0.
94 John H. Kennedy Jr. Trustee	0.00	X						0.	0.	0.
95 Rebecca J.M. Kennedy Trustee	0.00	X						0.	0.	0.
96 Darin Kent Trustee	0.00	X						0.	0.	0.
97 William G. Kerr Trustee	0.00	X						0.	0.	0.
98 Judy Z. Kishner Trustee	0.00	X						0.	0.	0.
99 Ken Lackey Trustee	0.00	X						0.	0.	0.
100 Shelly Lambertz Trustee	0.00	X						0.	0.	0.
101 Nancy L. Leonard Trustee	0.00	X						0.	0.	0.
102 Kenneth J. Levit Trustee	0.00	X						0.	0.	0.
103 William E. Lobeck Trustee	0.00	X						0.	0.	0.
104 W. Carlisle Mabrey III Trustee	0.00	X						0.	0.	0.
105 Bert H. Mackie Trustee	0.00	X						0.	0.	0.
106 Joe Martin Trustee	0.00	X						0.	0.	0.
107 Philis Mason Trustee	0.00	X						0.	0.	0.
108 John Massey Trustee	0.00	X						0.	0.	0.
109 Matthew H. McBee Trustee	0.00	X						0.	0.	0.

Department of the Treasury
Internal Revenue Service

Name of the Organization OKLAHOMA FOUNDATION FOR EXCELLENCE	Employer Identification number 73-1260595
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Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
110 Charles A. McCall III Trustee	0.00	X						0.	0.	0.
111 Frank A. McPherson Trustee	0.00	X						0.	0.	0.
112 Virginia A. Meade Trustee	0.00	X						0.	0.	0.
113 Patti Mellow Trustee	0.00	X						0.	0.	0.
114 Sanjay Meshri Trustee	0.00	X						0.	0.	0.
115 Paul B. Meyer Trustee	0.00	X						0.	0.	0.
116 Mary Frances Michaelis Trustee	0.00	X						0.	0.	0.
117 Vicki Miles-LaGrange Trustee	0.00	X						0.	0.	0.
118 Ken Miller Trustee	1.00	X						0.	0.	0.
119 Steven R. Mitchell Trustee	0.00	X						0.	0.	0.
120 Gracie Montgomery Trustee	0.00	X						0.	0.	0.
121 Melvin R. Moran Trustee	0.00	X						0.	0.	0.
122 Linda K. Neal Trustee	1.00	X						0.	0.	0.
123 Polly Nichols Trustee	0.00	X						0.	0.	0.
124 R. Dale Nichols Trustee	0.00	X						0.	0.	0.
125 Christian O'Donnell Trustee	0.00	X						0.	0.	0.
126 Charles L. Oppenheim Trustee	0.00	X						0.	0.	0.
127 Susan Paddack Trustee	0.00	X						0.	0.	0.
128 Leslie B. Paris Trustee	0.00	X						0.	0.	0.
129 Joseph L. Parker Jr. Trustee	0.00	X						0.	0.	0.
130 Earlene Parr Trustee	0.00	X						0.	0.	0.

Department of the Treasury
Internal Revenue Service

Name of the Organization OKLAHOMA FOUNDATION FOR EXCELLENCE	Employer Identification number 73-1260595
---	---

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
131 <u>Tori Perry</u> Trustee	0.00	X						0.	0.	0.
132 <u>Sarah Redwine</u> Trustee	0.00	X						0.	0.	0.
133 <u>Peter J. Regan</u> Trustee	0.00	X						0.	0.	0.
134 <u>Cathryn Render</u> Trustee	3.00	X						0.	0.	0.
135 <u>Lisa Robertson</u> Trustee	0.00	X						0.	0.	0.
136 <u>Liz Robertson</u> Trustee	0.00	X						0.	0.	0.
137 <u>Frank C. Robson</u> Trustee	0.00	X						0.	0.	0.
138 <u>Linda R. Rodgers</u> Trustee	0.00	X						0.	0.	0.
139 <u>Sue Ann Rodgers</u> Trustee	0.00	X						0.	0.	0.
140 <u>N. Georgeann Roye</u> Trustee	0.00	X						0.	0.	0.
141 <u>Stewart Ryan</u> Trustee	1.00	X						0.	0.	0.
142 <u>M. Susan Savage</u> Trustee	0.00	X						0.	0.	0.
143 <u>Neil P. Schemmer</u> Trustee	0.00	X						0.	0.	0.
144 <u>Brian E. Shipp</u> Trustee	0.00	X						0.	0.	0.
145 <u>Patricia Sholar</u> Trustee	0.00	X						0.	0.	0.
146 <u>Jabar Shumate</u> Trustee	0.00	X						0.	0.	0.
147 <u>Suzanne Simon</u> Trustee	0.00	X						0.	0.	0.
148 <u>George A. Singer</u> Trustee	0.00	X						0.	0.	0.
149 <u>Lucy Smith</u> Trustee	0.00	X						0.	0.	0.
150 <u>Beth E. Snapp</u> Trustee	0.00	X						0.	0.	0.
151 <u>Donna J. Spring</u> Trustee	0.00	X						0.	0.	0.

