Form <b>8879-EO</b>	for an Exempt Organization	OMB No. 1545-1878
. Department of the Treasury	For calendar year 2018, or fiscal year beginning , 2018, and ending , 20  Do not send to the IRS. Keep for your records.	2018
Internal Revenue Service  Name of exempt organization	► Go to www.irs.gov/Form8879EO for the latest information.	
		yer identification number
Tulsa Lawyers for Name and title of officer	r Unildren, Inc.   73-	1593275
Thomas Landrum	Treasurer	
Part I Type of Retu	rn and Return Information (Whole Dollars Only)	
leave line 1b. 2b. 3b. 4b. o	n for which you are using this Form 8879-EO and enter the applicable amount, if any, a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this r 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the re Do not complete more than one line in Part I.	
1 a Form 990 check here	► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b351,194.
Za rorm 990-EZ check i	lere ►   b Total revenue, if any (Form 990-EZ, line 9)	2 h
3a Form 1120-POL chec	k here ▶   b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check I	nere b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 h
5 a Form 8868 check her	e ▶	5b
Dort III Declaration	rad Citata Anna di Citata Com	
Index populties of periors	Ind Signature Authorization of Officer  I declare that I am an officer of the above organization and that I have examined a consequence and statements and to the best of my least that I have examined a consequence and statements and to the best of my least that I have examined a consequence and to the best of my least that I have examined a consequence.	
intermediate service provide the IRS (a) an acknowledge refund, and (c) the date of funds withdrawal (direct deorganization's federal taxe contact the U.S. Treasury authorize the financial instanswer inquiries and resolorganization's electronic refuse.	panying schedules and statements and to the best of my knowledge and belief, they are true, mount in Part I above is the amount shown on the copy of the organization's electronic ler, transmitter, or electronic return originator (ERO) to send the organization's return gement of receipt or reason for rejection of the transmission, (b) the reason for any delay any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Activity on the financial institution account indicated in the tax preparation software is owed on this return, and the financial institution to debit the entry to this account. To Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment itutions involved in the processing of the electronic payment of taxes to receive confidence in the processing of the electronic payment identification number (PI) eturn and, if applicable, the organization's consent to electronic funds withdrawal.	creturn. I consent to allow my to the IRS and to receive from ay in processing the return or gent to initiate an electronic or payment of the revoke a payment, I must (settlement) date. I also
Officer's PIN: check one b	ox only	
X authorize <u>Helmer</u>	cich Family Office LLC to enter my PIN 9	3275 as my signature
	Enter nye	numbers, but iter all zeros
on the organization's tax a state agency(ies) reg the return's disclosure	year 2018 electronically filed return. If I have indicated within this return that a copy of the re ulating charities as part of the IRS Fed/State program, I also authorize the aforemention consent screen.	turn is being filed with oned ERO to enter my PIN on
As an officer of the orga indicated within this re program, will enter m	nization. I will enter my RIN as my signature on the organization's tax year 2018 electronically turn that a chay of the return is being filed with a state agency (ies) regulating charities of the return's disclosure consent screen.	r filed return. If I have as part of the IRS Fed/State
Officer's signature	mun mm Date 11-8-1	9
Part III Certification	and Authentication	
ERO's EFIN/PIN. Enter voi	r six-digit electronic filing identification	,
number (EFIN) followed by	your five-digit self-selected PIN.	73694975917
I certify that the above nur above. I confirm that I am st Authorized IRS <i>e-file</i> Provi	neric entry is my PIN, which is my signature on the 2018 electronically filed return for the bmitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (Meroes for Business Returns.	Do not enter all zeros
ERO's signature	Ingela Moore Date 11-11-1	9
	ERO Must Retain This Form — See Instructions	

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

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2018)

# Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. ► Go to www.irs.gov/Form990 for instructions and the latest information. , 2018, and ending For the 2018 calendar year, or tax year beginning Check if applicable: D Employer identification number Address change Tulsa Lawyers for Children, Inc. 73-1593275 Post Office Box 2254 Telephone number Name change Tulsa, OK 74101-2254 918-425-5858 Initial return Final return/terminated Amended return **G** Gross receipts \$ 356,643. F Name and address of principal officer: Allen Smallwood H(a) Is this a group return for subordinates Application pending Yes X **H(b)** Are all subordinates included? If "No," attach a list. (see instructions) Same As C Above Yes Nο Tax-exempt status: X 501(c)(3) ) ◀ (insert no.) 4947(a)(1) or 527 501(c) ( Website: ► www.tulsalawyersforchildren.org **H(c)** Group exemption number ▶ 2000 M State of legal domicile: OK Form of organization: X Corporation Trust Association L Year of formation: Summary Briefly describe the organization's mission or most significant activities: The organization's primary exempt purpose is to recruit, train and provide assistance to volunteers (attorneys and non-attorneys) representing children in all stages of child abuse and neglect Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ...... Number of independent voting members of the governing body (Part VI, line 1b)..... 17 5 5 Total number of volunteers (estimate if necessary)..... 6 92 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 0. **b** Net unrelated business taxable income from Form 990-T, line 38.... 0. **Prior Year Current Year** 352**,**476. Contributions and grants (Part VIII, line 1h)..... 362,355 Program service revenue (Part VIII, line 2q)..... 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 2,581 4,167. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 -8.199-5,449Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 356,737. 194 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 217,508 226,675 **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 164,442. 120,551 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).... 338,059 391,117. Revenue less expenses. Subtract line 18 from line 12..... -39,923.18,678. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16)..... 189,753. 229,676. 21 Total liabilities (Part X. line 26) ..... 0. 0. Net assets or fund balances. Subtract line 21 from line 20...... 22 229,676. 189,753. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here Thomas Landrum Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Self-Prepared **Paid** self-employed Preparer Firm's name Use Only Firm's address Firm's EIN ►

May the IRS discuss this return with the preparer shown above? (see instructions).....

