Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

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OMB No. 1545-0047

Department of the Treasury

For calendar year 2020, or fiscal year beginning $\ \ JUL\ 1$ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization or person subject to tax Taxpayer identification number THE FOUNDATION FOR TULSA SCHOOLS 73-1612027 Name and title of officer or person subject to tax SARAH GOULD BOARD OF DIRECTORS, CHAIR Type of Return and Return Information (Whole Dollars Only) Part I 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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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 one line in Part I. 1a Form 990 check here ▶ 🗓 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5a Form 8868 check here b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here 7a Form 4720 check here **b Total tax** (Form 4720, Part III, line 1) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above organization or L I am a person subject to tax with respect to (name of organization) , (EIN) and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize HOGANTAYLOR LLP to enter my PIN ERO firm name Enter five numbers, but as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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. Signature of officer or person subject to tax Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 73766775001 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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 ► HOGANTAYLOR LLP Date > 05/11/22 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 73-1612027 THE FOUNDATION FOR TULSA SCHOOLS File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 3027 SOUTH NEW HAVEN, NO. 116 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74114-6131 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 **Application** Return **Application** Return Code Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Ω4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION The books are in the care of ▶ 3027 SOUTH NEW HAVEN, SUITE 116 - TULSA, OK 74114-6131 Telephone No. ▶ (918) 746-6600 Fax No. 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 . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. MAY 16, 2022 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or __ , and ending JUN 30, 2021 ► X tax year beginning JUL 1, 2020 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a 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. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 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. 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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

EXTENDED TO MAY 16, 2022

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.

Department of the Treasury Internal Revenue Service

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

АГ	or the	e 2020 calendar year, or tax year beginning ${\sf J}^{\sf T}$	$ ext{L} ext{ 1, } ext{ 2020} \qquad \qquad ext{and} \qquad \qquad$	ending J	UN 30, 2021		
B c	heck if oplicabl	C Name of organization			D Employer	identific	cation number
	Addre	THE FOUNDATION FOR TULSA SCHOOLS					
	Name chang	Doing business as			73-1	612027	
	Initial return Final	Number and street (or P.O. box if mail is not del 3027 SOUTH NEW HAVEN	,	Room/suite 116	E Telephone	number 746-66	
	Jreturn termir ated		ZID or foreign postal code		G Gross receipt		11,977,263.
	∖Amen	, , , , , , , , , , , , , , , , , , , ,	zii oi loreigii postai code		H(a) Is this a		
	_return _Applic _tion		GOIII.D		1	ordinates	
	_tion pendi	SAME AS C ABOVE					
			4047(-)(4)	507	1		cluded? Yes No
				or 527	1		list. See instructions
		te: WWW.FOUNDATIONFORTULSASCHOOLS.ORG	out ou	T	H(c) Group e		•
		organization,	sociation Other	L Year	of formation: 2	001 N	1 State of legal domicile: OK
Pa	rt I	Summary	FOUND	D T11 0001			
Se	1	Briefly describe the organization's mission or most FOR TULSA SCHOOLS WAS ESTABLISHED TO I			, THE FOUN	DATION	
nan	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of it	s net ass	ets
Governance		Number of voting members of the governing body (•			1 1	27
Ĝ		Number of independent voting members of the gov	. , , , , , , , , , , , , , , , , , , ,				27
		Total number of individuals employed in calendar y					3
ţį		Total number of volunteers (estimate if necessary)					50
Activities &		Total unrelated business revenue from Part VIII, col					0.
Ac		Net unrelated business taxable income from Form 9					0.
		Tet difference business taxable meetine from Form	550 1,1 art 1, iii C 11		Prior Yea		Current Year
	8	Contributions and grants (Part VIII, line 1h)				9,926.	11,337,863.
ine						8,195.	35,410.
Revenue		. , , , , , , , , , , , , , , , , , , ,	and 7d\			0,111.	193,774.
Вè		Investment income (Part VIII, column (A), lines 3, 4,				5,234.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				2,998.	11,567,047.
_		Total revenue - add lines 8 through 11 (must equal			•	7,194.	8,922,789.
		Grants and similar amounts paid (Part IX, column (A			10,33	0.	0,322,703.
		Benefits paid to or for members (Part IX, column (A			29	0,993.	218,773.
ses		Salaries, other compensation, employee benefits (F				0,555.	0.
Expenses		Professional fundraising fees (Part IX, column (A), li				0.	0.
х		Total fundraising expenses (Part IX, column (D), line			12	7,339.	195,210.
		Other expenses (Part IX, column (A), lines 11a-11d,				5,526.	9,336,772.
		Total expenses. Add lines 13-17 (must equal Part I)			,	7,472.	2,230,275.
_ s	19	Revenue less expenses. Subtract line 18 from line	12				
t Assets or d Balances	00	Tabel assable (Dark V. Para 4.0)		Ве	ginning of Curre	1,418.	End of Year 13,402,243.
sse Bala	20	Total assets (Part X, line 16)				3,700.	3,491.
Net A		Total liabilities (Part X, line 26)			11,07		13,398,752.
	rt II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		11,07	7,710.	15,550,752.
		Ities of perjury, I declare that I have examined this return,	including accompanying echodulo	e and etatom	ante and to the h	act of my	knowledge and helief it is
	-	t, and complete. Declaration of preparer (other than office					Kilowieuge allu bellet, it is
ii uo,	COLLC	and complete. Declaration of preparer (other than office	1) is based on an information of wi	ilicii proparci	nas any knowice	igo.	
Ciar		Signature of officer			I Date		
Sign		SARAH GOULD, BOARD OF DIRECTORS,	СНУТВ		2415		
Her	€	Type or print name and title	CHAIR				
		, ,	Drapararia aignatura	Tr	Date	Check	PTIN
ם⊐ בי: ס		Print/Type preparer's name ASHLEY M. FOGLE	Preparer's signature ASHLEY M. FOGLE		5/11/22	if	
Paid			MINIST M. FOGUE	V		self-employe	73-1413977
Prep			ጥፑ 200		Firm':	s EIN 🛌	13 1413311
Use	Ulliy	Firm's address 2222 SOUTH UTICA PL, SUI	10 200		Die	0 25 010	_745_2333
	41 11	TULSA, OK 74114			Pnon	E 110.310	-745-2333 X Ves No

