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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07/01/14 , and ending 06/30/15

B Check if applicable:
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization: TULSA PARTNERS, INC.

Number and street (or P.O. box, if mail is not delivered to street address): P.O. BOX 2192 | Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: TULSA OK 74101-2192

D Employer identification number: 73-1604421

E Telephone number: 918-632-0044

F Group Exemption Number ▶

G Accounting Method: [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ▶ WWW.TULSAPARTNERS.ORG

J **Tax-exempt status** (check only one) — [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 89,941

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	42,749
	2	Program service revenue including government fees and contracts			2	41,095
	3	Membership dues and assessments			3	
	4	Investment income			4	6,097
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b	348		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	-348
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b			
	c	Less: direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	89,593
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	67,267
	13	Professional fees and other payments to independent contractors			13	7,908
	14	Occupancy, rent, utilities, and maintenance			14	15,756
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe in Schedule O)			16	12,846
	17	**Total expenses.** Add lines 10 through 16 ▶			17	103,777
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-14,184
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	328,798
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	314,614

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	328,798	22	314,995
23	Land and buildings	0	23	
24	Other assets (describe in Schedule O)	0	24	459
25	**Total assets**	328,798	25	315,454
26	**Total liabilities** (describe in Schedule O)	0	26	840
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	328,798	27	314,614

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III [X]

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

			Expenses
28	SEE SCHEDULE O (Grants $ 41,095) If this amount includes foreign grants, check here ▶ [ ]	28a	60,524
29	(Grants $) If this amount includes foreign grants, check here ▶ [ ]	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ [ ]	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ [ ]	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	60,524

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV [ ]

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heath benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TIM LOVELL EXECUTIVE DIRECTOR	40.00	48,000	0	0
MEGAN QUICKLE PRESIDENT	2.00	0	0	0
DAVID HALL VICE PRESIDENT	2.00	0	0	0
CINDY SWEARINGEN SECRETARY/TREASURER	2.00	0	0	0
SCOTT CHILDERS MEMBER	2.00	0	0	0
GRAHAM BRANNIN MEMBER	2.00	0	0	0
KAY BRIDGER-RILEY MEMBER	2.00	0	0	0
MICHAEL GROGAN MEMBER	2.00	0	0	0
KRISTIN GUSTAFSON MEMBER	2.00	0	0	0
SARA KELLY-COMBS MEMBER	2.00	0	0	0
DEMITA KINARD MEMBER	2.00	0	0	0
CRYSTAL KLINE MEMBER	2.00	0	0	0

Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	0	22	
23	Land and buildings	0	23	
24	Other assets (describe in Schedule O)	0	24	
25	**Total assets**	0	25	0
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	0	27	0

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28			
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29			
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30			
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (describe in Schedule O)		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Heath benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
REBECCA MAJOR MEMBER	2.00	0	0	0
JANET MESHEK MEMBER	2.00	0	0	0
BOB ROBERTS MEMBER	2.00	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ______ ; section 4912 ▶ ______ ; section 4955 ▶ ______			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ OK

42a The organization's books are in care of ▶ TIM LOVELL Telephone no. ▶ 918-403-9823

P.O. BOX 2192

Located at ▶ TULSA OK ZIP + 4 ▶ 74101-2192

			Yes	No
b	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)?	42b		X
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	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	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ [X] Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ TMC — Signature of officer — Date 11/16/15

▶ TIM LOVELL EXECUTIVE DIRECTOR — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MICHAEL P. EVANSON, CPA	MICHAEL P. EVANSON, CPA	11/16/15		P00852230

Firm's name ▶ BRISCOE, BURKE & GRIGSBY LLP — Firm's EIN ▶ 73-1293012

Firm's address ▶ 4120 EAST 51ST STREET, SUITE 100 TULSA, OK 74135-3633 — Phone no. 918-749-8337

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2014

Name of the organization	Employer identification number
TULSA PARTNERS, INC.	73-1604421

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 **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the $33^1/_3$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization	Employer identification number
TULSA PARTNERS, INC.	73-1604421

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MESHEK AND ASSOCIATES, PLC 1437 S BOULDER STE 1080 TULSA OK 74119	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	STATE FARM MUT, AUTO INSURANCE CO. 3 SUITE FARM PLAZA BLOOMINGTON IL 61791	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	TRC DISASTER SOLUTIONS 712 SOUTH WHEELING AVENUE TULSA OK 74104	$ 15,756	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: TULSA PARTNERS, INC.