No

188,466. Form **990** (2018) BAA TEEA0102L 08/03/18

) (Revenue \$

including grants of

(Expenses

**4 e** Total program service expenses

			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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> .	11 a		Х
b	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
c	: Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	I 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.	11 d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
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)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f	Х	
12 a	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		X
14 a	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
	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2018) Tulsa Lawyers for Children, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		X
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ŀ	bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Χ
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	a 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. <u>                                      </u>
1 :	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	b Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
	(gambling) winnings to prize winners?	1 c		

Tulsa Lawyers for Children, Inc.

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

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O.</i>	3 b		
4 a	At any 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)?	4 a		Х
b	If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			37
	services provided to the payor?	7 a		X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Χ
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 9 7 h		
8	Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	711		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	12 a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in 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		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If 'Yes,' complete Form 4720, Schedule O.	10		21

Form 990 (2018) Tulsa Lawyers for Children, Inc. 73-1593275 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 17 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? See Schedule 0 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?.... 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 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? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16 a 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?.. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None 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 only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Suite 735

Tulsa OK 74120 918-425-5858

The Organization 907 South Detroit Avenue,

Form 990 (20)	18) Tulsa	Lawvers	for	Children,	Inc.

73-1593275

age **7** 

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

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

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

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

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

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

	(C)									
(A) Name and Title	(B) Average hours per	thar	Position (do not check more than one box, unless person is both an officer and a director/trustee)				n	(D)  Reportable compensation from	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Former Highest compensated employee Key employee Officer Institutional to istee		ighest compensated mployee (ev employee		the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Margo Shipley	1									
Secretary	0	Χ		Χ				0.	0.	0.
(2) Stephanie Barberousse	0.5							_	_	
Director	0	Χ						0.	0.	0.
(3) R. Daniel Carter	0.5									
Director	0	Х						0.	0.	0.
	0.5							•		
Director	0	Χ						0.	0.	0.
(5) Amber Cornelius	0.5							•		
Director	0	Χ						0.	0.	0.
_(6) Thomas Landrum	1	ļ .,						•	•	
Treasurer	0	Х	1	Χ				0.	0.	0.
_(7)_Becki_Murphy	0.5	.,						^	0	0
Director	0	Х	-					0.	0.	0.
(8) Mike Manning	0.5							0	0	0
Director	0	Х						0.	0.	0.
(9) Charles Greenough	0.5	Х						0	0.	0
Director	0	X						0.	0.	0.
(10) Evelyn Hutchison	_0.5_ 0	Х						0	0.	0.
Director (11) Lorena Rivas	0.5	Λ	1					0.	0.	<u> </u>
		Х						0.	0.	0.
Director	0.5	Λ	1					0.	0.	<u> </u>
(12) John H. Rule  Director		Х						0.	0.	0.
(13) Allen Smallwood	0	Λ	1					0.	0.	<u> </u>
President		Х		Х				0.	0.	0.
(14) Thomas Kirby	1	Λ	$\vdash$	Λ				υ.	0.	<u> </u>
Vice President		Х		Х				0.	0.	0.
ATCE LIEDINEIL	U	Λ		Λ	<u> </u>			0.	0.	0.

Part VII	Section A. Officers, Directors, Tri		Key	Em	_	_	es,	and	d Highest Com	pensated Emp	loyees	<b>5</b> (contin	ued)
	(B) (C)												
	(A) Name and title		box offi	, unle cer ar	ess pe nd a o	erson direct	than is both or/trus employe	h an tee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo con f org ar	(F) stimated unt of other pensation from the ganization d related anizations	n 1
		organiza - tions below dotted line)	individual trustee or director	Institutional trustee		ployee	Highest compensated employee				5	ai ii Zatio iis	5
	chel Thompson cector	_ <u>0.5</u> _ 0	Х						0.	0.			0.
	<u>alynna_Scott</u> rector	<u>0.5</u> 0	X						0.	0.			0.
	ne_Sublett	0.5	Х						0.	0.			0.
(18) ELI	ZABETH HOCKER ecutive Director	<u> 40</u> _ 0				Х			90,300.	0.		6,0	00.
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1 b Sub-	total							<b></b>	90,300.	0.		6.0	00.
c Tota	I from continuation sheets to Part VII, Secti	on A						<b></b>	0.	0.			0.
	I (add lines 1b and 1c)							<b></b>	90,300.	0.			00.
	number of individuals (including but not limited the organization ► 0	I to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
	the organization (											Yes	No
3 Did ton lii	he organization list any <b>former</b> officer, direction 1a? <i>If 'Yes,' complete Schedule J for suc</i>	ctor, or tru ch individu	ıstee, <i>ıal</i>	, key	y em	nplo	yee,	or h	nighest compensa	ted employee	. 3		Х
the c	any individual listed on line 1a, is the sum o organization and related organizations greate individual	er than \$1	50,0	00?	If '	∕es,	' con	ıple	te Schedule J for		4		X
<b>5</b> Did a	any person listed on line 1a receive or accruervices rendered to the organization? If 'Yes	e comper	nsatio	n fr	om	anv	unre	late	ed organization or	individual			X
	B. Independent Contractors	<i>5, 66111p16</i>		51100	1010	0 10	7 340	π ρ	0.00.7		.   -		
1 Com	plete this table for your five highest compendensation from the organization. Report compen	sated indessation for	epen the c	den alen	t cor dar j	ntra year	ctors endi	tha ng v	t received more the third the or within the or	nan \$100,000 of ganization's tax year			
	(A) Name and business add	ress							Description of	of services	Compe	<b>C)</b> ensatior	า
-													
	number of independent contractors (including I		ited to	o the	ose I	listed	d abo	ve)	who received more	than			
\$100	,000 of compensation from the organization	- 0											