	1 990 (2020) THE FOUNDATION FOR TULSA SCHOOLS	73-1612027	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	THE FOUNDATION FOR TULSA SCHOOLS WAS ESTABLISHED TO BUILD A BETTER		
	COMMUNITY THROUGH THE SUPPORT OF TULSA PUBLIC SCHOOLS.		
_			
2	Did the organization undertake any significant program services during the year which were not listed on the	V v.	
	prior Form 990 or 990-EZ?	X_Yes	No
_	If "Yes," describe these new services on Schedule O.	□v _a ,	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Tes	LA_ NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as more	easured by expenses	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.	the total expenses, a	IG
4a	(Code:) (Expenses \$ 5,349,656. including grants of \$ 5,349,656.) (Revenue	\$)
	SUPPORT TPS - PROVIDE FUNDING FOR TPS PRIORITIES AND STRATEGIES		
4b	(Code:) (Expenses \$ 2,653,156. including grants of \$ 2,653,156.) (Revenue	\$)
	SUPPORT TPS - PROVIDE FUNDING FOR INNOVATIVE PARTNERS PROGRAMS		
	·		
4c	(Code:) (Expenses \$ 919,977. including grants of \$ 919,977.) (Revenue	Φ.	
40	SUPPORT TPS - PROVIDE FUNDING FOR TPS HIGH SCHOOL REDESIGN	4	
4d	Other program services (Describe on Schedule O.)		_
	(Expenses \$ 117,792. including grants of \$) (Revenue \$	35,410.)	
4e	Total program service expenses ▶ 9,040,581.		

Form 990 (2020) THE FOUNDATION FOR TULSA SCHOOLS 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	202		X
20a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	3			

Form 990 (2020) THE FOUNDATION FOR TULSA SO Part IV Checklist of Required Schedules (continued)

	- (sortinass)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		.00	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 24u</u>		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? F C C C C C C C C C	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11 Enter the number of Forms W-2G included in line 13. Enter -0- if not applicable	-		
b	Enter the number of Forms will a minime ra. Enter to the not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
	(gambling) winnings to prize winners?	10		

Form 990 (2020) THE FOUNDATION FOR TULSA SCHOOLS Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

22 Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 23 Interest the client of the client of the componition of the compon					Yes	No
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a-pie (see instructions) 3a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to g-file (see instructions) 30 Id the organization have unrelated business gross income of \$1,000 or more during the year? 31 A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? in deep country (such as a bank account, securities account, or other financial account? 42 A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 43 A X 44 If "Yes," enter the name of the foreign country Is the seed of the securities account, or other financial accounts (FBAF). 55 Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year? 56 Ib Did any taxable party nority the organization file Form 8886-17? 57 Do be the organization have annual gross recepts that it was or is a party to a prohibitod tax shelter transaction? 58 If "Yes" to line Sa or Sb, did the organization file Form 8886-17? 59 Ib Wes," did the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible as charabale contributions? 59 Ib Ib the organization state was not tax deductible as charabale contributions or grifs were not tax deductible as charabale contributions and party for goods and services provided? 50 Ib Ib the organization service as power in excess of \$5 ib made party as a contribution and party for goods and services provided to the payor? 50 Ib Ib the organization receive a payment in excess of \$5 ib made party as a contribution and party for goods and services provided? 51 If "Yes," indicate the number of Forms 8282? filed during the year 52 Ib Ib the organization services as port manufaction of the year organization for the manufaction of the year organization for the year organization for		filed for the calendar year ending with or within the year covered by this return	2a 3			
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		sponsoring organization have excess business holdings at any time during the year?		8		
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 112 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization and educational institution subject to the section 4968 excise tax on net investment income?	а			9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b			9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N.	10		ı ı			
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X						
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		excess parachute payment(s) during the year?		15		Х
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
		If "Yes," complete Form 4720, Schedule O.			000	

Form 990 (2020) THE FOUNDATION FOR TULSA SCHOOLS 73-1612027 Pag
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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 27			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
,	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, u		
D		7b		Х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
		8a	х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	the section B requests information about policies not required by the internal nevenue code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ioa		
		10b		
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
ŭ	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		Х
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OK			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	onlv)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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			
	THE ORGANIZATION - (918) 746-6600			
	3027 SOUTH NEW HAVEN, SUITE 116, TULSA, OK 74114-6131			

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

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

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

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

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

• 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.