Department of the Treasury
Internal Revenue Service

Name of the Organization OKLAHOMA FOUNDATION FOR EXCELLENCE	Employer Identification number 73-1260595
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Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

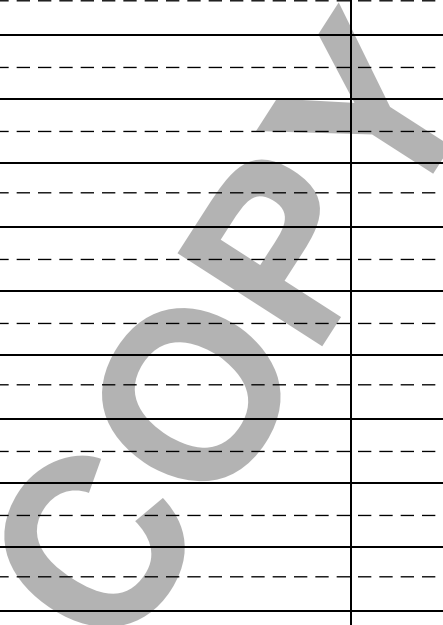
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
152 Cheryl A. Steele Trustee	0.00	X						0.	0.	0.
153 C. Renzi Stone Trustee	0.00	X						0.	0.	0.
154 Marion J. Story Trustee	0.00	X						0.	0.	0.
155 Barbara D. Sturdivant Trustee	0.00	X						0.	0.	0.
156 Clifton L. Taulbert Trustee	0.00	X						0.	0.	0.
157 Carolyn A. Taylor Trustee	1.00	X						0.	0.	0.
158 Kathy Taylor Trustee	0.00	X						0.	0.	0.
159 Arthur H. Thompson Trustee	0.00	X						0.	0.	0.
160 Suzanne Thompson Trustee	0.00	X						0.	0.	0.
161 Susan I. Thurmond Trustee	0.00	X						0.	0.	0.
162 Marian C. Tisdal Trustee	0.00	X						0.	0.	0.
163 Molly Tolbert Trustee	0.00	X						0.	0.	0.
164 Annie Tomecek Trustee	0.00	X						0.	0.	0.
165 Barbara Townsend Trustee	0.00	X						0.	0.	0.
166 Deacon Turner Trustee	0.00	X						0.	0.	0.
167 Kathryn Turner Trustee	0.00	X						0.	0.	0.
168 Patricia W. Wheeler Trustee	0.00	X						0.	0.	0.
169 Elizabeth White Trustee	0.00	X						0.	0.	0.
170 Susan Winchester Trustee	0.00	X						0.	0.	0.
171 Peggy J. Wisdom Trustee	0.00	X						0.	0.	0.
172 Emily C. Wood Trustee	0.00	X						0.	0.	0.

Department of the Treasury
Internal Revenue Service

Name of the Organization OKLAHOMA FOUNDATION FOR EXCELLENCE	Employer Identification number 73-1260595
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Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
173 Betty J.C. Wright Trustee	1.00	X						0.	0.	0.
174 Tony Zahn Trustee	0.00	X						0.	0.	0.
175 Kathy Zervas Trustee	0.00	X						0.	0.	0.
176 David L. Boren Chairman	0.00	X		X				0.	0.	0.
177 Anil V. Gollahalli President	3.00	X		X				0.	0.	0.
178 D. Craig Story President-Elect	1.00	X		X				0.	0.	0.
179 Sandy Werner Secretary-Treasurer	2.00	X		X				0.	0.	0.
180 Emily Stratton Executive Director	40.00	X			X			94,189.	0.	2,580.



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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization OKLAHOMA FOUNDATION FOR EXCELLENCE	Employer identification number 73-1260595
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	559,846.	679,842.	625,853.	569,090.	567,137.	3,001,768.
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	559,846.	679,842.	625,853.	569,090.	567,137.	3,001,768.
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)						290,056.
6 Public support. Subtract line 5 from line 4						2,711,712.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	559,846.	679,842.	625,853.	569,090.	567,137.	3,001,768.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	141,624.	121,934.	112,331.	116,843.	126,944.	619,676.
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						3,621,444.
12 Gross receipts from related activities, etc. (see instructions).					12	296,924.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	74.88 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	75.54 %
16a 33-1/3% support test – 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
7 a 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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10 a 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						
c 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						
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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19 a 33-1/3% support tests — 2015. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33-1/3% support tests — 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their designation, IRS status, and control.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows 2a, 2b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows 3a, 3b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions).	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1 a	
b	Average monthly cash balances	1 b	
c	Fair market value of other non-exempt-use assets	1 c	
d	Total (add lines 1a, 1b, and 1c).	1 d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **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.)