Form	n 990 (2018) Tulsa Lawyers for Children	, Inc.		73-1593275	Page <b>9</b>
Par	t VIII Statement of Revenue  Check if Schedule O contains a response or note	to any line in this Part V	111		
	Chicar ii concaine a response or nate	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a   b Membership dues 1 b   c Fundraising events 1 c   d Related organizations 1 d   e Government grants (contributions) 1 e   f All other contributions, gifts, grants, and similar amounts not included above 1 f   g Noncash contributions included in lines 1a-1f: \$ 219,7	117.			
Con	h Total. Add lines 1a-1f				
Program Service Revenue	Business Co  2 a  b  c  d  e  f All other program service revenue  g Total. Add lines 2a-2f	>			
	<ul> <li>Investment income (including dividends, interest and other similar amounts).</li> <li>Income from investment of tax-exempt bond proceed</li> <li>Royalties.</li> </ul>	4,167.			4,167.
	(i) Real (ii) Persor  6 a Gross rents  b Less: rental expenses c Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses c Gain or (loss)	nal Þ			
	d Net gain or (loss)	▶			

,194

0.

0.

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).

Do	Check if Schedule O contains a re	(A)	(B)	(C)	(D)
6b,	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	96,300.	56,817.	35,631.	3,852.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	114,750.	67,702.	42,458.	4,590.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	114,700.	07,702.	42,400.	4,350.
9	Other employee benefits				
10	Payroll taxes	15,625.	9,219.	5,781.	625.
11	Fees for services (non-employees):				
á	Management				
ŀ	Legal				
	Accounting	5,200.		5,200.	
(	<b>!</b> Lobbying	,		,	
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.\$Ch. Q Advertising and promotion	62,631.		62,631.	
13	Office expenses	9,421.	5,558.	3,486.	377.
14	Information technology	1,999.	1,179.	740.	80.
15	Royalties	1,333.	1,173.	740.	
16	Occupancy	15,167.		15,167.	
17	Travel	19,497.	19,497.	15,107.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	13,437.	13,431.		
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	34,194.	20,174.	12,652.	1,368.
á	VOLUNTEER APPRECIATION	6,303.			6,303.
	TRAINING	4,259.	4,259.		.,
(	TELEPHONE & INTERNET	3,421.	2,018.	1,266.	137.
(	DUES AND SUBSCRIPTIONS	1,195.	1,195.	,	
	All other expenses	1,155.	848.	298.	9.
25	Total functional expenses. Add lines 1 through 24e	391,117.	188,466.	185,310.	17,341.
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)				

		Check if Schedule O contains a response or note to any line in this Part X		<u></u> .	
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing.	147,859.	1	144,273.
	2	Savings and temporary cash investments.		2	
	3	Pledges and grants receivable, net	51,015.	3	10,652.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	2,399.	9	2,412.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,000.		2,112,
		Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities.		11	
	12	Investments — publicly traded securities.  Investments — other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11.	20 402	15	22 41.0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	28,403. 229,676.	16	32,416. 189,753.
	17	Accounts payable and accrued expenses	229,070.	17	109,733.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	0.	26	0.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets.	117,676.	27	131,213.
39	28	Temporarily restricted net assets.	112,000.	28	58,540.
핕	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
O S	30	Capital stock or trust principal, or current funds		30	
ét	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
486	32	Retained earnings, endowment, accumulated income, or other funds		32	
et,	33	Total net assets or fund balances	229,676.	33	189,753.
Ź	34	Total liabilities and net assets/fund balances.	229,676.	34	189,753.
					100,100.

Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response or note to any line in this Part XI.					
1 Total revenue (must equal Part VIII, column (A), line 12)		1	3	51,1	94.
2 Total expenses (must equal Part IX, column (A), line 25)	🗔	2	3	91,1	17.
3 Revenue less expenses. Subtract line 2 from line 1	🗔	3	-	39,9	23.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	2	29,6	76.
5 Net unrealized gains (losses) on investments		5			
6 Donated services and use of facilities		6			
7 Investment expenses		7			
8 Prior period adjustments	🔲	8			
9 Other changes in net assets or fund balances (explain in Schedule O)		9			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	1	0	1	89,7	53.
Part XII Financial Statements and Reporting		*			
Check if Schedule O contains a response or note to any line in this Part XII					П
Thousand a contrained a response of note to any line in this r are Allicenter and				Yes	
1 Accounting method used to prepare the Form 990: Cash X Accrual Other				163	110
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both:	ewed (	on a			
Separate basis Consolidated basis Both consolidated and separate basis					ı
<b>b</b> Were the organization's financial statements audited by an independent accountant?			2b	Χ	i
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepassis, consolidated basis, or both:	arate				
X Separate basis Consolidated basis Both consolidated and separate basis					
	121				
<b>c</b> If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?			2 c		Χ
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	e 		3 a		Х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audit				
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u>	3 b		<u>.                                    </u>
<b>BAA</b> TEEA0112L 08/03/18			Form	990 (	2018)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