See instructions for the order in which to list the persons above.

(A)	(B)	Jiga		((<u></u>		our	(D)	(E)	(F)
Name and title	Average hours per week	box	not cl	Posi heck i ss per	ition more son is	than o s both r/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRIAN PASCHAL	40.00									
FORMER PRESIDENT AND CEO				Х				184,806.	0.	13,596.
(2) ANHNA VUONG	40.00									
PRESIDENT AND CEO				Х				0.	0.	0.
(3) LARRY FAULKNER	2.00									
CHAIR		Х						0.	0.	0.
(4) SARAH GOULD	2.00									
CHAIR ELECT		Х						0.	0.	0.
(5) SHANNON O'DOHERTY	1.00									
PAST CHAIR		Х						0.	0.	0.
(6) JEFF COUCH	1.00									
TREASURER		х						0.	0.	0.
(7) MARY SPEARS	1.00									
TREASURER ELECT		х						0.	0.	0.
(8) DREW FRANCE	1.00									
DEVELOPMENT		Х						0.	0.	0.
(9) LAUREN SHERRY	1.00									
PROGRAMS		Х						0.	0.	0.
(10) DWAYNE RURY	1.00									
SECRETARY		Х						0.	0.	0.
(11) MOLLY ASPEN	1.00									_
DIRECTOR		Х						0.	0.	0.
(12) PETE BURGESS	1.00									
DIRECTOR		Х						0.	0.	0.
(13) CHARLES CHASTAIN	1.00									
DIRECTOR		Х						0.	0.	0.
(14) RYAN CRAWFORD	1.00									
DIRECTOR		Х						0.	0.	0.
(15) AARON FULKERSON	1.00									
DIRECTOR		х			L		L	0.	0.	0.
(16) TIFFANI BRUTON	1.00									
DIRECTOR		х						0.	0.	0.
(17) JUDIE HACKEROTT	1.00									
DIRECTOR		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(((D)	(E)			(F)	
Name and title	Average	(do		Posi) than o	one	Reportable	Reportable		Es	timate	d
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation			nount o	of
	week (list any		Ler an	uau	recto	Tritus	lee)	from	from related			other	
	hours for	director						the organization	organizations (W-2/1099-MIS			pensat om the	
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099-10110	,0)		anizati	
	organizations	truste	al trus		yee	mper		(11 2) 1000 111100)				d relate	
	below	Individual trustee or	In stit utio nal tru stee	er	Key employee	Highest compensated employee	Je.				orga	nizatio	วทร
	line)	Indiv	Instii	Officer	Key 6	High	Former						
(18) RICK KELLY	1.00												
DIRECTOR		Х						0.		0.			0
(19) KAREN KIRCHMAN	1.00												
DIRECTOR		Х						0.		0.			0
(20) GARRETT MILLS	1.00												
DIRECTOR		Х						0.		0.			0
(21) DIANE MURPHY	1.00	-						_		_			_
DIRECTOR		Х						0.		0.			0
(22) MONROE NICHOLS	1.00									_			_
DIRECTOR	1 00	Х						0.		0.			0
(23) MARK PLANK	1.00									•			^
DIRECTOR	1 00	Х						0.		0.			0
(24) DANIEL REGAN	1.00									0.			0
C25) WHITNEY STAUFFER	1.00	Х						0.		٠.			
DIRECTOR	1.00	Х						0.		0.			0
(26) DAVID STRATTON	1.00	Λ						0.		٠.			
DIRECTOR	1.00	х						0.		0.			0
4h Cultivial			I		l		<u> </u>	184,806.		0.		13,	
c Total from continuation sheets to Part VII								0.		0.			0
d Total (add lines 1b and 1c)							•	184,806.		0.		13,	 596
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable			-	
compensation from the organization						•		·	•				:
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	еу е	mpl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for st	uch individual										3		Х
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	Х	
5 Did any person listed on line 1a receive or a	•				,			•					
rendered to the organization? If "Yes, " com	plete Schedule	e J fo	or su	ıch <u>r</u>	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor										ensa	tion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ig w	ith c	or wi	thin T		ear.				
(A) Name and business	address	NO	NE					(B) Description of s	ervices		O) Ompei		1
Traine and Sasiness	444,000	140	INE				\dashv	2 coonpaint or c			- CITIPOI	ioatioi	
							\dashv						
-							\dashv						
		_	_	_			_						_
	<u> </u>												

Total number of independent contractors (including but not limited to those listed above) who received more than