COPY

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Name of the organization

OKLAHOMA FOUNDATION FOR EXCELLENCE

Employer identification number

73-1260595

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization OKLAHOMA FOUNDATION FOR EXCELLENCE	Employer identification number 73-1260595
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JEROME WESTHEIMER FAMILY FOUNDATION PO BOX 428 ARDMORE OK 73402	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FRANK ROBSON PO BOX 986 CLAREMORE OK 74018	\$ 33,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE CHICKASAW NATION PO BOX 1548 Ada OK 74821	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE BOEING COMPANY 6001 S. AIR DEPOT BLVD OKLAHOMA CITY OK 73135	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ANNE & HENRY ZARROW FOUNDATION 401 S BOSTON AVE #900 TULSA OK 74103	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

OKLAHOMA FOUNDATION FOR EXCELLENCE

73-1260595

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor informed status.

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total acreage, number of easements, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|---------|
| c Beginning balance | 45,794. |
| d Additions during the year | 10,000. |
| e Distributions during the year | 20,265. |
| f Ending balance | 35,529. |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	6,935,253.	6,955,309.	6,226,792.	5,787,807.	5,949,156.
b Contributions		0.	0.	34,000.	38,000.
c Net investment earnings, gains, and losses	-79,816.	223,832.	995,857.	702,001.	31,864.
d Grants or scholarships					
e Other expenditures for facilities and programs	244,031.	243,888.	267,340.	297,016.	231,213.
f Administrative expenses					
g End of year balance	6,611,406.	6,935,253.	6,955,309.	6,226,792.	5,787,807.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 88.00 %
 - b Permanent endowment ▶ 11.00 %
 - c Temporarily restricted endowment ▶ 1.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		39,259.	35,630.	3,629.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,629.

Part VII Investments – Other Securities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) . . ▶		

Part VIII Investments – Program Related.

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . ▶		

Part 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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) ▶	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	575,699.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	a Net unrealized gains (losses) on investments	2 a	-1,321,921.		
	b Donated services and use of facilities	2 b	30,413.		
	c Recoveries of prior year grants	2 c			
	d Other (Describe in Part XIII.)	2 d			
	e Add lines 2a through 2d			2 e	-1,291,508.
3	Subtract line 2e from line 1			3	1,867,207.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	30,821.		
	b Other (Describe in Part XIII.)	4 b			
	c Add lines 4a and 4b			4 c	30,821.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,898,028.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	977,401.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	a Donated services and use of facilities	2 a	30,413.		
	b Prior year adjustments	2 b			
	c Other losses	2 c			
	d Other (Describe in Part XIII.)	2 d			
	e Add lines 2a through 2d			2 e	30,413.
3	Subtract line 2e from line 1			3	946,988.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	30,821.		
	b Other (Describe in Part XIII.)	4 b			
	c Add lines 4a and 4b			4 c	30,821.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	977,809.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; 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.

Pt IV, Line 2b The Foundation acted as intermediary for funds to facilitate teachers' participation in specific continuing education opportunities. All of the board-designated and approximately 20% of the permanent endowment are for use in the Foundation's Awards programs. About 60% of the permanent endowment is for use in the Foundation's mentoring program, with the remaining 20% of the permanent endowment restricted for teacher grants and general operating purposes.

Pt V, Line 4

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

Employer identification number

OKLAHOMA FOUNDATION FOR EXCELLENCE

73-1260595

Part I General Information on Grants and 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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TULSA COMMUNITY FOUNDATIO 7030 S YALE AVE #600 TULSA OK 74136	73-1554474		25,000.				Teacher grants
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0
- 3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Academic All-State Awards	100	100,000.			
2 Medal for Excellence Awards	5	25,000.			
3 Teacher Grants	37	91,934.			
4 Other Academic Awards	1	2,000.			
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Pt I Line 2

Recipients of Teacher Grants are required to submit a budget for the professional development opportunity for which they are seeking funding. Upon completion of the project, the recipients are required to submit receipts to support their expenditures and excess funding, if any, is required to be returned to the Foundation. All other grants are awards based on pre-determined, specific criteria for excellence.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

OKLAHOMA FOUNDATION FOR EXCELLENCE

73-1260595

Pt VI, Line 2 Board members Teresa B. Adwan and Liz Robertson have a family relationship.

Pt VI, Line 2 Board members Zachary W. Allen and Molly Tolbert and the spouse of board member Beth E. Snapp have a business relationship.

Pt VI, Line 2 Board member Mike Blake and the spouse of board member Linda R. Rodgers have a business relationship.