vame	or the	organization					1'	Employer identifica	luon number	
Tul	Lsa	Lawyers for Childr						73-159327		
Par		Reason for Public Cha		9			<u> </u>	See instruc	tions.	
The	or <u>ga</u> r	nization is not a private found	lation because it is: (I	For lines 1 through 12,	check o	nly one	box.)			
1		A church, convention of church			•		(i).			
2	Ш	A school described in section 1	<b>70(b)(1)(A)(ii).</b> (Attach	Schedule E (Form 990 or	990-EZ)	).)				
3		A hospital or a cooperative h	ospital service organi	ization described in <b>sec</b>	tion 170	0(b)(1)(A	4)(iii).			
4		A medical research organizar name, city, and state:	tion operated in conju	unction with a hospital o	describe	d in <b>sec</b>	tion 170	( <b>b)(1)(A)(iii)</b> . E	nter the ho	spital's
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or opera	ated by	a govern	mental unit de	scribed in	
6		A federal, state, or local gove	ernment or governme	ntal unit described in s	ection 1	<b>70(b)(</b> 1)	)(A)(v).			
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	it or from	the general pul	olic describe	ed
8		A community trust described	in section 170(b)(1)(a	A)(vi). (Complete Part I	l.)					
9	同	An agricultural research organia	zation described in sec	tion 170(b)(1)(A)(ix) opera	ated in c	onjunctio	on with a	land-grant colle	ge	
	Ш	or university or a non-land-gran								
		university:								
10		An organization that normally r from activities related to its investment income and unrel June 30, 1975. See section 5	exempt functions—sub lated business taxable	e income (less section)	ns, and	(2) no r	more tha	n 33-1/3% of i	ts support	from gross
11		An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4	<b>l</b> ).		
12		An organization organized ar or more publicly supported o	rganizations describe	d in <b>section 509(a)(1)</b> d	r sectio	n 509(a)	)(2). See	section 509(a	ut the purp <b>)(3).</b> Check	oses of one the box in
ā	ιП	Type I. A supporting organization	on operated, supervised	d. or controlled by its sup	ported o	rganizati	ion(s), tvr	oically by giving	the suppor	ted
		organization(s) the power to recomplete Part IV, Sections A	gularly appoint or elect <b>\ and B.</b>	a majority of the director	rs or trus	stees of t	the suppo	rtıng organızatı	on. <b>You mu</b> s	st
ł	ш	Type II. A supporting organiz management of the supporting must complete Part IV. Secti	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ted organ the supp	iization(s), by orted organizat	having con ion(s). <b>You</b>	trol or
C		Type III functionally integrated organization(s) (see instruction		ion operated in connection	n with, ar	nd functio	onally inte	grated with, its	supported	
c	i	Type III non-functionally integr	rated. A supporting org	anization operated in cor	nection	with its s	supported	organization(s)	that is not	
		functionally integrated. The constructions). You must com	plete Part IV, Section	s A and D, and Part V.					,	•
		Check this box if the organize integrated, or Type III non-fu	nctionally integrated :	supporting organization	١.				e III functio	nally
		ter the number of supported of	•							
ć	,	ovide the following information		. ,			(A) Ame	unt of manatan		
	(I) INai	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	overning		ount of monetary (see instructions)	` ' ' ' '	ount of other ee instructions)
					Yes	No				
(A)										
. ,										
(B)										
(C)										
(D)										
(E)										
T_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	tion A. Public Support		_				
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	195,916.	229,735.	285,478.	362,355.	352,476.	1,425,960.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 3 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)	195,916.	229,735.	285,478.	362,355.	352,476.	1,425,960. 383,504.
6	Public support. Subtract line 5 from line 4						1,042,456.
Sec	tion B. Total Support		<u>'</u>				
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	195,916.	229,735.	285,478.	362,355.	352,476.	1,425,960.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	355.			2,581.	4,167.	7,103.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				,	,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. Add lines 7 through 10						1,433,063.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.
	First five years. If the Form 990 is organization, check this box and	stop here		rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶□
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage	44 1 (0)		1 1	
	Public support percentage for 20 Public support percentage from 2						72.74 %
	33-1/3% support test—2018. If the and stop here. The organization	he organization di	d not check the bo	ox on line 13. and	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2017. If the and stop here. The organization	ne organization did	I not check a box	on line 13 or 16a	, and line 15 is 33	3-1/3% or more, c	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	test, check this	box and stop her	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organization	meets the 'facts-a d-circumstances' t	and-circumstances test. The organiza	titest, check this tion qualifies as a	box and <b>stop her</b> a publicly support	<b>e.</b> Explain in Part ed organization.	VI how the▶
				. ,	-,		

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.)

Calendar  1 Galendar  2 G m por fu rea ta  3 G th or ei ei ei	year (or fiscal year beginning in) > hifts, grants, contributions, and membership fees eceived. (Do not include ny 'unusual grants.')	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1 Gan read read read read read read read read	sifts, grants, contributions, and membership fees eceived. (Do not include ny 'unusual grants.')	(a) 2014	(6) 2013	(0) 2010	(a) 2017	(6) 2010	(i) Total
2 G m po fu re ta 3 G th on ei	aross receipts from admissions, nerchandise sold or services erformed, or facilities urnished in any activity that is elated to the organization's ax-exempt purpose						
th or <b>4</b> Ta or ei	nat are not an unrelated trade r business under section 513. ax revenues levied for the rganization's benefit and ither paid to or expended on s behalfhe value of services or acilities furnished by a overnmental unit to the						
or ei	rganization's benefit and ither paid to or expended on s behalf						
	acilities furnished by a overnmental unit to the						
fa go							
<b>7a</b> A 2,	otal. Add lines 1 through 5 mounts included on lines 1, , and 3 received from isqualified persons.						
ai di ex 1°	mounts included on lines 2 nd 3 received from other than isqualified persons that xceed the greater of \$5,000 or % of the amount on line 13 or the year.						
c A	dd lines 7a and 7b						
70	tublic support. (Subtract line c from line 6.)						
	on B. Total Support				1 40		
	r year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
<b>10a</b> Gr pa re	mounts from line 6  ross income from interest, dividends, ayments received on securities loans, ents, royalties, and income from milar sources						
in ta ad	Inrelated business taxable acome (less section 511 axes) from businesses cquired after June 30, 1975						
11 Ne	dd lines 10a and 10bet income from unrelated business citivities not included in line 10b, hether or not the business is gularly carried on						
ga ca	other income. Do not include ain or loss from the sale of apital assets (Explain in Part VI.)						
10	<b>otal support.</b> (Add lines 9, 0c, 11, and 12.)						
10	irst five years. If the Form 990 rganization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	)
	on C. Computation of Pul			no 12!: "	<u> </u>	1 1	0
	Public support percentage for 20	•			-		<u> </u>
	ublic support percentage from 2					16	%
	on D. Computation of Inv				(0)		0
	nvestment income percentage for	•	• •	-	* * * *		00
	nvestment income percentage fr					<u> </u>	%
is	3-1/3% support tests—2018. If to not more than 33-1/3%, check 3-1/3% support tests—2017. If to	this box and stop	<b>here.</b> The organ	ization qualifies	as a publicly supp	orted organization	
lir	ne 18 is not more than 33-1/3%	, check this box a	and <b>stop here.</b> The	e organization qu	ialifies as a public	ly supported organ see instructions.	ization ►