Part VII Section A. Officers, Directors, True									73-16120	027
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A) (B) (C) (D)								(E)	(F)	
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
Trains and this	hours	(cl			that		lv)	compensation	compensation	amount of
	per	(1	1 1	· , ,	from	from related	other
	week					8		the	organizations	compensation
	(list any	ţo.				ploy		organization	(W-2/1099-MISC)	from the
	hours for	direc				d em		(W-2/1099-MISC)	(** = / ********************************	organization
	related	ee or	stee			nsate		(** =* ** = = **,		and related
	organizations	trust	al tru		yee	m pe				organizations
	below	idual	ution	-ie	old mi	est co	er			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ANNIE TOMECEK	1.00									
	1.00								0	0
DIRECTOR		Х						0.	0.	0.
(28) BRAD WHITE	1.00									
DIRECTOR		Х						0.	0.	0.
(29) JOEY WIGNARAJAH	1.00									
DIRECTOR		Х						0.	0.	0.
						\vdash				
-										
-										
•										
		1								
						\vdash	 			
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u>		<u></u>	<u></u>				
· · · · · · · · · · · · · · · · · · ·		_	_	_	_	_	_			

Form 990 (2020)
Part VIII

Statement of Revenue

		Check if Schedule O	contair	ns a response	e or note to any line	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
ņς	1 a	Federated campaigns		1a	536,336.				
Contributions, Gifts, Grants and Other Similar Amounts									
ဗ် ဗို		Membership dues Fundraising events							
ffs,				1					
<u>a</u>		-			36,000.				
ons,		Government grants (contr			30,000.				
e Hi	Ţ	All other contributions, gifts,	-		10 765 527				
듗뙆		similar amounts not included			10,765,527.				
ont od (•	Noncash contributions included in				11 225 062			
<u>0</u> <u>6</u>	h	Total. Add lines 1a-1f				11,337,863.			
					Business Code				
e	2 a	GOODNIGHT TULSA			900099	35,410.	35,410.		
e <u>Š</u>	b								
Sugar	С								
eve	d	-							
Program Service Revenue	е								
ď	f	All other program service	revenu	ie					
		Total. Add lines 2a-2f				35,410.			
	3	Investment income (includ							
		other similar amounts)				52,512.			52,512.
	4	Income from investment of							
	5	Royalties		•	' '				
	·	110 yan 100		(i) Real	(ii) Personal				
	6 2	Gross rents	6a	()	()				
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)	$\overline{}$	(i) Securities	(ii) Othor				
	/ a	Gross amount from sales of	1 F	• • • • • • • • • • • • • • • • • • • •	- ``				
		assets other than inventory	7a	551,478	+				
_	b	Less: cost or other basis		440.046					
Revenue		and sales expenses	7b	410,216					
Ş.		Gain or (loss)	7с	141,262	-				
		Net gain or (loss)				141,262.			141,262.
ther	8 a	Gross income from fundraisi	-						
₽		including \$		of					
		contributions reported on	line 1	c). See					
		Part IV, line 18		<u>8</u>	a				
	b	Less: direct expenses		<u>8</u>	b				
	С	Net income or (loss) from	fundra	ising event <u>s</u>	>				
	9 a	Gross income from gamin	g activ	/ities. See					
		Part IV, line 19		9	a				
	b	Less: direct expenses		9	b				
	С	Net income or (loss) from	gamin	g activities					
		Gross sales of inventory, I		_					
		and allowances		I .)a				
	b	Less: cost of goods sold		I .					
		Net income or (loss) from							
$\overline{}$			-4100	y	Business Code				
ns	11 a								
Miscellaneous Revenue	ıı a b								
la Ven									
Sce	C C								
Ξ		All other revenue							
		Total Add lines 11a-11d			>	11,567,047.	35,410.	0.	193,774.
	コン	Total revenue. See instruction	211		■	TT 00/ U4/.	ı 33 41U.	. 0.	· 133 //4.

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).

00011	on 501(c)(3) and 501(c)(4) organizations must compli- Check if Schedule O contains a respons				
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	8,922,789.	8,922,789.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	133,596.	31,378.	61,875.	40,343.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	67 221	15 701	21 120	20.202
7	Other salaries and wages	67,231.	15,791.	31,138.	20,302.
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	5,100.	1,198.	2,362.	1,540.
9	Other employee benefits	12,846.	3,017.	5,950.	3,879.
10	Payroll taxes	12,040.	3,017.	3,330.	3,075.
11	Fees for services (nonemployees):	19,430.		19,430.	
a h	Management	15,150.		13,130.	
b	Legal	34,207.		34,207.	_
	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
3	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	36,447.		36,447.	
13	Office expenses	2,125.		2,125.	
14	Information technology	1,156.		1,156.	
15	Royalties				
16	Occupancy	6,952.		6,952.	
17	Travel	39.		39.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	626.		626.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	584.		584.	
23	Insurance	4,566.	1,072.	2,115.	1,379.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) TEACHER OF THE YEAR	39,218.	39,218.		
a h	GOODNIGHT TULSA	26,118.	26,118.		_
	STRATEGIC PLANNING	12,000.	,	12,000.	
d	PROFESSIONAL DUES	3,490.		3,490.	
e	All other expenses	8,252.		4,486.	3,766.
25	Total functional expenses. Add lines 1 through 24e	9,336,772.	9,040,581.	224,982.	71,209.
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 if following SOP 98-2 (ASC 958-720)				
_	·	·	·		E 000 (2222)