Employer identification number: 73-1604421

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	OFFICE SPACE (2236 SQ FT)1336/MO	$ 15,756	06/30/15

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

SCHEDULE O (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.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: TULSA PARTNERS, INC.

Employer identification number: 73-1604421

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION		AMOUNT
EXPENSES		
ADVERTISING	$	170
OFFICE EXPENSES	$	4,730
INFORMATION TECHNOLOGY	$	119
TRAVEL EXPENSES	$	4,554
CONFERENCE EXPENSE	$	230
INSURANCE EXPENSE	$	3,043
TOTAL	$	12,846

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES	$ 0	$ 459
TOTAL	$ 0	$ 459

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 0	$ 840

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TULSA PARTNERS' INC. MISSION IS TO MOBILIZE ALL SEGMENTS OF THE POPULATION TO BUILD A DISASTER-RESISTANT, SUSTAINABLE COMMUNITY. BY BUILDING PUBLIC/PRIVATE PARTNERSHIPS, TULSA PARTNERS, INC. WILL: PROMOTE AND ADVOCATE FOR SUSTAINABILITY AND DISASTER RESISTANCE, PROVIDE EDUCATION

Name of the organization: TULSA PARTNERS, INC.

Employer identification number: 73-1604421

PROGRAMS, DEVELOP MENTORING RELATIONSHIPS, RECONIZE AND CELEBRATE COMMUNITY EFFORTS, ACT AS A CLEARING HOUSE FOR EXPERTISE AND INFORMATION.

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

TULSA PARTNERS PROMOTES IT MISSION THROUGH A VARIETY OF COLLABORATIVE EFFORTS OF PUBLIC OUTREACH COORDINATED BY OUR PAID STAFF, WITH INVOLVEMENT FROM VOLUNTEERS AND ORGANIZATIONAL PARTNERS.

- ONE COLLABORATIVE ENDEAVOR IS THE LANGUAGE & CULTURE BANK, A GRASSROOTS NETWORK OF MULTICULTURAL AND MULTILINGUAL GROUPS, THE TULSA PARTNERS LANGUAGE AND CULTURE BANK (LCB) WORKS WITH THESE MANY COMMUNITIES TO HELP THEIR MEMBERS PREPARE FOR DISASTERS, AND TO HELP ALL PEOPLE RECEIVE EMERGENCY COMMUNICATIONS IN A WAY THEY CAN UNDERSTAND. THE LCB HELD INFORMATION BOOTHS AT EVENTS LIKE THE KIDS WORLD 2014, TULSA COMMUNITY COLLEGE GLOBALFEST, ASIAN AMERICAN FESTIVAL, AND WORLD REFUGEE DAY FESTIVAL. THESE BOOTHS WERE PRIMARILY STAFFED BY VOLUNTEERS PROVIDED BY OUR PARTNERS AT THE OKLAHOMA MEDICAL RESERVE CORPS. TULSA COMMUNITY COLLEGE CENTER FOR CREATIVITY ALSO DEVELOPED FOR US THREE NEW VIDEO PUBLIC SERVICE ANNOUNCEMENTS FOR THE HMONG, VIETNAMESE, AND THE DEAF /HARD OF HEARING COMMUNITY, USING SCRIPTS TRANSLATED BY THE LOCAL COMMUNITIES WITH VOLUNTEER PRESENTERS ON THE VIDEO FROM THOSE LOCAL COMMUNITIES.