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
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 <b>Part VI</b> .	9с		
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)? If 'Yes,' answer 10b below.	10a		
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.)	1 <b>0</b> b		

Pa	rt IV	Supporting Organizations (continued)			
11	∐ac :	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
		erning body of a supported organization?	11a		
	<b>b</b> A far	mily member of a person described in (a) above?	11b		
	<b>c</b> A 35	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations			
	D: 1 11			Yes	No
1	or ele <b>Part</b> If the direc	he directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in 'VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. e organization had more than one supported organization, describe how the powers to appoint and/or remove ctors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, lied to such powers during the tax year.	1		
2	Did t that	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such efit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sec	ction	C. Type II Supporting Organizations			
				Yes	No
1	of ea	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction	D. All Type III Supporting Organizations			
				Yes	No
1	orgai year,	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	orgai	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported inization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	eason of the relationship described in (2), did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played his regard.	3		
Sec	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
		The organization satisfied the Activities Test. Complete line 2 below.			
	ᆷ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	ᆷ	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see in	nstruc	tions).	
	• Ш	g			
2	Activ	vities Test. Answer (a) and (b) below.		Yes	No
i	suppo orga respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported anizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
	the c	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the inization's involvement.	2b		
3	Pare	ent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
i	<b>a</b> Did t each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	<b>b</b> Did th supp	he organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

BAA

Pa	$\frac{1}{2}$ $\frac{1}{2}$ Type III Non-Functionally integrated 509(a)(3) Supporting Orga	nıza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on N	ov. 20, 1970 (explain ir st complete Sections A	Part VI). <b>See</b> through E.
Sec	tion 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		
Sec	tion 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):			
	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
(	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inter(see instructions).	grated	Type III supporting org	ganization

Schedule A (Form 990 or 990-EZ) 2018

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

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

BAA

Schedule A (Form 990 or 990-EZ) 2018

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

#### 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

2018

Employer identification number

Tulsa Lawyers for Children,	Inc.	73-1593275
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 privi	ate foundation
	501(c)(3) taxable private foundation	ato roundation
	Sol(c)(3) taxable private loundation	
Check if your organization is covered by the <b>Gener</b>	al Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8), or (10) or	ganization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-E property) from any one contributor. Comp	EZ, or 990-PF that received, during the year, contributions total lete Parts I and II. See instructions for determining a contribution	iling \$5,000 or more (in money or tor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi)	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supply, that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, the year, total contributions of the greater of (1) \$5,000; or (2) 90-EZ, line 1. Complete Parts I and II.	16a, or 16b, and that
For an organization described in section 5 during the year, total contributions of more purposes, or for the prevention of cruelty contributor name and address), II, and III.	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received to than \$1,000 <i>exclusively</i> for religious, charitable, scientific, litto children or animals. Complete Parts I (entering 'N/A' in colu	rom any one contributor, terary, or educational umn (b) instead of the
during the year, contributions exclusively \$1,000. If this box is checked, enter here charitable, etc., purpose. Don't complete a	601(c)(7), (8), or (10) filing Form 990 or 990-EZ that received to religious, charitable, etc., purposes, but no such contribution the total contributions that were received during the year for a gany of the parts unless the <b>General Rule</b> applies to this organ able, etc., contributions totaling \$5,000 or more during the year	ons totaled more than an <i>exclusively</i> religious, ization because
990-PF), but it <b>must</b> answer 'No' on Part IV, I	the General Rule and/or the Special Rules doesn't file Sched ine 2, of its Form 990; or check the box on line H of its Form e filing requirements of Schedule B (Form 990, 990-EZ, or 990	990-EZ or on its Form 990-PF,

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990,	, 990-E∠, or 990-PF) (2018)
Name of organization	

Tulsa Lawyers for Children, Inc.