Form 990 (2020) Part X Balance Sheet

ı aı	LA	Check if Schedule O contains a response or	note to an	/ line in this Part V			
		Check if Schedule O contains a response or	note to an	/ IIII III II III II III TAIL A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			967,516.	1	1,056,159.
	2	Savings and temporary cash investments			6,377,033.	2	5,232,998.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,407,765.	4	5,447,759.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	•	,		6	
s	7	Notes and loans receivable, net			3,320.	7	3,320.
Assets	8	Inventories for sale or use			·	8	
As	9	Prepaid expenses and deferred charges			1,992.	9	1,681.
		Land, buildings, and equipment: cost or other			·		· ·
		basis. Complete Part VI of Schedule D	l l	14,224.			
	b	Less: accumulated depreciation		12,500.	653.	10c	1,724.
	11	Investments - publicly traded securities			1,373,675.	11	1,649,138.
	12	Investments - other securities. See Part IV, lir			9,464.	12	9,464.
	13	Investments - program-related. See Part IV, li		1	•	13	,
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			11,141,418.	16	13,402,243.
	17	Accounts payable and accrued expenses	27,700.	17	3,491.		
	18	Grants payable			·	18	•
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
"	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, su					
ipi		controlled entity or family member of any of t				22	
Lia	23	Secured mortgages and notes payable to un		·····		23	
	24	Unsecured notes and loans payable to unrela			36,000.	24	0.
	25	Other liabilities (including federal income tax,			•		
		parties, and other liabilities not included on li					
		of Schedule D	,	i complete i ditti		25	
	26	Total liabilities. Add lines 17 through 25			63,700.	26	3,491.
		Organizations that follow FASB ASC 958, o			,		<u> </u>
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			1,883,343.	27	2,301,565.
3ala	28	Net assets with donor restrictions		1	9,194,375.	28	11,097,187.
Jd E		Organizations that do not follow FASB AS					, ,
Fur		and complete lines 29 through 33.	o 000, 0				
ō	29	Capital stock or trust principal, or current fun	nds			29	
ets	30	Paid-in or capital surplus, or land, building, o				30	
٩ss	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			11,077,718.	32	13,398,752.
Z	33	Total liabilities and net assets/fund balances			11,141,418.	33	13,402,243.

Form **990** (2020)

Pai	t 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	11	,567,	047.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	,336,	772.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,230,	275.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	,077,	718.
5	Net unrealized gains (losses) on investments	5		90,	759.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13	,398,	752.
Pai	t 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?	-	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection Name of the organization Employer identification number THE FOUNDATION FOR TULSA SCHOOLS 73-1612027

Pá	art I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.				
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)											
1	\sqcap	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	一	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3	Ħ	A hospital or a cooperative		•			ii).				
4	Ħ	A medical research organiz					•	the hospital's name.			
•		city, and state:	a oporatoa oo.	nganionon man a noophan		000110		ine ricepinal e rialite,			
5		An organization operated for	or the benefit of a col	llege or university owner	l or operat	ed by a go	vernmental unit describe	ad in			
3		section 170(b)(1)(A)(iv). (C		inege of university owner	or operat	cd by a gc	Werrimental unit describe	5 4 III			
6			•	anntal wait described in		70/6\/4\/A\	(.)				
6	Х	A federal, state, or local gov	_								
7	Δ	An organization that norma	•	ntial part of its support if	om a gove	ernmentai	unit or from the general	oublic described in			
		section 170(b)(1)(A)(vi). (C		//// 1) /O							
8	H	A community trust describe									
9		An agricultural research org				-	-	-			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or			
		university:									
10		An organization that norma									
		activities related to its exen		•				-			
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	ifter June 30, 1975.			
		See section 509(a)(2). (Con	•				••• ••				
11	Н	An organization organized a	· ·	•	•			_			
12	Ш	An organization organized a	· ·	•	•		•				
		more publicly supported or	-					check the box in			
		lines 12a through 12d that	• •			-		at to a			
á	·		· · · · · · · · · · · · · · · · · · ·		•	-					
		the supported organization			majority c	or the direc	ctors or trustees of the st	apporting			
		organization. You must o						d.,			
k	·		•					-			
		control or management o			ame perso	ns that co	ntroi or manage the supp	оопеа			
_		organization(s). You mus	-		in aannaat	م طائند مما	and functionally integrate	ad with			
(· L	☐ Type III functionally inte						eu witti,			
		its supported organization		·				zation(a)			
('	Type III non-functionally that is not functionally int	=				· · · · · · · · · · · · · · · · · · ·				
		requirement (see instructi		• ,	•		•	7611655			
,		Check this box if the orga	-	-							
•	, L	functionally integrated, or					Type I, Type II, Type III				
1	Ente	er the number of supported of	* *	nally integrated supporting	ig organiz	ation.					
į		vide the following information	•	nd organization(s)							
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
				above (see instructions)							
_											
<u>Tot</u>	ai						l	1			