-ANOTHER COLLABORATIVE COMMITTEE, THE DISASTER RESISTANT BUSINESS COUNCIL, IS A PUBLIC/PRIVATE PARTNERSHIP DESIGNED TO EDUCATE BUSINESSES AND NONPROFITS ABOUT THE NEED FOR EMERGENCY AND CONTINUITY PLANNING, TO OFFER NETWORKING OPPORTUNITIES FOR THOSE INTERESTED IN BUSINESS EMERGENCY AND CONTINUITY PLANNING, AND TO ASSIST IN PROMOTING THE CRITICAL ROLE OF

Name of the organization: TULSA PARTNERS, INC.

Employer identification number: 73-1604421

BUSINESSES AND NONPROFITS IN A COMMUNITY'S DISASTER RESILIENCY. BUILDING OFF OF THE SUCCESS OF A 2014 A DAY WITHOUT BUSINESS SYMPOSIUM IN APRIL 2014 ATTENDED BY OVER 100 PEOPLE, THE DRBC HAS USED PRESENTATIONS DURING THIS FISCAL YEAR TO VARIOUS GROUPS ON THE NEED FOR BUSINESS CONTINUITY AND EMERGENCY PLANNING FOR SMALL BUSINESSES. WE HAVE PARTICIPATED IN PLANNING MEETINGS WITH THE CHAMBERS OF COMMERCE AND THE STATE AGENCIES ON HOW TO BETTER PROMOTE THIS IMPORTANT ASPECT OF RESILIENCE. ALTHOUGH NOT A PART OF OUR SMALL BUSINESS /NONPROFIT OUTREACH, DRBC MEMBERS ASSISTED TULSA PARTNERS WITH A SMALL WORKSHOP FOR SCHOOLS AND OTHER INSTITUTIONS WITH CAMPUSES IN JUNE 2015, ATTENDED BY 20 PEOPLE. ANOTHER A DAY WITHOUT BUSINESS SYMPOSIUM IS PLANNED FOR THE FOLLOWING FISCAL YEAR AS IS A DISASTER MANAGEMENT WORKSHOP FOR LONG TERM CARE FACILITIES.

-ANOTHER COLLABORATIVE COMMITTEE COORDINATES THE MILLENNIUM CENTER FOR GREEN AND SAFE LIVING, USING A CENTER WITHOUT WALLS CONCEPT TO SUPPORT THE USE OF HIGHER BUILDING STANDARDS, WORKING IN CONJUNCTION WITH THE CITY OF TULSA'S STORM WATER DRAINAGE AND HAZARD MITIGATION ADVISORY BOARD, THE INSURANCE INSTITUTE FOR BUSINESS AND HOME SAFETY (IBHS), THE FEDERAL ALLIANCE FOR SAFE HOMES, THE NATIONAL STORM SHELTER ASSOCIATION, AND OTHER PROGRAMS PROMOTING STRONGER RESIDENTIAL CONSTRUCTION. SUPPORT FOR THIS EFFORT IS PRESENT IN THE CITY OF TULSA MULTI-HAZARD MITIGATION PLAN. THE STEERING COMMITTEE MEMBERS REPRESENT THE DISCIPLINES OF ARCHITECTURE, ENGINEERING, CONSTRUCTION, MORTGAGE LENDING, HAZARD MITIGATION, STORM WATER MANAGEMENT, LOW IMPACT DEVELOPMENT (LID) AND SUSTAINABILITY. MUCH OF THIS HAS FOCUSED ON PLANNING RATHER THAN ON ACTUAL OUTREACH DURING THIS FISCAL YEAR. TULSA PARTNERS ALSO PARTICIPATED IN A VOLUNTARY BASIS WITH OTHER STAKEHOLDERS IN THE CITY OF TULSA'S SUCCESSFUL ROCKEFELLER FOUNDATION 100

Name of the organization	Employer identification number
TULSA PARTNERS, INC.	73-1604421

RESILIENT CITIES APPLICATION, WHICH WILL INVOLVED COLLABORATIVE COMMUNITY BUILDING ACTIVITIES FOCUSED ON RESILIENCE, AND WHICH WILL TIE IN WELL WITH OUR MILLENNIUM CENTER OUTREACH AND OTHER ACTIVITIES AND PROGRAMS.