1 Employer identification number

73-1593275

Part I	Contributors	(see instructions).	Use duplicate	copies of Part	l if additional	space is needed.
--------	--------------	---------------------	---------------	----------------	-----------------	------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GEORGE KAISER FAMILY FOUNDATION		Person X Payroll
	7030 South Yale Avenue, #600	\$60,000.	Noncash
	Tulsa, OK 74136		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MERVIN BOVAIRD FOUNDATION		Person X Payroll
	401 SOUTH BOSTON AVENUE	\$10,000.	Noncash
	TULSA, OK 74103		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	COMMONWEALTH FOUNDATION		Person X Payroll
	2431 EAST 61ST STREET, STE 600	\$10,000.	Noncash
	TULSA, OK 74136		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number	(b) Name, address, and ZIP + 4  FLINT FAMILY FOUNDATION		Type of contribution  Person X
Number	Name, address, and ZIP + 4		Type of contribution
Number	Name, address, and ZIP + 4  FLINT FAMILY FOUNDATION	contributions	Person X Payroll
Number	Name, address, and ZIP + 4  FLINT FAMILY FOUNDATION  1625 WEST 21ST STREET	contributions	Person X Payroll Noncash  (Complete Part II for
4	Name, address, and ZIP + 4  FLINT FAMILY FOUNDATION  1625 WEST 21ST STREET  TULSA, OK 74107  (b)	\$ 50,000.	Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X
4 (a) Number	Name, address, and ZIP + 4  FLINT FAMILY FOUNDATION  1625 WEST 21ST STREET  TULSA, OK 74107  Name, address, and ZIP + 4	\$ 50,000.	Type of contribution  Person X  Payroll
4 (a) Number	Name, address, and ZIP + 4  FLINT FAMILY FOUNDATION  1625 WEST 21ST STREET  TULSA, OK 74107  Name, address, and ZIP + 4  JESS L. & MIRIAM B. STEVENS FNDN	\$50,000.	Type of contribution  Person X  Payroll
4 (a) Number	Name, address, and ZIP + 4  FLINT FAMILY FOUNDATION  1625 WEST 21ST STREET  TULSA, OK 74107  Name, address, and ZIP + 4  JESS L. & MIRIAM B. STEVENS FNDN  4000 ONE WILLIAMS CENTER	\$50,000.	Type of contribution  Person X  Payroll
(a) Number	Name, address, and ZIP + 4  FLINT FAMILY FOUNDATION  1625 WEST 21ST STREET  TULSA, OK 74107  Name, address, and ZIP + 4  JESS L. & MIRIAM B. STEVENS FNDN  4000 ONE WILLIAMS CENTER  TULSA, OK 74172	\$50,000.  (c) Total contributions  \$12,000.	Type of contribution  Person X Payroll
(a) Number	Name, address, and ZIP + 4  FLINT FAMILY FOUNDATION  1625 WEST 21ST STREET  TULSA, OK 74107  Name, address, and ZIP + 4  JESS L. & MIRIAM B. STEVENS FNDN  4000 ONE WILLIAMS CENTER  TULSA, OK 74172  Name, address, and ZIP + 4	\$50,000.  (c) Total contributions  \$12,000.	Person X Payroll
(a) Number	Name, address, and ZIP + 4  FLINT FAMILY FOUNDATION  1625 WEST 21ST STREET  TULSA, OK 74107  Name, address, and ZIP + 4  JESS L. & MIRIAM B. STEVENS FNDN  4000 ONE WILLIAMS CENTER  TULSA, OK 74172  Name, address, and ZIP + 4  OKLAHOMA BAR FOUNDATION	\$ 50,000.  (c) Total contributions  \$ 12,000.	Person X Payroll

Name of organization

1

Employer identification number

Tulsa Lawyers for Children, Inc.

73-1593275

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (See instructions.) (d) Date received N/A (a) No. from (c) FMV (or estimate) (See instructions.) (b) (d) Description of noncash property given Date received Part I (a) No. from (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) Part I (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) (a) No. from (d) Date received (b) Description of noncash property given (c) FMV (or estimate) Part I (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (d) (a) No. Date received from (See instructions.) Part I

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

	Lawyers for Children, Inc.		73-1593275				
Part III			zations described in section 501(c)(7), (8),				
	or (10) that total more than \$1,000 for the	ne year from any one contribut	Or. Complete columns (a) through (e) and				
	the following line entry. For organizations co	ompleting Part III, enter the total of					
	contributions of <b>\$1,000</b> or less for the year. Use duplicate copies of Part III if additional	space is needed.	instructions.) \bigsis \$N/A				
(a)		-	(4)				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	N/A						
	L						
		(e) Transfer of gift					
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee				
			·				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
No. from Part I	Purpose of gift	Use of gift	Description of how gift is held				
		(e) Transfer of gift					
	<b>-</b>						
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee				
	L						
	L						
	<b> </b>						
(2)	(b)	(6)	(4)				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	(e) Transfer of gift						
	Transferee's name, addres	Relationship of transferor to transferee					
			•				
	<u> </u>	<u></u>					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
No. from Part I	Purpose of gift	Use of gift	Description of how gift is held				
	<u> </u>		. – – – † – – – – – – – – – – – – – – –				
	H		+				

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Tulsa Lawyers for Children, Inc. 73-1593275 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1.....