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12,428,946.	12,122,303.	11,432,526.	14,462,146.	11,337,863.	61,783,784.
2	Tax revenues levied for the organ-						
	ization'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	12,428,946.	12,122,303.	11,432,526.	14,462,146.	11,337,863.	61,783,784.
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)						20,207,550.
	Public support. Subtract line 5 from line 4.						41,576,234.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	12,428,946.	12,122,303.	11,432,526.	14,462,146.	11,337,863.	61,783,784.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	28,174.	88,008.	135,158.	103,916.	52,512.	407,768.
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						62,191,552.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	43,605.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stor						>
	ction C. Computation of Publi						
	Public support percentage for 2020 (I					14	66.85 %
	Public support percentage from 2019					15	68.17 %
16a	33 1/3% support test - 2020. If the				14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact					VI how the organiz	ation
	meets the facts-and-circumstances te	J		,			
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the		·				
	organization meets the facts-and-circu						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	▶∟

Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	siow, picase comp	nete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		T				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						_
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						_
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
· · · · · · · · · · · · · · · · · · ·						
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 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 5 years. If the Form 990 is for the form 11 to 12 to 15 t	e organization's fi	ret eacond third	fourth or fifth toy	Vear as a section 5	1 (01(c)(3) organization	l
check this box and stop here	•			•		· —
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2020 (I			column (f))		15	%
16 Public support percentage from 2019		.			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	120 (line 10c, colu	mn (f), divided by li	ine 13, column (f))		17	%
18 Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2020. If the					3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization quali	ifies as a publicly s	supported organiza	ition	▶□
b 33 1/3% support tests - 2019. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly suppo	orted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	>

Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
000 00	0 EZ	2000

Par	rt IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			l
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	rs,		l
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ed		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations	2		
000	nion of Type in Supporting Organizations		V	N ₂
4	Ware a majority of the arganization's directors or trustees during the tay year also a majority of the directors		Yes	No
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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
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			l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			l
	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? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	(aaa imatuu atiau)	
2	Activities Test. Answer lines 2a and 2b below.	see instruction	Yes	No
a			103	140
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			l
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		ı

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	r age o
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	't V │ Type III Non-Functionally Integrated	509(a	ı)(3) Supporting Orga	anizations _{(contin}	ued)	
Section	ion D - Distributions			•	·	Current Year
1	Amounts paid to supported organizations to accomplish	n exem	pt purposes		1	
2	Amounts paid to perform activity that directly furthers ex	xempt	purposes of supported			
	organizations, in excess of income from activity	•			2	
3	Administrative expenses paid to accomplish exempt pur	s	3			
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval required	l - prov	vide details in Part VI)		5	
	Other distributions (describe in Part VI). See instruction		,		6	
	Total annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to whi	ich the	organization is responsive	;		
	(provide details in Part VI). See instructions.				8	
9	Distributable amount for 2020 from Section C, line 6				9	
	Line 8 amount divided by line 9 amount				10	
	,		(i)	(ii)		(iii)
Section	ion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason	n-				
	able cause required - explain in Part VI). See instruction	ıs.				
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
С	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result grea	ater				
	than zero, explain in Part VI. See instructions.			I		
	Remaining underdistributions for 2020. Subtract lines 3	h				
	and 4b from line 1. For result greater than zero, explain a					
	Part VI. See instructions.	"'				
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:	\neg				
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 THE FOUNDATION FOR TULSA SCHOOLS	73-1612027	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17: Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; Pasection D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	es 1 and 2; Part IV, Sectior art V, Section B, line 1e; Pa	n C, art V,

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020

THE FOUNDATION FOR TULSA SCHOOLS 73-1612027 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization	Employer identification number
THE POINTANTON FOR THICK SCHOOLS	73_1612027

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHARLES AND LYNN SCHUSTERMAN FAMILY PHILANTHROPIES PO BOX 51 TULSA, OK 74101	\$3,566,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GEORGE KAISER FAMILY FOUNDATION 7030 S. YALE AVENUE #600 TULSA, OK 74136	\$3,004,899.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TULSA AREA UNITED WAY 1430 S. BOULDER AVENUE TULSA, OK 74119	\$536,336.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 BLOOMBERG PHILANTHROPY 25 E. 78TH STREET NEW YORK, NY 10075	\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE FOUNDATION FOR TULSA SCHOOLS

73-1612027

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ _ _ _ _ \$	

Name of or	rganization			Employer identification number				
THE FOUN	IDATION FOR TULSA SCHOOLS			73-1612027				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line charitable, etc., contributions of \$1,000 (charitable, etc., contributions)	entry. For organizations					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
-		(e) Transfer of ç	gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
Part I	(a) 1 di podo di 3111	(6) 655 61 gm	(4,200	gill to hote				
-		(e) Transfer of g	 gift					
-	Transferee's name, address, a			insferor to transferee				
(a) No. from Part I	(b) Purpose of gift (c) Use of		(d) Desc	cription of how gift is held				
-		(e) Transfer of ç	gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
-	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE FOUNDATION FOR TULSA SCHOOLS