-TULSA PARTNERS PARTICIPATED WITH THE OKLAHOMA VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER, OKLAHOMA EMERGENCY MANAGEMENT, AND A VARIETY OF LOCAL SOCIAL SERVICE ORGANIZATIONS IN SETTING UP A TULSA AREA LONG TERM RECOVERY COMMITTEE TO RESPOND TO THE LONG TERM NEEDS OF THOSE AFFECTED BY A MARCH 25 TORNADO WHICH DAMAGED THE LIVES, PROPERTIES AND HOMES OF SOME THREE HUNDRED RESIDENTS IN THE TULSA AREA. TULSA PARTNERS SERVES ON THE STEERING COMMITTEE FOR THIS ENDEAVOR AND OUR EXECUTIVE DIRECTOR SERVES AS CO-CHAIR OF THE STEERING COMMITTEE, WHICH WILL CONTINUE OPERATIONS FOR AT LEAST A YEAR.

-TULSA PARTNERS ALSO RECEIVES ANNUAL FUNDING FROM STATE FARM AS A PLATINUM DONOR TO SUPPORT OUR MISSION THROUGH IDENTIFIED ACTIVITIES. THIS FISCAL YEAR INCLUDED WORK ON IDENTIFYING WAYS TO PROMOTE DISASTER RESISTANT CONSTRUCTION IN DISASTER RECOVERY AREAS, AND ON THE CREATION OF A COMMUNITY RESILIENCE SPEAKERS BUREAU, WHICH AS OF JUNE 2014 HAD ABOUT 25 SPEAKERS LISTED ON OUR WEBSITE AND ABLE TO SHARE INFORMATION ON A VARIETY OF TOPICS.

DURING THIS FISCAL YEAR, TULSA PARTNERS WAS FUNDED BY THREE CONTRACTS WHICH RELATED TO WORK ACHIEVING OUR MISSION.

1. WE ASSISTED THE CITY OF TULSA IN WORK RELATED TO PUBLIC INFORMATION AND EDUCATION RELATED TO DISASTER RESISTANCE. TULSA PARTNERS OVERSAW DEVELOPMENT AND IMPLEMENTATION OF A PROGRAM FOR PUBLIC INFORMATION RELATED

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TO THE NATIONAL FLOOD INSURANCE PROGRAM'S COMMUNITY RATING SYSTEM. ADOPTED BY THE CITY COUNCIL AND MAYOR, THIS PLANNING DOCUMENT INCLUDED THE ACTIVITIES OF PUBLIC AND PRIVATE STAKEHOLDERS WHO COULD SHARE KEY MESSAGES RELATED TO DISASTER PREPAREDNESS, MITIGATION AND RESILIENCE. A KEY COMPONENT OF THE PROGRAM WAS TO INCLUDE WAYS OF MEASURING THE SUCCESS OF THESE OUTREACH EFFORTS, SOMETHING WHICH TULSA PARTNERS HOPES TO UTILIZE IN FUTURE YEARS. WORKING WITH THE U.S. ARMY CORPS OF ENGINEERS' OKLAHOMA SILVER JACKETS PROGRAM, THE CITY OF TULSA AND TULSA COUNTY, TULSA PARTNERS OVERSAW TWO SUMMER 2015 INTERNS FROM THE UNIVERSITY OF OKLAHOMA /SOUTHERN CLIMATE IMPACTS PLANNING PROGRAM. THESE INTERNS DEVELOPED AND IMPLEMENTED A FLOOD RISK AWARENESS SURVEY FOR PEOPLE LIVING BEHIND LEVEES IN WEST TULSA, WHICH WAS A PROJECT INCLUDED IN THE CITY OF TULSA PROGRAM FOR PUBLIC INFORMATION. THIS BASELINE SURVEY WILL ALLOW FOR MEASURING THE SUCCESS OF OUTREACH ACTIVITIES. THESE SAME INTERNS ALSO MET WITH STAKEHOLDERS PARTICIPATING IN THE CITY OF TULSA PROGRAM FOR PUBLIC INFORMATION TO DELINEATE THE STAKEHOLDERS' OUTREACH ACTIVITIES.