**b** Assets included in Form 990, Part X.....

Part III Organizations Maintaining Colle	ections of Art, Histo	oricai Treasures, or	Other Similar Ass	s <b>ets</b> (continuea)
<b>3</b> Using the organization's acquisition, accession, a items (check all that apply):	and other records, check a	ny of the following that are	e a significant use of its	collection
a Public exhibition	<b>d</b> Loan	or exchange programs		
<b>b</b> Scholarly research	e Other			
c Preservation for future generations				
4 Provide a description of the organization's collect Part XIII.	ions and explain how they	further the organization's	s exempt purpose in	
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the o	rganization's collection?	?	Yes No
Part IV Escrow and Custodial Arranger line 9, or reported an amount or	<b>nents.</b> Complete if t Form 990, Part X,	he organization ans line 21.	swered 'Yes' on Fo	rm 990, Part IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or othe	er assets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII	and complete the followi	ng table:		
				Amount
c Beginning balance			1с	
<b>d</b> Additions during the year			1 d	
e Distributions during the year			1 e	
f Ending balance			1f	
2 a Did the organization include an amount on Fo				Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.				
<b>2</b>				
Part V Endowment Funds. Complete if	the organization an	swered 'Yes' on Fo	rm 990 Part IV li	ne 10
(a) Curren				(e) Four years back
1 a Beginning of year balance	t year (b) i nor year	(c) Two years back	(u) Tillee years back	(c) rour years back
<b>b</b> Contributions				
<b>D</b> Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
<b>g</b> End of year balance				
2 Provide the estimated percentage of the curre	ent year end balance (lin	ie 1g, column (a)) held a	as:	
a Board designated or quasi-endowment ►	%			
<b>b</b> Permanent endowment ►	5			
c Temporarily restricted endowment ►	%			
The percentages on lines 2a, 2b, and 2c should e	equal 100%.			
3 a Are there endowment funds not in the possession organization by:				Yes No
(i) unrelated organizations				3a(i)
(ii) related organizations				3a(ii)
<b>b</b> If 'Yes' on line 3a(ii), are the related organization	'			. 3b
4 Describe in Part XIII the intended uses of the	organization's endowme	ent funds.		
Part VI Land, Buildings, and Equipmen	t.			
Complete if the organization ans	wered 'Yes' on Forr	n 990, Part IV, line	11a. See Form 99	0, Part X, line 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1 a</b> Land				
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must e		column (R) line 10c \	<b>&gt;</b>	
Total Add lines to through te. (Column (d) must e	quai i Oiiii 330, Fail A, (			0.

BAA Schedule D (Form 990) 2018

Part VII	Investments – Other Securities.		N/A	
	Complete if the organization answered			
(a) Des	cription of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financ	cial derivatives			
(2) Closel	y-held equity interests			
(3) Other				
(A)				
(B) (C)				
(C)				
(D) (E)				
(E)				
(F)				
(G)				
(H)				
<u>(l)</u>				
	mn (b) must equal Form 990, Part X, column (B) line 12.)			
Part VII	Investments − Program Related. Complete if the organization answered	'Ves' on Form 990	N/A N Part IV line 11c See Form 9	000 Part Y line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
(1)	(a) Description of investment	(b) Book value	(c) Method of Valuation. Gost of end	a or year market value
(1)				
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total, (Colu	mn (h) must equal Form 990. Part X. column (B) line 13.)			
	mn (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.			
Part IX	Other Assets. Complete if the organization answered		), Part IV, line 11d. See Form 9	
Part IX	Other Assets. Complete if the organization answered (a) Des	'Yes' on Form 990 scription	), Part IV, line 11d. See Form 9	(b) Book value
(1) FUI	Other Assets. Complete if the organization answered		), Part IV, line 11d. See Form 9	
(1) FUN	Other Assets. Complete if the organization answered (a) Des		), Part IV, line 11d. See Form 9	(b) Book value
(1) FUN (2) (3)	Other Assets. Complete if the organization answered (a) Des		), Part IV, line 11d. See Form 9	(b) Book value
(1) FUN (2) (3) (4)	Other Assets. Complete if the organization answered (a) Des		), Part IV, line 11d. See Form 9	(b) Book value
(1) FUN (2) (3) (4) (5)	Other Assets. Complete if the organization answered (a) Des		), Part IV, line 11d. See Form 9	(b) Book value
(1) FUN (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered (a) Des		), Part IV, line 11d. See Form 9	(b) Book value
(1) FUN (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered (a) Des		), Part IV, line 11d. See Form 9	(b) Book value
(1) FUN (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered (a) Des		), Part IV, line 11d. See Form 9	(b) Book value
(1) FUI (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered (a) Des		), Part IV, line 11d. See Form 9	(b) Book value
(1) FUN (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the organization answered (a) Des	scription		(b) Book value 32, 416.
(1) FUN (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the organization answered (a) Des NDS HELD BY THIRD PARTY  Polumn (b) must equal Form 990, Part X, column (E) Other Liabilities.	Scription  B) line 15.)		(b) Book value 32, 416.
(1) FUN (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	Other Assets. Complete if the organization answered (a) Des NDS HELD BY THIRD PARTY  Column (b) must equal Form 990, Part X, column (B) Other Liabilities. Complete if the organization answered 'Yes' on Fe	3) line 15.)orm 990, Part IV, line 1		(b) Book value 32, 416.
(1) FUT (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (C)	Other Assets. Complete if the organization answered (a) Des NDS HELD BY THIRD PARTY  Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	Scription  B) line 15.)		(b) Book value 32, 416.
(1) FUN (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	Other Assets. Complete if the organization answered (a) Des NDS HELD BY THIRD PARTY  Column (b) must equal Form 990, Part X, column (B) Other Liabilities. Complete if the organization answered 'Yes' on Fe	3) line 15.)orm 990, Part IV, line 1		(b) Book value 32, 416.
(1) FUN (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Control (Cont	Other Assets. Complete if the organization answered (a) Des NDS HELD BY THIRD PARTY  Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	3) line 15.)orm 990, Part IV, line 1		(b) Book value 32, 416.
(1) Full (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (C) (2) (3) (3)	Other Assets. Complete if the organization answered (a) Des NDS HELD BY THIRD PARTY  Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	3) line 15.)orm 990, Part IV, line 1		(b) Book value 32, 416.
(1) Full (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (C) (2) (3) (4)	Other Assets. Complete if the organization answered (a) Des NDS HELD BY THIRD PARTY  Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	3) line 15.)orm 990, Part IV, line 1		(b) Book value 32, 416.
(1) Full (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (C) (2) (3) (4) (5)	Other Assets. Complete if the organization answered (a) Des NDS HELD BY THIRD PARTY  Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	3) line 15.)orm 990, Part IV, line 1		(b) Book value 32, 416.
(1) Full (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Ca Part X (2) (3) (4) (5) (6) (6)	Other Assets. Complete if the organization answered (a) Des NDS HELD BY THIRD PARTY  Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	3) line 15.)orm 990, Part IV, line 1		(b) Book value 32, 416.
(1) FUN (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Ca Part X  (1) Fedd (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered (a) Des NDS HELD BY THIRD PARTY  Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	3) line 15.)orm 990, Part IV, line 1		(b) Book value 32, 416.
(1) Full (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Ca Part X (2) (3) (4) (5) (6) (6)	Other Assets. Complete if the organization answered (a) Des NDS HELD BY THIRD PARTY  Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	3) line 15.)orm 990, Part IV, line 1		(b) Book value 32, 416.
(1) FUN (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X  (1) Fedd (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered (a) Des NDS HELD BY THIRD PARTY  Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	3) line 15.)orm 990, Part IV, line 1		(b) Book value 32, 416.
(1) FUN (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fedd (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) Des NDS HELD BY THIRD PARTY  Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	3) line 15.)orm 990, Part IV, line 1		(b) Book value 32, 416.
(1) FUN (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fedd (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Other Assets. Complete if the organization answered (a) Des NDS HELD BY THIRD PARTY  Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	3) line 15.)orm 990, Part IV, line 11 (b) Book value		(b) Book value 32, 416.