Employer identification number

73-1612027

Pai	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Similar Funds	or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.			
		(a) Donor ad	vised funds	(b) Fur	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the asset	s held in donor advis	sed funds	
	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing tha	t grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	r any other purpose	conferring	
D :	impermissible private benefit?				
Pai				Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreated	tion or education)		-	important land area
	Protection of natural habitat		Preservation o	f a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation cor	tribution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			I	
b					
С	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired a				
	listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the	e organization	during the tax
	year ▶				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
_	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations	s, and enforcing con	servation ease	ements during the year
-		War and a facilitation of the same of the			An also be a three constant
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and	a enforcing conserva	ation easemen	its during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	o action the require	anto of anotion 170	/b\/4\/D\/;\	
8					Yes No
0	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.	lote to the organizati	on s ililaliciai statem	ients mai desi	Stibes tile
Pai	t III Organizations Maintaining Collections of	Art. Historical	Freasures, or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form	•	,		
	If the organization elected, as permitted under FASB ASC 95		revenue statement a	and balance s	heet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	*	,		-
b	If the organization elected, as permitted under FASB ASC 95				works of
-	art, historical treasures, or other similar assets held for public	•			
	provide the following amounts relating to these items:	on mondon, oddodno	,, ., ., ., ., ., ., ., ., ., ., ., ., .		25 551 155,
	(i) Revenue included on Form 990, Part VIII, line 1			•	\$
					\$
2	If the organization received or held works of art, historical trea				
_	the following amounts required to be reported under FASB A			J, P. 0 1 10	
а	Revenue included on Form 990, Part VIII, line 1			•	\$
	Assets included in Form 990, Part X				

Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Otl	ner Simila	ar Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	e significant	use of its		•	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they further th	e organization's e	xempt purp	ose 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 ma						Yes	No	<u> </u>
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes"	on Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par								_
1a	Is the organization an agent, trustee, custodia					_	٦		
	on Form 990, Part X?					L	_ Yes	L No)
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			Т			_
					<u> </u>	+	Amoun [*]	<u>t </u>	_
C	Beginning balance					+			_
d	Additions during the year					+			_
e	Distributions during the year					+			_
f On	Ending balance						Yes		_
	Did the organization include an amount on Fo				•		_ res	No	J
Par	t V Endowment Funds. Complete in								_
	T T T T T T T T T T T T T T T T T T T	(a) Current year	(b) Prior year	(c) Two years bac		years back	(a) Four	r veare hack	_
1a	Beginning of year balance	30,081.	29,208.	27,573		25,611.	(e) rour	23,774	
b	Contributions	, -	,	,					Ť
c	Net investment earnings, gains, and losses	8,284.	970.	1,723	3.	2,051.		1,915	_
d	Grants or scholarships	,		,					_
e	Other expenditures for facilities								_
_	and programs								
f	Administrative expenses	113.	97.	88	3.	89.		78	-
g	End of year balance	38,252.	30,081.	29,208	3.	27,573.		25,611	-
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:			•		
а	Board designated or quasi-endowment	•	%	•					
b	Permanent endowment 100	%	_						
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	d administered fo	r the organiz	zation	_		
	by:							Yes No	,
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				_
	Description of property	(a) Cost or o basis (investn	` '	,	depreciatio		(d) Boo	k value	
1a	Land								
b	Buildings	I							
С	Leasehold improvements								
d	Equipment	I		14,224.	12	,500.		1,724	•
	Other								
Total	l. Add lines 1a through 1e. <i>(Column (d) must e</i>	aual Form 990. Part	X. column (B). line 10	Oc.)		▶		1,724	

Part VII	Investments - Other Securities.			
(a) Decerin	Complete if the organization answered "Yes" option of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	of year market value
		(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
. ,	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes" of	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-vear market value
(1)		()		<u>, , , , , , , , , , , , , , , , , , , </u>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of	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)				
Total. (Colu	ımn (b) must equal Form 990. Part X. col. (B) line Other Liabilities.	15.)	>	
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
(1) Fed	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line			
•	r for uncertain tax positions. In Part XIII, provide t ation's liability for uncertain tax positions under I			· —