Pt VI, Line 2 Board members David L. and Molly Shi Boren have a family relationship.

Pt VI, Line 2 Board members Beverly R. Carter and Chip Carter have a family relationship.

Pt VI, Line 2 Board members Janet Drummond and Vanessa Drummond have a family relationship.

Pt VI, Line 2 Board member John A. Gaberino Jr. and the spouse of board member Barbara D. Sturdivant have a business relationship.

Pt VI, Line 2 Board members William E. Lobeck and Kathy Taylor have a family relationship.

Pt VI, Line 2 Board members Mary Frances Michaelis and Barbara M. Braught have a family relationship.

Pt VI, Line 2 Board members Liz Robertson and Lisa Robertson have a family relationship.

Pt VI, Line 2 Board members Linda R. Rodgers and Sue Ann Rodgers have a family relationship.

Pt VI, Line 2 Board members D. Craig Story and Marion J. Story have a family relationship.

Pt VI, Line 2 Board member David L. Boren and board members Gregg A. Garn, Anil V. Gollahalli and Joseph Harroz Jr. have a business relationship.

Pt VI, Line 2 Board members Nance Diamond and John A. Gaberino Jr. have a family relationship.

Pt VI, Line 11b Form 990 is previewed by the Treasurer and any questions discussed with our outside accounting firm. It is then presented by the Treasurer to the Management Committee for their review and approval.

Pt VI, Line 12c We send our Conflict-of-Interest Policy to our new trustees each year, to new Selection Committee members and include in our board member packets at our Annual Meeting. In addition, the policy is acknowledged and accepted by our volunteers.

Pt VI, Line 15a As part of the Management Committee's annual meeting that includes approval of the budget for the new year, the meeting includes a discussion, without the presence of the executive director or any staff member, to evaluate staff performance per set guidelines and goals as well as associated compensation.

Pt VI, Line 19 Our By-Laws, Whistleblower Policy, Conflict-of-Interest Policy and current financial statements, including the external auditors' opinion, are posted on our website under OFE Governance.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning Jul 1, 2015, and ending Jun 30, 2016

2015

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

OKLAHOMA FOUNDATION FOR EXCELLENCE

73-1260595

Name and title of officer

Emily Stratton

Executive Director

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1 a	Form 990 check here . . . ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	<u>1,898,028.</u>
2 a	Form 990-EZ check here . . . ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2 b	
3 a	Form 1120-POL check here . . . ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3 b	
4 a	Form 990-PF check here . . . ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a	Form 8868 check here . . . ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ 05/12/2017

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN

84960431986

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2015)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. <u>OKLAHOMA FOUNDATION FOR EXCELLENCE</u>	Employer identification number (EIN) or <u>73-1260595</u>
	Number, street, and room or suite number. If a P.O. box, see instructions. <u>101 PARK AVENUE, SUITE 420</u>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>OKLAHOMA CITY</u>	<u>OK 73102-7201</u>

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► Emily Stratton

Telephone No. ► (405) 236-0006 Fax No. ► (405) 236-8590

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 15, 20 17, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- calendar year 20 or
- tax year beginning Jul 1, 20 15, and ending Jun 30, 20 16.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	<u>0.</u>
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	<u>0.</u>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	<u>0.</u>

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. OKLAHOMA FOUNDATION FOR EXCELLENCE	Employer identification number (EIN) or 73-1260595
	Number, street, and room or suite number. If a P.O. box, see instructions. 101 PARK AVENUE, SUITE 420	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OKLAHOMA CITY OK 73102-7201	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ Emily Stratton
Telephone No. ▶ (405) 236-0006 Fax No. ▶ (405) 236-8590
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until May 15, 20 17.
- For calendar year _____, or other tax year beginning Jul 1, 20 15, and ending Jun 30, 20 16.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension . . . Additional time is required to compile information necessary to file a complete and accurate return.

8 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8 a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8 b	\$ 0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8 c	\$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ Date ▶

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

climate for the teaching profession and for the attainment of excellence by students, and to encourage the development of similar groups in Oklahoma communities.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4d (continued)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code: _____	Description: <u>COLONIAL WILLIAMSBURG-coordinates program to send</u>
Expenses <u>27,132.</u>	<u>social studies teachers to historic Colonial Williamsburg</u>
Grants Of <u>0.</u>	<u>for special, hands-on training in US colonial history</u>
Revenue. <u>650.</u>	<u>and provide electronic classroom programs in local schools.</u>

Code: _____	Description: <u>LOCAL EDUCATION FOUNDATIONS - Meetings and resources to assist</u>
Expenses <u>89,531.</u>	<u>in the development and maintenance of educational foundations for</u>
Grants Of <u>4,000.</u>	<u>for local public school districts. Four local school foundations</u>
Revenue. <u>8,809.</u>	<u>received cash awards as part of this program.</u>

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