2. WE COMPLETED WORK ON AN AGREEMENT WITH SAVE THE CHILDREN FOR RECOVERY AND RESILIENCE ACTIVITIES FOR THOSE AFFECTED IN CENTRAL OKLAHOMA BY THE MAY 2013 TORNADOS. THE WORK, MOSTLY DONE IN THE PRIOR FISCAL YEAR, INCLUDED EFFORTS IN EDUCATION, CHILD PROTECTION, AND MISCELLANEOUS ACTIVITIES RELATED TO RESILIENCE FOR CHILDREN AND THEIR CAREGIVERS. AMONG THE HIGHLIGHTS: 2002 OKLAHOMA CHILDREN WERE SUCCESSFULLY PROVIDED RESILIENT AND READY (GET READY GET SAFE) TRAINING. A TOTAL OF 93 SHELTER MANAGERS, EMPLOYEES, VOLUNTEERS, AND CAREGIVERS TASKED WITH SUPPORTING CHILDREN IN TIMES OF EMERGENCIES PARTICIPATED IN THE CHILD FRIENDLY SPACES PROGRAM WITH A TOTAL OF 82 COMPLETING IT. TEN CHILD-FRIENDLY

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SPACES WERE ALSO POSITIONED OR USED IN CENTRAL OKLAHOMA. A COMMUNITY PREPAREDNESS INDEX DEVELOPED BY COLUMBIA UNIVERSITY WAS PILOTED IN THE CITY OF NORMAN, AS WAS A DRAFT CHILDREN'S ANNEX TO THEIR EMERGENCY OPERATIONS PLAN. AN OKLAHOMA CHILDREN IN EMERGENCIES WORKING GROUP WAS DEVELOPED AND IS STILL OPERATING. AND IN THE SUMMER OF 2014, TULSA PARTNERS COORDINATED EFFORTS BETWEEN THE NATIONAL STORM SHELTER ASSOCIATION AND SAVE THE CHILDREN TO INSTALL COMMUNITY SAFE ROOMS AT THE AGAPELAND LEARNING CENTER IN MOORE, WHOSE FACILITY HAD BEEN DESTROYED.

3. WE COMPLETED WORK ON A CONTRACT WITH THE NATIONAL HAZARD MITIGATION ASSOCIATION AND FEMA ON WORK TO COORDINATE A NATION-WIDE RESILIENT NEIGHBORS NETWORK, A PART OF OUR COLLABORATIVE MENTORING ON A NATIONAL SCALE. THIS WORK INCLUDED THE DEVELOPMENT OF A SPECIAL REPORT ON STORM SHELTERS IN OKLAHOMA.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization TULSA PARTNERS, INC.

Employer identification number 73-1604421

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	95,310	95,399	66,265	40,254	42,749	339,977
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	95,310	95,399	66,265	40,254	42,749	339,977
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						339,977

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	95,310	95,399	66,265	40,254	42,749	339,977
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,710	25,710	6,079	16,797	6,097	80,393
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						420,370

12 Gross receipts from related activities, etc. (see instructions) .... 12 | 41,095

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .... 14 | 80.88 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 .... 15 | 85.86 %

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .... ▶ ☒

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .... ▶ ☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .... ▶ ☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .... ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	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 **Part VI** 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 **Part VI** what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b 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 **Part VI** 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 **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	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 **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	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).	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 **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	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		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c 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		

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2015.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013 . . .			
e	Excess from 2014 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

61004 11/16/2015 2:43 PM

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning 7/01, 2014, and ending 6/30, 20 15

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

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

OMB No. 1545-1878

2014

Name of exempt organization: TULSA PARTNERS, INC.