Part XI Reconciliation of Revenue per Audited Financial Statemen		•	turn.	
Complete if the organization answered 'Yes' on Form 990,	Part IV, li	ne 12a.		
1 Total revenue, gains, and other support per audited financial statements			1	634,769.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				_
a Net unrealized gains (losses) on investments	. 2a			
<b>b</b> Donated services and use of facilities	. 2b	278,126.		
c Recoveries of prior year grants	. 2c			
d Other (Describe in Part XIII.)	. 2 d			
e Add lines 2a through 2d			2 e	278,126.
3 Subtract line 2e from line 1			3	356,643.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b				
<b>b</b> Other (Describe in Part XIII.) See Part XIII	. 4b	-5,449.		
c Add lines 4a and 4b			4 c	-5,449.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	351,194.
Part XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per	Return.	
Part XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered 'Yes' on Form 990,			Return.	
	Part IV, li	ne 12a.	Return.	674,692.
Complete if the organization answered 'Yes' on Form 990,	Part IV, li	ne 12a.		674,692.
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements	Part IV, li	ne 12a.		674,692.
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements	Part IV, Ii 	ne 12a.		674,692.
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements	Part IV, Ii	ne 12a.		674,692.
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.	2a 2b 2c	ne 12a.		674,692.
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.	Part IV, Ii  2a 2b 2c 2d	278,126.		
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)	2a 2b 2c 2d	278,126.	1	278,126.
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.	2a 2b 2c 2d	278,126.	1 2e	
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.	Part IV, li	278,126.	1 2e	278,126.
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.) See Part XIII	Part IV, li	278,126.	1 2e	278,126.
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.) See Part XIII  c Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	278,126.	1 2e 3	278,126. 396,566. -5,449.
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.) See Part XIII	2a 2b 2c 2d 4a 4b	278,126.	2e 3	278,126. 396,566.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Part X - FIN 48 Footnote

BAA

The Organization is exempt from Federal income tax under Internal Revenue Code

Section 501(c)(3). As such, the Organization is not required to pay Federal income

taxes. The Organization is required to file annual information tax returns.

Generally accepted accounting principles require tax effects from an uncertain tax

position to be recognized in the financial statements only if the position is more

likely than not to be sustained if the position were to be challenged by a taxing

authority. The assessment of the tax position is based solely on the technical

Schedule D (Form 990) 2018

#### Part XIII Supplemental Information (continued)

### Part X - FIN 48 Footnote (continued)

merits of the position, without regard to the likelihood that the tax position may be challenged. The Organization's primary tax positions relate to its status as a not-for-profit entity exempt from income taxes and classification of activities related to its exempt purpose. As of December 31, 2018, the Organization had no uncertain tax positions that qualify for either recognition or disclosure in the financial statements.

#### Schedule D, Part XI, Line 4b Other Revenue Included On Form 990 But Not Included In F/S

Direct Expenses	from	Fundraising	Events	\$ -5,449.
_		_	Total	\$ -5,449.

#### Schedule D, Part XII, Line 4b Other Expenses Included On Form 990 But Not Included In F/S

Direct Expenses	from	Fundraising	Events	\$ -5,	449.
_		_	Total	\$ <b>-</b> 5,	449.

BAA TEEA3305L 10/10/18 Schedule D (Form 990) 2018

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### 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 2018

Open to Public Inspection

Name of the organization Employer identification number Tulsa Lawyers for Children, Inc. 73-1593275

#### Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

SEVERAL MEMBERS OF THE BOARD MAY HAVE BUSINESS RELATIONSHIPS OR ARE EMPLOYED WITH THE SAME COMPANY AS OTHER MEMBERS. NO PRIVATE BENEFIT RESULTS FROM THESE RELATIONSHIPS.

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

A draft of the organization's Form 990 is provided to the entire board via e-mail for comment before filing.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Directors are asked to sign an annual declaration stating compliance with the organization's conflict of interest policy.

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

Upon request, certain documents available on the organization's website.

#### Form 990, Part IX, Line 11q **Other Fees For Services**

		(A)	(B) Program	(C) Management	(D) Fund-
	-	Total	Services	& General	<u>raising</u>
CONSULTING PAYROLL FEES		61,131. 1,500.		61,131. 1,500.	
	Total	\$ 62,631.	\$ 0.	\$ 62,631.	\$ 0.