Sche	edule D (Form 990) 2020 THE FOUNDATION FOR TULSA SCHOOLS			73-161202	7 Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial State	ements With Re	venue per Re	turn.	
	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	11,657,775.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	90,759.		
b	Donated services and use of facilities	2b			
С					
d		1 4 . 1			
е	Add lines 2a through 2d			2e	90,759.
3	Subtract line 2e from line 1			3	11,567,016.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	31.		
С	Add lines 4a and 4b			4c	31.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,567,047.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With E	xpenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	9,336,741.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е				2e	0.
3	Subtract line 2e from line 1			3	9,336,741.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	31.		
С	Add lines 4a and 4b			4c	31.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,336,772.
	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and	d 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 informat	ion.		
PART	r V, LINE 4:				
THE	FOUNDATION IS THE BENEFICIARY OF CERTAIN ENDOWMENT FUNDS A	T THE TULSA			
COM	MUNITY FOUNDATION (TCF). TCF IS A NOT-FOR-PROFIT ENTITY THA	T PROVIDES			
FOR	ENDOWED CONTRIBUTIONS TO BE POOLED TO MAXIMIZE RETURN ON I	NVESTMENTS			
FOR	THE BENEFIT OF AREA NOT-FOR-PROFIT ORGANIZATIONS. CONTRIBU	TIONS TO THE			
ENDO	OWMENT FUNDS ARE PERMITTED BY NOT-FOR-PROFIT ENTITIES, AS W	IELL AS			
IND	IVIDUAL DONORS IN THE COMMUNITY WHO DESIGNATE THE BENEFICIA	RY OF THEIR			
CONT	TRIBUTIONS. THE FOUNDATION MADE NO CONTRIBUTIONS TO TCF FOR	THE YEARS			
ENDI	ED JUNE 30, 2021 OR 2020. EARNINGS ON THESE ENDOWED FUNDS A	RE			
DIST	TRIBUTED IN ACCORDANCE WITH THE TERMS OF THE ENDOWMENT, TCF	's spending			
POLI	ICIES AND UPON THE FOUNDATION'S DIRECTION TO TCF.				

Schedule D (Form 990) 2020

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.

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

2020 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 73-1612027 THE FOUNDATION FOR TULSA SCHOOLS Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X No Yes 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) TULSA PUBLIC SCHOOLS 3027 SOUTH NEW HAVEN TULSA PUBLIC TO SUPPORT TULSA PUBLIC SCHOOLS TULSA, OK 74114 73-6021242 SCHOOLS 0 8,922,789. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

Page 2

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
t IV	Supplemental Information. Provide the information	required in Part I, line	e 2; Part III, columr	 n (b); and any other ad	ditional information.	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

THE FOUNDATION FOR TULSA SCHOOLS

Employer identification number 73-1612027

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b х **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) BRIAN PASCHAL	(i)	169,954.	14,852.	0.	13,596.	0.	198,402.	0.
FORMER PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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-	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL REVIEW TO DETERMINE COMPENSATION
FOR THE PRESIDENT AND CEO.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Employer identification number Name of the organization THE FOUNDATION FOR TULSA SCHOOLS 73-1612027 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THROUGH THE SUPPORT OF TULSA PUBLIC SCHOOLS. THE FOUNDATION BELIEVES THAT EVERY CHILD SHOULD HAVE ACCESS TO A QUALITY EDUCATION. THE RESOURCES THEY NEED TO LEARN. AND A SUPPORTIVE ENVIRONMENT IN WHICH TO LEARN. THE FOUNDATION FOR TULSA SCHOOLS IS HONORED TO BE A CHAMPION FOR TPS STUDENTS, TEACHERS, AND STAFF. WE SERVE AS A BRIDGE BETWEEN THOSE WHO ARE PASSIONATE ABOUT PUBLIC EDUCATION AND THOSE WHO LEARN IN, TEACH AND SUPPORT OUR SCHOOLS FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: THE FOUNDATION BEGAN THE CREATION OF ITS 2ND CHILDREN'S BOOK. THE BOOK WAS FINALIZED AND PUBLISHED IN DECEMBER 2021 AND IS CURRENTLY FOR SALE AT RETAIL LOCATIONS AND THROUGH THE FOUNDATION'S WEBSITE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE ORGANIZATION PUBLISHED A CHILDREN'S BOOK THAT IS CURRENTLY FOR SALE AT A HANDFUL OF LOCAL PARTNER RETAIL LOCATIONS AS WELL AS THROUGH THE FOUNDATION'S WEBSITE. FOR EVERY BOOK SOLD, THE FOUNDATION PLANS TO PROVIDE A BOOK TO INCOMING PRE-K FAMILIES. THE FOUNDATION BEGAN THE CREATION OF ITS 2ND CHILDREN'S BOOK. THE BOOK WAS FINALIZED AND PUBLISHED IN DECEMBER 2021 AND IS CURRENTLY FOR SALE AT RETAIL LOCATIONS AND THROUGH THE FOUNDATION'S WEBSITE. INCLUDING GRANTS OF \$ 0. EXPENSES \$ 26,118. **REVENUE \$ 35,410.**

SUPPORT TPS - COMPENSATION AND BENEFITS

EXPENSES \$ 91,674. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization THE FOUNDATION FOR TULSA SCHOOLS	Employer identification number 73-1612027
FORM 990, PART VI, SECTION B, LINE 11B:	
THE TREASURER HAS DE FACTO DELEGATED AUTHORITY OF THE BOARD OF DIRECTORS.	
THE TREASURER REVIEWS THE 990 RETURN AND COMPARES IT TO THE AUDITED	
FINANCIAL STATEMENTS TO ENSURE REASONABLENESS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EVERY YEAR, EACH BOARD MEMBER IS REQUIRED TO FILL OUT AND SIGN A COPY OF	
THE CONFLICT OF INTEREST POLICY. THE PRESIDENT AND CEO ARE RESPONSIBLE FOR	
THE MONITORING OF THE POLICY.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL REVIEW TO DETERMINE COMPENSATION	
FOR PRESIDENT AND CEO.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST.	