Employer identification number: 73-1604421

Name and title of officer: TIM LOVELL
EXECUTIVE DIRECTOR

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

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

1a Form 990 check here ▶ ☐	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	
2a Form 990-EZ check here ▶ ☒	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	89,593
3a Form 1120-POL check here ▶ ☐	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ ☐	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ ☐	**b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize BRISCOE, BURKE & GRIGSBY LLP (**ERO firm name**) to enter my PIN 74101 (**Enter five numbers, but do not enter all zeros**) as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ TML Date ▶ 11/10/15

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 73361274135
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ MICHAEL P. EVANSON, CPA Date ▶ 11/10/15

ERO Must Retain This Form—See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

Form 512E
2014

OKLAHOMA RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

Section 501(c) of the Internal Revenue Code

AMENDED RETURN!
If this is an Amended Return place an 'X' here → [ ]

PART 1
For the year January 1 - December 31, 2014, or other taxable year beginning: 07/01 , 2014 ending: 06/30 , 2015

Name of Organization
TULSA PARTNERS, INC.

Address (number and street)
P.O. BOX 2192

City, State or Province, Country and ZIP or Foreign Postal Code
TULSA, OKLAHOMA 74101-2192

Federal Employer Identification Number	Date Qualified for Tax Exempt Status
73-1604421	09/01/2001

OFFICE USE ONLY

PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME (Please read instructions on pages 2-3)

	Total Federal	Allocable Oklahoma
A. Total unrelated trade or business income - applicable Federal Form(s) 990	0	0
B. Total unrelated trade or business deductions - applicable Fed. Form(s) 990	0	0
C. Unrelated business taxable income - Enter here and on line 1 below		

INCOME SUBJECT TO TAX

1. Unrelated business taxable income - from statement above (allocable to Oklahoma)	1	00
2. Other net income - enclose schedule	2	00
3. Oklahoma taxable income (total of lines 1and 2)	3	00

TAX COMPUTATION

4. Tax at 6% of line 3. If Trust - See Rate Schedule on page 2 and place an 'X' here: [ ]	4	00
5. Amount paid on 2014 estimate	5	00
6. Oklahoma withholding (enclose Form 1099, Form 500A, Form 500B or other withholding statement)	6	00
7. Amount paid with original return and amount paid after it was filed (amended return only)	7	00
8. Any refunds or overpayment applied (amended return only)	8	( ) 00
9. Total of lines 5 through 8	9	00
10. Overpayment (if line 9 is larger than line 4 enter amount overpaid)	10	00
11. Amount of line 10 to be credited to 2015 estimated tax (original return only)	11	00

Line 12 instructions provide you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from the instructions to this form in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and attach a schedule showing how you would like your donation split.

12. Donations from your refund [ ] $2 [ ] $5 [ ] $ ______ [ ]	12	00
13. Add lines 11 and 12 and enter amount	13	00
14. Amount to be refunded to you (line 10 minus line 13) **Refund**	14	00

Direct Deposit Note:
All refunds must be by direct deposit. See Direct Deposit Information on page 4 for details.

Is this refund going to or through an account that is located outside of the United States? [ ] Yes [ ] No
Deposit my refund in my: [ ] checking account [ ] savings account
Routing Number: ______ Account Number: ______

15. Tax Due (if line 4 is larger than line 9 enter tax due) **Tax Due**	15	00
16. Donation: Public School Classroom Support Fund [ ] $2 [ ] $5 [ ] $______ (For information regarding this fund, see page 3, #10)	16	00
17. For delinquent payment, add penalty of 5% $______ plus interest at 1 1/4% per month $______	17	00
18. Underpayment of estimated tax interest Annualized [ ]	18	00
19. Total tax, donation, penalty and interest due - Add lines 15-18; pay in full with return **Balance Due**	19	0 00

PART 3: SIGNATURE AND VERIFICATION

Under penalty of perjury, I declare the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

Signature of Officer or Trustee: TMC Date: 11/16/15
Print Name
Title
Phone Number with Area Code

Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer. [X]

Signature of Preparer Date
Preparer's Address
BRISCOE, BURKE & GRIGSBY LLP
4120 EAST 51ST STREET, SUITE 100, TULSA, OK 74135-3633
Phone Number: 918-749-8337
Preparer's PTIN: P00852230